

DR KAREN HOOPER:

Thank you, all. Well, let me welcome Jess Harper from Disability Intermediaries Australia. So, Jess, thank you for joining us this morning. And for the purpose of the public record, could I ask you to please introduce yourself and your organisation and then commence your presentation.

JESS HARPER:

Jess Harper, Chief Executive Officer, Disability Intermediaries Australia. Good morning and thank you, Dr Hooper.

Before I begin, I'd like to wish to acknowledge the traditional custodians and the lands on which attendees are gathered today, and I pay my respects to their Elders past, present, and emerging along with any Aboriginal and Torres Strait Islander peoples in attendance today.

Disability Intermediaries Australia or DIA welcomes the opportunity to provide some information to this Productivity Commission inquiry. Formed in late 2018, Disability Intermediaries Australia is the peak body for non-governmental disability intermediary service organisations and practitioners. Collectively, our members deliver support coordination and plan management services to all types, to all Australians with all types of disability.

DIA members deliver support coordination and plan management services to a little over 110,000 NDIS participants or one in four NDIS participants. DIA members represent more than, sorry, just under 70% of market share for intermediary services. Disability DIA is an active voice and supporter of reform to the intermediary services, so that they're more reputable, resilient, and viable.

I'm pleased to present you with some information today that's based primarily in evidence drawn from market led insights, our own extensive member network, as well as through market driven research. A well functioning market of supports and services is one of the fundamental pillars of the NDIS. It's critical to realising the vision of the scheme whereby people with a disability are living independent, yet connected to lives and empowered through having choice and control over the supports that they engage.

At their core, intermediary supports participants to navigate, guide, capacity build and make self-directed decisions whilst overseeing and monitoring participants service providers. DIA acknowledges that considerable work that's already been undertaken by the NDIA's Quality and Safeguards Commission and the Federal Government Department and Social Services, as well as state and territory government departments to support the development and ongoing development of disability market. The support coordination market, around 40% of all NDIS participants nationally, are funded with support coordination within their plan.

Queensland is a little bit lower at around 37% of NDIS participants funded for support coordination within their plan. In Queensland, these participants are served by around 490 active support coordination providers. Whilst DIA firmly believes that support coordination should be made available to any participant that wishes to receive scheme navigation, plan implementation, plan monitoring, capacity building and capacity and maintenance support, generally, it's the participants with more complex needs that are funded for support coordination. Participants with less complex

support needs, are not funded with support coordination and rather receive support to implement their plan via local area coordinator.

Support coordination is not a time limited support. It's based on reasonable and necessary need of the participant. There's a cohort of participants within the NDIS who require support coordination for a sustained period of time, particularly those with degenerative conditions, where support coordination aims to maintain capacity rather than necessarily build capacity.

Since September 2017, the NDIA has, sorry, when the NDIA introduced what is now the basis for their service delivery model, the number of NDIS participants funded with support coordination has remained relatively flat nationally at around 40%, quarter on quarter. It jumps up and down by a percentage point here or there, but generally it has remained flat. This is despite different rollout and transition arrangements from state to state, and different locations and participant cohorts rolling into the scheme. DIA members have reported that over the past 12 months, the amount of support coordination funding within individual participants plans has increased slightly, but more work does need to be done to ensure adequate funding is made available for participants to engage support coordination.

We're still seeing plans that are generated barely with enough funding in order to meet NDIS own reporting requirements, let alone support the participant to implement their plan. Support coordination price controls, as with most other disability supports, the NDIA price limits have predominantly been set with longer run efficient price levels in mind instead of being set to drive innovation, high effectiveness and quality of service. Then your price review conducted in 2019, 2020 resulted in a new price guide and a number of revisions since October that seem to keep that status quo and has maintained price controls at similar rates, which are again set to drive long run efficient and high volume service.

