

11 August 2020

Queensland Productivity Commission
PO Box 12112
George St
Brisbane 4003

Please see below submission- Inquiry into the National Disability Insurance Scheme (NDIS) market in Queensland. Please note that there may not be a response to each question however these are marked in response as per the full document of inquiry responses requested.

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?

As a provider we were prepared for the introduction to the NDIS, mainly from the communication and workshops held prior to the implementation in the area which identified issues from the trial sites.

Initial barriers primarily revolved around the understanding the participants themselves had for what they were now accountable for in arranging their own support services including support coordination. There was a significant delay with new Support Coordination services having a large onboarded client list with little history provided and were not able to assist all people connected with their services in a timely manner.

The Supported Independent Living packages and how to quote for these and negotiate with the NDIA was initially confusing and we required assistance from the provider engagement team to resolve this.

The key changes that our organisation has made in order to operate functionally in the new market have been the updating of policies and procedures to reflect changes as they happened, including the wait for the rules, legislation, amendments to legislation and the Safeguards Commission to be operational in Queensland. In this time we were audited under the Human Services Quality Framework which did not completely align to the NDIS Act.

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

Participants have indicated that there is little case management on the side of the NDIA who may not provide contact where the contact information of the participant has not been updated due to disengagement. Where there is a concern for capacity or impaired understanding and the participant has no advocate/guardian there may not be the capacity for a NDIA planner to fully understand the support requirements and goals of the participant.

The burden on the participant to provide proof of the primary impairments and diagnosis which impact their daily life.

The delay that was experienced in the participants who have been transitioning from aged care facilities and hospital environments did not initially have a priority assigned to them or the support from the team at the NDIA to assist to manage this, particularly where they were referred to the Local Area Coordinator teams.

Lack of continuity and responsibility on the NDIA to ensure that supports are provided for participants eg. Ensuring capacity for participant control and arrangement of engaging service providers. Safety of the participants is a serious concern where participants who choose not to engage providers might be at serious risk to their health, safety or even death.

Supply of services and supports

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

Our organisation was previously registered to provide disability support services and transitioned into the NDIS market when it came into effect in our area. Factors that would affect our decision to continue to supply would include price guides reflecting changes in the market value and changes in organisational responsibility to meet standards if they came at such significant cost to the organisation that we could not viably provide the support to the participant funding available.

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

Yes.

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

The focus on client choice and control around the services they receive has shown an increase in participants requesting control over services staffing decisions, where discrimination and unreasonable/unsafe requests, including requests for support to engage in illegal or risk activity which may bring harm to the participant or staff has observably increased.

Requests for supports to be provided in unsafe environments where the living arrangements have observably been at risk to the participant, are difficult to assist the participant to resolve as there may be a demand to change providers by guardian/nominee where the service provider has raised a concern in an attempt to promote the participant's rights.

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

Increased choice and control around providers, particularly regarding accessing Allied health services. However there is risk to the participant in circumstances where non-approved items are purchased via capacity building funds prior to confirmation with plan management agency.

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

- Advocacy services
- Behaviour support practitioners.
- Allied Health practitioners in general outside of metropolitan areas.

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

A lack of available public housing for participants in our service area.

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

We do not agree that the market rewards efficient/effective providers. Rather that well known or well advertised providers are more likely to be approached to provide services as there is a lack of information to participants regarding the quality of services.

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 a for profit provider the additional requirement to include payroll tax as a component of overhead costs influences our ability to compete against other providers who may quote below the rates determined in the price guide

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 do provide services to persons with disability outside of the NDIS however this does not deliver a cost advantage to providign NDIS services.

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?

Key barriers would include the requirement for an organisation to meet multiple audit framework expectations.

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

No response.

Concentration

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

One othe main barriers is areas which most of the population which would consider regional and remote is not considered as such by the NDIS. Areas which do not have public transport, local community services or group or even suitable medical services available do not meet the criteria for regional and remote funding. In these areas, due to these restrictions, there are limited service providers (Support services, Support Coordinators and Allied Health) available to the participants and choice and control is limited.

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

The current regulatory requirements appear to offer new organisations entering the market a significant amount of leniency in the time it takes to complete certification audits, the concern is

that quality of service and risk management prior to the organisation confirming they have met these standards may lead to situations where the participants risks are not identified or goals not met.

