Consultation report

National Disability Insurance Scheme
Thin Markets Project

Department of Social Services

27 February 2020

[redacted]

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[redacted]

27 February 2020

NDIS Market Oversight
Department of Social Services
71 Athlon Drive
Greenway ACT 2900

National Disability Insurance Scheme (NDIS) Thin Markets Project Consultation Report

Dear [redacted],

In accordance with our engagement agreement dated 29 June 2019 ("Agreement"), as varied on 29 November 2018 and 29 November 2019, we have prepared Consultation Report Iteration 3 (the report) in relation to the NDIS Thin Markets Project (the "Project"). This Report is an input to the final output of the project which is the final Thin Markets Framework, and so should be read in conjunction with the final Thin Markets Framework Report.

Purpose of our report and restrictions on its use

This report was prepared on your instructions solely for the purpose of informing 'thin' market responses in the NDIS and should not be relied upon for any other purpose. Because others may seek to use it for different purposes, this report should not be quoted, referred to or shown to any other parties unless so required by court order or a regulatory authority, without our prior consent in writing. In carrying out our work and preparing our report, we have worked solely on the instructions of DSS and for DSS' purposes.

Our report may not have considered issues relevant to any third parties. Any use such third parties may choose to make of our report is entirely at their own risk and we shall have no responsibility whatsoever in relation to any such use. This report should not be provided to any third parties without our prior approval. However, we agree that you may provide a copy of this report to the National Disability Insurance Agency, but strictly on the basis that you notify the Third Party Recipients (by referring to this transmittal letter as bound into the report) that we assume no duty of care or responsibility or liability whatsoever to the Third Party Recipients in respect of the contents of the Report.

We disclaim all responsibility to any other party for any loss or liability that the other party may suffer or incur arising from or relating to or in any way connected with the contents of this report, the provision of this report to the other party or reliance upon this report by the other party.

Liability is limited by a scheme approved under professional standards legislation.

Scope of our work

Our work in connection with this assignment is of a different nature to that of an audit. Our report to you is based on a range of information sources including public consultations, National Disability Insurance Agency and DSS information and market intelligence. We have not sought to verify the accuracy of the data or the information provided to us.

This report comprises a collection of views collected through the consultations noted above. The views do not necessarily reflect the views of EY, the National Disability Insurance Agency, DSS or others. They are point-in-time views, and we note that in many cases the NDIA has made changes in response to these views, between the time they were reported to us and the delivery of this report.

Our work has been limited in scope and time and we stress that a more detailed review may reveal material issues that this review has not.

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If you would like to clarify any aspect of this report or discuss other related matters then please do not hesitate to contact me.

Yours sincerely

[redacted]

[redacted]

Partner

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1. Introduction

1.1. Project background

The Department of Social Services (DSS) and the National Disability Insurance Agency (NDIA) have commissioned the NDIS Thin Markets Project to develop a structured approach (a Framework) for responding to the thin market challenges in the NDIS. The project will consider the full suite of options to inform next steps.

The outputs of the project will include (summarised in figure 1 below):

- A discussion paper describing the project objectives
- National consultations including workshops, survey, interviews & written submissions with providers, participants, peak bodies and government
- A research report which provides a summary of global literature on thin markets and the national consultations (this report)
- A thin markets framework for addressing thin market challenges.

1.2. Purpose of this report

This Report provides details of the outputs of the consultation phase of the project, which consisted of multiple consultation channels, described in the section below.

The views described in this Report are the views of consultation participants – they do not constitute recommendations or advice, [redacted]

1.3. Consultation approach

The purpose of the national consultations was to engage with providers, peak bodies and key stakeholders nationally to better understand the challenges facing providers and participants in current and/or predicted thin markets and identify potential national and/or local mechanisms which may help to respond to the challenges.

The national consultations included three key phases:

1. Discussion paper and accompanying survey
2. Interviews with key stakeholders including state government and peak bodies representing participants
3. National workshops and meetings with providers in current and/or predicted thin markets across Australia in both indigenous and non-indigenous communities.

The overarching objectives for this consultation process were to:

1. Confirm the challenges for participants and providers
2. Gather meaningful stakeholder input on how to address these challenges