Some NDIS providers have access to TTP or temporary transformation payment. This payment currently is a loading of around 6%, on top of the current price controls. Most within the broader disability sector would say that the introduction of the TTP has been fairly clunky at best, and a little bit of an administrative nightmare at worst. TTP is intended to assist some providers as they transition to a competitive market based price for their service. Support coordination, unfortunately, is not eligible for TTP.

The NDIA engaged a Deloitte access economics in order to design and fill the TTP benchmarking survey. Completing this survey was a mandatory requirement for any provider who claimed for TTP and the final report by Deloitte access economics provides some detailed data and statistical analysis of the results from the survey. DIA recognises that the data from this particular survey and report was focused on providers who were subject to TTP loadings. However, DIA is of the understanding that the results from that survey do indicate the same types of implied margins being exhibited within organisations that were unable to apply TTP loadings. They're somewhere between half a percent and 2.3%.

This is further evidence in the Australian disability intermediary sector report, which use information gathered from intermediaries from the intermediaries market to understand the viability of support coordination. 353 providers reported that in 2019, 58% of them did not make a profit.

DIA contends that broad structural and sustainable innovation is not really appropriately funded under the NDIS current price controls. DIA understands that there is a fine balancing act to drive a sustainable market of supports, long term scheme sustainability, and a pathway to true market based pricing, sometimes often referred to as pricing deregulation. In designing that glide path towards that deregulation, it's important to understand the criteria that indicates market maturity and precise progress towards market deregulation and expanded supply. The NDIS is really yet to come up with or confirm such a process timeframe and indicators behind that pricing deregulation.

Formal disability advocacy is currently provided through the in-depth program or national disability advocacy program. In-depth is funded through the Australian government through the Department of Social Services. Some states and territories also fund disability advocacy programs, on top of in-depth. Formal advocacy provides people with a disability access to effective disability advocacy that promotes, protects, and ensures their full and equal enjoyment of all human rights, enabling community participation.

The role of formal advocacy has become more critical considering and given participants unfamiliarity with the NDIS and their rights. Yet, formal advocacy doesn't or has not been funded to provide long term high intensity advocacy services. The Australian productivity report in 2017 into the costs of the NDIS found that many states and territories have reduced or ceased funding for disability advocacy rolling into the NDIS funded support model instead. Our members have report, this appears to be the case in Queensland. Formal advocacy assist people with complex and often specialised disabilities and serious issues to really understand and navigate some of the critical decision making processes that are required under the NDIS. None of these activities that formal advocacy undertake are funded under the NDIS.

Distinct from formal advocacy, support coordinations do support participants to self-advocate. The development of self-advocacy and disability services provides a vehicle to operationalise service ideologies in a way that provides greater opportunities for enriching relationship experiences whilst also providing and preventing undue risk of harm. However, successful self-advocacy requires organisational support and this remains one of the greatest challenge for service providers where funding for support coordination remains constrained.

Support coordination plays a vital role in that little a advocacy and self-advocacy functions, including supporting participants to receive the supports needed to make informed decisions. As such, support coordinators work for and on behalf of the NDIS participant. With funding for formal advocacy, not captured under the NDIS and instead provided through the end up program and state and territory governments, this often results in substantial service and advocacy gaps, which support coordinators are then required to resolve and navigate. These gaps create risk for participants and the support coordinator.

Again, unfortunately, DIA's seeing a numbers of examples where regular access and availability issues for formal advocacy services within Queensland to be an issue. NDIS view a holistic review should be undertaken into the end to end spectrum of formal advocacy services, supports and functions needed to be undertaken to ensure that existing gaps are identified and closed.

From the other side of intermediary services, the plan management market currently 50% of NDIS participants nationally have all or part of their NDIS plan managed by a registered plan management provider. Queensland is slightly higher than the national figure of around 53% of NDIS participants having all or part of their plan being managed by a registered plan management provider. In Queensland, these participants are serviced by around 330 active providers operating across the state.