Thin markets

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

Household yard maintenance- here have been multiple requests for our organisation to provide this service as there is little supply in our service area. Key barriers to meeting these demands is that the allocated price in the price guide is much lower than that of providing direct care supports and the level of equipment and workplace health and safety interventions required to meet the demand.

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

Multi-disciplinary approaches to Allied Health services have been observed to be extremely limited in Regional Queensland.

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

In our perspective, the information available to find local providers is available to most participants through a range of service, however, lack of service providers in Regional Queensland limit potential for fully utilising plans.

Availability of Support Coordinators to develop communication strategies between all parties to assist in full utilisation of funding versus ensuring the minimum requested supports are available.

Regulation issues in the NDIS market

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

In our perspective the registered provider requirements are effective and efficient. With the services we provide we have not been aware of any significant concerns related to unregistered provider requirements.

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?

No response

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

No response

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?

The concern in the direct support staff services is the lack of oversight in risk management for the participant in arrangements where there are unregistered providers involved in the support.

What impact does regulation have on innovation?

No response

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?

The framework for setting prices is, in our opinion, robust, transparent and accountable.

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

Some services our organisation may not be able to offer eg. Yard maintenance, due to the determined costs of services against resources available to the organisation.

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)?

No response

Regulation of quality

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)?

Our organisation does not currently operate in other markets.

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

Quality regulations are an additional layer of oversight on our current services and can provide an opportunity for our organisation to discuss with the regulators improvements/ standards met by other providers where this information not be as easily accessible by other providers in a competitive market.

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?

The framework for setting, assessing and enforcing quality standards is meeting its objective and identified areas in all support settings where there needs to be observable and accountable standards.

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?

The cost of the Certification Audit would certainly limit those willing to register as an NDIS provider and we are aware of smaller allied health providers who chose not to register due to the quality standards requirements costs in addition to their own professional conduct peak bodies registration.

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

No response

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

We have noted that there has been an improvement in the regulations around quality of service related to risks to the participants. However, the delay in the responses from the NDIS Commission regarding reportable incidents is concerning.

The identified incidents which are classified as Reportable Incident to the NDIS Safeguards Commission do not capture incidents where the participant is involved with emergency services for health reasons or incidents related to criminal activity initiated by the participant. These incidents are required to be reported to the Office of Public Guardian or the significant stakeholder according to the NDIS incident management rules and could have significant impact on the participant's health or wellbeing and access to social environments.

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

Quality regulation, to the extent of focusing on risk to the participants, may have the impact of providers actively promoting situations in support where client choice, control and independence are limited.

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?

In regards to High Intensity Behaviour Support, there are still legislative requirements for service providers which vary and do not always align. In particular, the interface between the restrictive practice framework in QLD and the NDIS requirements are quite incompatible. Where supporting clients who require restrictive practices support, the Office of Public Guardian only recognises the Disability Services Act QLD and have different expectations on the data collection, behaviour support plan development and the approval process in particular.

The approval process is based on Queensland on the DSA and there is a specific checklist of requirements which must be met. In this the terminology and specific contextual information of each type of restrictive practice do not match. Also that the NDIS template for positive behaviour support plans does not meet all the criteria for approval from the Office of Public Guardian as determined by the DSA.

A significant concern is that there is no construct for interim positive behaviour support plans to be recognised under the DSA where they are a requirement of the NDIS. Under QLD law, in the bilateral agreement, a Short Term Approval by the delegates of Disability Connect is accepted as equivalent to an interim plan, however this does operate in the reverse situation. An interim plan provides strategies and information that are crucial in ensuring the appropriate supports are provided to the participants.

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?

The separation of case management from the service provider prior to NDIS to the Support Coordinator has changed the dynamic with participant and stakeholder relationships. Where there is a disconnect in communication between a range of service providers and Support Coordinators there cannot be a holistic approach to achieving positive outcomes for a participant.

For employers

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

In our perspective, there has been no change in the demographic/type or workers within the sector.

What are the key challenges facing the industry in attracting staff?

The flexibility of choice and control for a participant to start or cancel services at short notice has decreased the organisational ability to forecast required staffing levels and has increased a dependence on a casual staffing pool.

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?

In our perspective the movements in the labour market and the response from the government in relation to this are actually a positive in our ability to find and retain staff with qualifications related to the field.

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

Continuing assistance for potential employees to access training prior to engagement with employment in the sector.