3. Identify factors for consideration in implementing potential options.

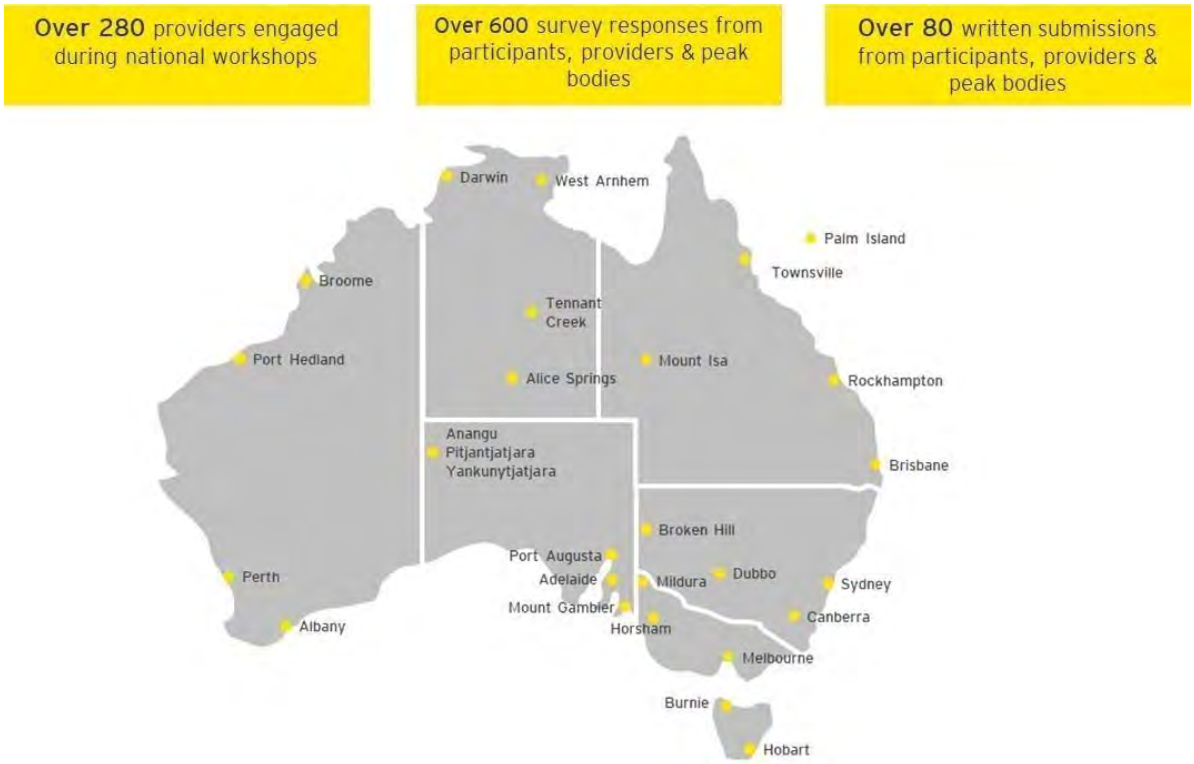
The findings of the consultations were a key input in the development of the Thin Markets Framework.

The consultations were facilitated by EY with representatives present from Boosting the Local Care Workforce (BLCW), NDIA and DSS (at some locations). The formality and structure of the consultations reflected:

- The State and Territory settings
- The NDIS transition in each location
- Cultural appropriateness of each setting.

Figure 2 provides an overview of the consultation process, including locations where EY facilitated workshops.

Figure 2: Locations for consultations with service providers.



1.4. Report overview

The body of the report distils the main findings into key problems statements articulated by those who participated in workshops or provided written submissions. It also maps the key responses that were raised and supported through that process.

The structure of the report is shown below. The detailed outputs of the different consultation channels each form an appendix to the Report.

- Chapter 2: Summary of consultation phase findings
- Appendix A: Detailed provider workshop findings, by workshop location
- Appendix B: Written submissions summary
- Appendix C: Survey findings summary
- Appendix D: Analysis of survey responses report

2. Summary of consultation phase findings

2.1. Introduction

This chapter provides a summary of the key findings arising from consultations. It comprises a synthesis of findings from all consultation channels, including provider workshops, community visits, stakeholder interviews, written submissions and survey responses.

The chapter is structured by the major themes which emerged from the workshops and written submissions, supported by data from the DSS Engage survey. The major themes are set out below.

2.1.1. Demand side issues

The key issues on the demand side of the market that were identified in consultations were:

- **Demand uncertainty and demand risk**: factors that reduce the certainty of demand for providers, effectively lowering the risk-adjusted demand in the market and reducing the ability for providers to sustainably provide services.
- **Low numbers of participants and issues inhibiting take up/scale:** this was a particular issue in areas of low population density, but there were arrange of reported factors affecting take up of the scheme and utilisation of funding.

The supply side of the market refers to factors that affect providers directly, such as Scheme design issues and factor (input) market constraints.

2.1.2. Supply side issues

The key issues on the supply side were:

- **Workforce:** predominantly workforce shortages, along with flow-on effects such as impacts on training requirements and skills/capability mismatches.
- **Price**: instances where consultation participants believe compensation for service delivery is insufficient and/or has coverage gaps.
- **Scheme design and administration**: challenges associated with processes and complexities in Scheme design and administration.

The balance of the chapter uses the following structure to present the discussion of these five issue groups:

- **Challenge statements distilled from workshops and written submissions**: the detailed workshop and written submission outputs have been summarised as challenge (problem) statements. Value tree mapping was conducted to ensure the challenge statements are a comprehensive summary of the tissues.
- **Applicability of the challenge statement:** includes a description of where and how prevalently an issue was raised. For example, more than 70 per cent of providers who responded to the survey believe or strongly believe there is a shortage of qualified workers.
- **Key responses raised in workshops and written submissions:** includes a description of the main solutions supported or raised through the consultations that could apply to the group of challenge statements.