Currently, under the NDIS Act, participants have four ways that they can manage their NDIS funds. The first being the participant themselves being able to manage or sometimes referred to as self-management. Participant can request during planning for a registered plan management provider to manage all or part of their funding. Or the participant can have the NDIA manage their funds on their behalf, or the fourth being a combination of all three above. Currently, there's no limitations placed on participants when determining their management type, safer self-management where a risk assessment is undertaken. This gives the participant the choice and control to define the best management model for their plan funds and for their needs. DIA understands that this is being discussed as part of an ongoing NDIA legislative and NDIS legislative review.

In NDIA's view, participants must remain in control and have the right to determine how their funds are to be managed. As with support coordination, the NDIA price limits for plan management have predominantly been set with long run efficiency price levels in mind, instead of being set to drive innovation and highly efficient and quality service. Again, with the price review mentioned earlier, has resulted in that status quo remaining where many plan managers are driving towards high volume service in order to meet viability and profitability. This is despite plan management and all plan management providers being involved in that annual pricing review consultation suggesting and indicating that an increase in pricing was required for plan management.

Again, this is further evidenced in the Australian disability intermediary sector report, which used information gathered from the intermediaries market with 203 providers reporting in 2019 that 47% of them did not make a profit. Market volatility within Queensland remains an issue for plan management. Small providers are coming and going from the scheme particularly in the sole trader and small elements.

In Queensland, over the last quarter, we saw 15 new providers enter the plan management market space and 14 exit. And this is often seen, due to the way that plan management is set up where providers are able to enter the market, gain registration through the Quality and Safeguards Commission and then realise that servicing participants in plan management is quite challenging, and requires substantial investment in technology infrastructure, in order to be able to deliver adequate service within the margins that exist so that volatility and churn continues to happen.

Across both intermediary areas of service, conflict of interest and separation of service remains an ongoing issue. Intermediary organisations play a vital role in negotiating support costs within provision of supports, making arrangements for our support delivery and providing information and ongoing support to providers regarding the specific needs of their clients and to guide NDIS participants through the complexity of the scheme and adjacent schemes to better inform participants and to ensure and to assist administration where needed, as well as making payment arrangements.

DIA has seen some worrying examples where conflicted providers who offer both core regular supports, day programs, supported independent living, as well as support coordination and plan management are seeing intermediary services as a gateway to enable participants to purchase the majority of supports from that one provider. In addition to that, we also note the proliferation of conflicted providers who are really looking to try and drive profitability by gathering and client capturing large volumes in areas of participant funded supports within their plan. In our view, both plan management and support coordination service or intermediary services as a package should ideally be separate from organisations who are providing direct service provision.

In saying that, DIA understands that there are a range of circumstances and particular needs, where it might be appropriate for that conflict to exist - bespoke communities, and rural and remote within market arrangements are examples of those. But we also see some examples where an integrated service model for particular cohorts in particular participant needs may also benefit. But these should be the exception rather than the rule. NDIA's youth or service providers to legitimately provide the support coordination, plan management services with informed consumer choice and a clear separation needs to be between intermediaries and all other provision of service.

The last point to raise in my presentation today is around escalation protocols for providers. There's a number of providers who are looking to develop innovative service solutions, or to understand and interpret existing agency and state based operational policy and guidelines. Yet, there appears not to be a really well structured approach or process for these providers to be able to engage directly with the NDIS or state government departments in order to understand and to validate their interpretation.

There's some examples of this existing already, particularly in the plan management space, and the ability for participants to flexibly use their short term accommodation funds in a more agile way and this is a topic that's been an ongoing discussions with the NDIA for nearly 12 months now. So, our recommendation at DIA would be to look at how, particularly in Queensland, the interface between the NDIA and state government departments can be accessible for providers who are delivering supports. That's the end of my presentation, I'm happy to answer any questions you may have.

DR KAREN HOOPER:

Thanks very much. Obviously, we've covered a lot of ground there. But again, issue's highly relevant to the inquiries terms of reference. Perhaps, I could just go back to a comment that you made around where Queensland is operating, it seems to be working a little bit differently. You said the market in Queensland for support coordination is quite volatile.

JESS HARPER:

Predominantly, plan management is a bit volatile. That's not necessarily different. We're seeing that in other states as well. I think the challenge that we're seeing in Queensland is more on this, the level of funding for support coordination, while support coordination, when we start to look at particular cohorts, support coordination within particular cohorts in geographical locations are being well funded, but then when others within others less sort. And the challenge there is obviously, then driving a market for the support provision. If there's adequate demand, then obviously, the supply won't necessarily evolve and develop.

Some of the other challenges that we're seeing, a particular thing market areas for support coordination, and primarily in far North Queensland, where the numbers of participants that are funded with support coordination are very limited. And ergo, it is quite challenging to have on the ground support coordination delivered. There are some innovative models that are being looked at currently, to look at how support coordination can be delivered remotely in those communities. But obviously, there are other considerations that need to be taken as a part of that.

DR KAREN HOOPER:

And you mentioned the issue of exit from the market because cost of providing the service was perhaps underestimated, given the prices are at play. The cost of delivery, how much of that is related to the regulatory framework, versus perhaps in experience of the scheme itself, or just the sheer cost of the IT investment that you flagged?

JESS HARPER:

Yeah, so there's really two elements to that. For plan management, it's one of the few supports where you must be a registered provider. It's one of only a handful and in order to meet your obligations and registration requirements, you need to go through a regulatory process. From a participant count perspective, the cost of that represents somewhere in the vicinity of about 40 participants. So, you need to service 40 participants for about a year in order to meet your regulatory requirements that you have. So, for a new entrant into the market, there's quite a lot of participants that they need to go and find in a relatively short period of time in order to maintain cash flow. On top of that, it's then looking at technology infrastructure. Plan managers receive a vast number of financial pieces of information - invoices, requests for quote, etc.

So, trying to do that without the technology infrastructure behind it is quite challenging and we certainly see providers realising that very, very quickly. So, when you, then, start to step into the market, and is starting to pick participants up and realise that there is some substantial investment in technology that's needed, providers at that point, and then starting to make that decision as to whether or not the market is for them or not. And we're seeing examples at the larger end of the market, of multi million dollars being invested in order to drive technology infrastructure, to meet the requirements and volumes of participants in order to maintain viability.

DR KAREN HOOPER:

So, our draft report found that participants who have support coordination in their plan tend to have are less likely to have lower rates of budget utilisation. So, we can sort of see the value of support corners and helping to find the appropriate services. Be interested in your view on the role of support coordinators in ensuring quality of services. If you could make a comment on that.

JESS HARPER:

Absolutely. Yes, generally, we would agree that participants with support coordination funded tend to have high levels of budget utilisation. It's also worth noting, though, that that is also, that participants with support coordination tend to have more complex support needs. So, in it's almost a double win, so to speak, insofar as having that higher utilisation whilst working through more complexity.

With regards to quality, support coordinators do certainly play a role in trying to find best fit and best purpose of support provision for providers, for participants and working through those particular challenges aren't always easy. And in a lot of cases, while support coordinators try their best, they are really hamstrung by the accessibility and depth of the market in the area in which they're trying to find service provision. In other words, if the service doesn't exist, they can't connect to them to it. So, and they can't then choose the best quality version of that support. So particularly, when we start to get out of Metropolitan context, and we start to look at not even remote, but just rural settings, the level of available services is somewhat limited.

The level of registered service provision is in some cases quite limited. And that's where a support coordinator can certainly have a massive impact, because they can start to look at supporting the participant through the unregistered market, which is still regulated through the Quality and Safeguards Commission, however, isn't necessarily registered through the Commission. And what that allows participants then to be able to do is to stitch together various levels of service in order to make up what the whole was that they needed and they can start to look at adjacent service provision within that particular location to try and stitch together everything that they need in order to meet their requirements. But it is certainly challenging and particularly in Queensland, we are seeing examples of scheme gaps, as was mentioned earlier today, with the health and justice system, and the role that support coordination plays in that.

And it's certainly a challenge for more traditional service systems to embrace disability support, and particularly support coordinators. As mentioned, there's hundreds of support coordinators in Queensland. And it's also a challenge and we certainly recognise the challenge for both justice and health settings, to be able to effectively engage with all of those support coordinators. I think one of the important things to look at is how, what is currently level three specialist support coordination, how that's funded within a participants' plan to drive and help resolve some of those tension in gaps specialist support coordination nationally, is not often funded within participants' plans and certainly in our view, we see the greater levels of funding for specialist support coordination to assist in bridging some of those gaps.

DR KAREN HOOPER:

Given the role that support coordinators play in finding services, I'd be really interested in learning a little bit more from the experience of DIA in identifying where we have thin markets in Queensland. So, we now report obviously, that's a key focus. Would you like to make some comments around what you're hearing on the ground around thin markets?

JESS HARPER:

Yeah, it's, I think thin markets are always a little bit of a challenge. And when we talk support coordination, obviously, we have a thin market in far North Queensland, and the Torres Strait Islands. But in saying that, I think it's important to understand the metrics and the terminology that we're using around thin markets. I know that when looking at thin markets, if we see one participant in a particular geographical location, and one provider, we say there isn't necessarily a thin market there and it's reasonable to expect that. However, that doesn't necessarily mean there's choice, and that there's competition for quality service outcomes, etc. And that has been an ongoing issue for service provision, not only within the disability context, but within many other parts of service provision within our society.

Generally speaking, there is more accessible provision of service within community than people probably realise, with a vast majority of those not being registered providers. And the view of the unregistered market is really important and it's something that we get a view of through plan management. So, for participants who either self-manage their funds or plan manage their funds, they're able to access that unregistered market and large numbers of participants are using those mechanisms in order to be able to gain service provision at all within particular geographical locations. We can certainly provide the Commission with some information on where we see some thin markets more holistically on notice, if that's requested.

DR KAREN HOOPER:

That would be much appreciated. We would like as much evidence as we can put our hands on in relation to thin market. Be interested in your view as to how you see the role of support coordinators evolving over time.

JESS HARPER:

Yes, support coordination is an endpoint management but for this purpose, support coordination, in its current form, didn't really exist pre the NDIS. There's certainly elements of case management and similar that were delivered in various states, including Queensland. However, the focus of support coordination certainly didn't exist until the NDIS. And that's certainly evolved over time. We've seen the change in service approach, particularly during COVID-19 and the advent of remote service delivery.

Prior to COVID, we saw a vast majority of service being delivered, at least in its initial stages face to face and now we're finding participants more comfortable to engage through the use of technology and tele-practice and things like that. The biggest area and particularly for a state like Queensland, where you have population and vast distances between population centres, provided travel is certainly something that has been a long issue under the NDIS and fortunately, support coordinators do have some provision to claim for provided travel. However, that's really dependent upon the participant having adequate funds within their plan to cover that travel.

So, with support provision for support coordination, looking to move and being done successfully through tele-practice, participants are able to ultimately receive more service by opting for online service as opposed to face to face. In saying that, we still see that there's a massive need for face to face service provision, and particularly for some cohorts, and particularly some participants with extremely complex support needs, or behaviours of concern. On top of that, the market has certainly evolved and continues to evolve and continues to develop its level of professionalism.

When support coordination was first rolled out, it was seen very much as just a connection piece of participant is funded, support coordinator figures out what services and how much of it and connects a participant through that. Support coordination rather, is more, today is more about capacity, building capacity maintenance, and looking at how a participant is able to gain the most out of their plan and work towards a pathway of increased participation within the community.

DR KAREN HOOPER:

Can I just ask you a question about that, and just tease out how a support coordinator does help with that capacity building because that's something of particular interest to us.

JESS HARPER:

Absolutely. So, support coordinators are able to look at not only funded supports, but community based supports that exist within the participant area.

And a really good example of that is actually Queensland support coordination provider who was working with a participant who had previously had an LAC to implement their plan and this particular participant female, in her teens, was very much into dance. And the support coordinator had seen that this participant had been set up with a provider who has a fantastic dance program but is quite literally on the other side of town in Brisbane. So, it's an hour and ten minute kind of travel in order to get into this particular program. What the support coordinator was able to do was to look at what are available more locally, and how can a participant use their plan more flexibly in order to gain the supports to be able to access a more inclusive arrangement within their community.

So, the support coordinator was able to find a dance school that was within five minutes of the participant's home. It's a dance school that any other person within the community would use that didn't have a disability and the support coordinator then organised a support worker to assist the participant during those classes in order to meet their needs. So, that's a very symbolised and then kind of simple example of how a support coordinator can look at what's the goal and what's trying to be attained? And how can we have the participant do that more within the community context and less about within a disability context?

DR KAREN HOOPER:

Thank you. So, you spoke earlier about the importance of participants making informed decisions. Apart from the role that support coordinators claim that, what else can be done to help participants make those informed decisions?

JESS HARPER:

I mentioned formal advocacy as one of the critical challenges that we see at the moment for support coordinators in Queensland. I note that the Office of the Public Guardian is speaking later today and that's certainly going to be one avenue as well. But there's a difference between formal decision making processes and particularly for participants who might not have full capacity to be able to make their own decisions, versus supported decision making and making sure that things are explained to a participant in a way that they're able to understand and then make a choice. And the UN convention is around human rights is quite clear around looking at what level of capacity a participant has, or a person with a disability has and working within that context, to ensure information is understood and that their view is able to be taken.

When we start to talk about participants with more complex support needs, that becomes quite challenging. And particularly where we have situations of relinquishment, and things like that, where there are other government agencies involved with the public advocate, their youth and justice and things like that, where those decision making processes are not as straightforward as we'd ultimately like them to be. And there does seem to still be some gaps in that decision making process and supporting a participant to be an active and lead the process for decision making. We tend to pivot back to participant doesn't have capacity, ergo, we need to make the decision for them rather than

how much capacity this participant have, and what's appropriate for them to be able to make their own decisions on and that threshold needs to be a lot higher than it currently is.

DR KAREN HOOPER:

What's driven that, that where the threshold sits at the moment?

JESS HARPER:

Look, I think it's, generally speaking, historical and legacy approaches to support for people with a disability and to understanding capacity, and how participants are able to make those decisions within that capacity. So, there certainly needs to NDIS be a view of that, and there are differences state to state on how that view is gathered and that really, I believe, came down and comes down to the robustness of the Disability Support provision and structure within that state before the NDIS.

DR KAREN HOOPER:

You made some early comments about pricing.

JESS HARPER:

Yes.

DR KAREN HOOPER:

And some of the challenges of working within price cap. Be really interested in your perspectives on our draft recommendations on price ireregulation.

JESS HARPER:

Generally, where DIA is in agreeance with the recommendations, I think there's some real challenges that exist within certain parts of the market. But equally, there needs to be recognition that price is always going to be a driver of service and we know one of the things that the NDIS has been working on has been around bespoke packages of support for people in rural and remote communities, where pricing arrangements can be a little more flexible than what they are currently. But certainly on top of that, it's really recognising, and I think the report does call out the needing to fund the true cost of support.

And I think there's, to some respect, the pricing limits that are currently set, take into consideration or an approach that a lot of costs are just assumed business costs, and that those assume business costs are delivered effectively and efficiently, which isn't always the case across business, particularly in a market where you have a large number of small and sole traded organisations, which again, comes back to the point of ultimately driving providers to be of scale and size in order to meet those efficiencies. But ultimately, we certainly support the recommendation, and recommendations that the Commission has put forward.

But I think there certainly could be some more detail specifically around intermediaries and how plan management and support coordination can be funded because they're quite two unique services within disability context.

DR KAREN HOOPER:

Our portal still looks at issues around workforce. Be interested in your perspectives on the availability of workers to fulfil these intermediary roles and issues around skills and worker quality.

JESS HARPER:

I think anyone in the disability sector will say that there's a shortage of appropriate staff and workforce capability. We've been actively involved in the NDIS Quality and Safeguard Commission's review into workforce within our area of the sector and certainly, we think that there's an opportunity in the coming years to continue to drive and build our workforce capability. But particularly, build that quality capability.

One of the biggest challenges which links back to that pricing conversation is within most sectors within Australia, the employer takes on a lot of responsibility for upskilling and training the staff and current pricing constraints make that very difficult for providers to fill that void, which means providers are more heavily reliant upon either the individual worker looking to upskill themselves through mechanisms and trainings versus through on the job training. So, there's certainly an opportunity for funding to be made available for professional development within the job role, which then increases quality and ultimately greater outcomes and service to the participant. But access and availability to new workers is certainly something that I know all state governments are looking at at the moment and we're certainly very keen to see an increase in available workers in the intermediary space.

From a plan management perspective, being ultimately a financial management, and maintenance, there's a fairly large adjacent sector in the finance industry that allows for a relatively decent pool of potential workers. Support coordination is a little bit more tricky and we're seeing a lot of support coordinators coming into the market or being employed into the market that have either previously been a social worker, support worker, local area coordinator or worked within a government or health context and those backgrounds and skills are absolutely fantastic. But equally, this is often a gap in the disability context, and specifically the support coordination approach within service provision, so there's certainly some work to be done and it's something that DIA, as a peak body, is trying to drive quite heavily at the moment through a range of activities.

DR KAREN HOOPER:

A draft report spoke around the complexity of the regulatory framework that underpins the NDIS. Would you like to make any comments on regulations specifically as it affects your members?

JESS HARPER:

Not too many comments. Disability Intermediaries Australia is working and has received a grant through the Quality and Safeguards Commission to try and aid intermediary providers in understanding their regulatory requirements and also to streamline that regulatory process.

One of the biggest challenges from a regulatory process perspective is it's quite broad and for a provider who delivers only a subset of disability supports or services, such as plan management or support coordination, it's trying to understand how all of these regulations actually work from a day to day perspective within their business and it's that information that is currently lacking within the market and something that, as I said to a grant, DIA has been funded to try and resolve and support the market to be able to more seamlessly engage with quality and safeguards but also go through that registration process and meet their compliance obligations.

DR KAREN HOOPER:

Just one last question. So, I guess we're coming back to the first question I raised around where Queensland is different. Are there any other observations that you can share with us around where there might be interstate differences in the performance and issues confronting intermediary markets and state?

JESS HARPER:

Absolutely. I think, a couple, the big areas where Queensland is a little bit different, we've spoken earlier about the health context and also justice context. In other states, we've seen the introduction through the NDIS with health liaison officers, and justice liaison officers which is certainly aided to close the gap between the NDIS and the health system and the justice system.

But in Queensland, in particular, that is still quite strained and we see examples of, particularly for support coordinators, not being able to engage as effectively as we'd ultimately like within a health context. And I know early today, I also mentioned around hospital discharge and other areas, and that's certainly a challenge and it's certainly something that I think is probably more prevalent in Queensland than it is in other state.

But it's more the devil's in the detail, and within the Queensland context, there's certainly some improvements that can be made, and I do know that the NDIA and other government departments are working very hard at that, and we're certainly from a peak body perspective trying to assist and support to close those gaps as we can. But they are certainly wider in Queensland than we're seeing in some other states.

DR KAREN HOOPER:

Well, thank you very much for your oral submission today. We've covered a lot of ground there and touched on many of the issues that we face in our draft report. So, thanks very much for coming along and participating today. Thanks, Jess.

JESS HARPER:

Thank you.