2.2. Demand side: Demand uncertainty and demand risk

The consultations suggested that demand uncertainty and demand risk were a significant inhibitor of service delivery – both across the different NDIS markets, and in thin markets. Particular concerns included a lack of information about demand, participant transience and cancellations, and inhibitors to achieving economies of scale. These are described further in Table 1 below.

Table 1 Consultation findings: demand uncertainty and demand risk

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
► Limited publicly available information about current demand for services by region & cohort creates demand uncertainty & reduces incentive for providers to enter/operate in some sub-market	► 46 per cent of providers who responded to the survey strongly believe there is insufficient information about the number of participants and their support needs ► Providers who said they were operating in remote areas especially said it was an issue. ► Issue was raised in a high number of provider workshops, with particularly strong sentiments expressed in [redacted]	Facilitation ► **Facilitating linkages:** providers suggest developing a system/tool to link participants with providers, providers with providers, and participants with participants. This system would be similar to an '*Airtasker* or *Hire Up*' model – requests would be sent by a party and fulfilled by another (depending on the situation) ► **Demand map updates:** providers suggest developing further iterations of the demand map that includes a view of current demand, and a view of supply and demand/supply gaps Deepening ► **Improved cross-system integration:** the NDIS could focus on a strategy to better integrate with other services. For example, there is a need for more early childhood providers, but this requires housing additional housing which is outside the control of providers ► **Providing flexible day activities:** providing flexible day activities which can be funded by participants who use the services, enabling participants to choose when they attend programs at their own free will and reducing the amount of time that a provider travels around the community looking for people to attend their booking ► **Crisis funding:** crisis funding could be structured so that providers can respond quickly. One example is the pool of funding for homelessness. The burden of current administrative processes prevents timely approval and delivery of services in a crisis
► Some participants are transient and/or difficult to schedule for services, resulting in demand uncertainty for providers which reduces their incentive to enter/operate in some sub-markets (particularly when cancellations are higher than the limit for which a provider can claim)	► Challenge was frequently identified by providers in Aboriginal and Torres Strait Islander communities ► Issue raised in workshops in [redacted]	
► Providers are unable or unwilling to manage the demand uncertainty involved with delivering services, particularly in establishing/operating a new/high cost service. This challenge is exacerbated in Thin Markets where demand is low.	► Issue raised in workshops in [redacted]	
► The ongoing involvement in markets from some state governments (particularly where they have a large market share) increases demand uncertainty for providers	► Challenge infrequently raised in workshops; however, was raised in [redacted] ► 'Government providing services' was one of the least favoured solutions to thin market problems in the provider survey (in pre-determined list of options)[1]	

[1] Participants on the other hand were favourable of government providing services, particularly in the short term. This may be due to their preference for some support over no support, with less of a preference for who is providing the support.

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
► Some providers' financial viability is dependent on being able to achieve economies of scale. This can be difficult to achieve in regions with low population densities which reduces the incentive for providers to enter/operate	► 31 per cent of providers who responded to the survey strongly disagree that they have opportunities to increase their economies of scale ► Issue raised in workshops including [redacted]	Alternative commissioning ► Providing funding certainty: providers suggested a range of ways provision could be de-risked in thin markets, including providing baseline funding, creating tenders or panels for providers to compete for (rather than in) the market ► Seed funding for community hubs: utilise existing infrastructure in communities such as education day-care centres where 0-7-year-old come for approximately 20 hours per week. The hub would be in a central location to provide speech pathology, hearing services etc in a bilingual community setting. It would also be a place to provide wrap-around services too such as food, reading etc, which will increase the utility of scheme investments. A hub has been established by two community leaders in Tennant Creek with backing from a philanthropist who pays for the rent and operational expenses and has been modelled on the 'Community Advice Offices' in South Africa
► Uncertainty & confusion about which government program or department is responsive for providing services when the Scheme interfaces with mainstream services (e.g. health and justice) is creating demand uncertainty, particularly for complex care participants. This can create difficulties in addressing participants with co-occurring needs (e.g. mental health, disability, homelessness and alcohol and drug abuse)	► Issue raised in workshops including in [redacted]	
► There is limited flexibility within participant plans to enable providers to assist participants in crisis & emergency situations	► Issue raised in workshops including in [redacted]	

2.3. Demand side: Low numbers of participants and issues inhibiting take up/scale

The consultations suggested low numbers of participants were inhibiting the ability of some providers to achieve sufficient scale to deliver viable services. These issues were exacerbated by issues preventing full take up of the scheme by eligible participants or full utilisation of the funding available to participants. These are described further in Table 2 below.

Table 2 Consultation findings: low numbers of participants and issues inhibiting take up/scale

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
► Some participants possess a knowledge & understanding of the Scheme that inhibits their transition to Scheme	► 64 per cent of providers who responded to the survey strongly believe participants do not have the knowledge and capacity to understand their plans and spend their allocated budgets ► 58 per cent of respondents to the participant survey strongly believe participants do not have the knowledge and capacity to understand their NDIS plans ► This issue was raised consistently across workshops, including in [redacted]	Facilitation ► Information provision: NDIA could distribute consistent and ongoing appropriate communication to participants to increase their knowledge and education around the NDIS. These materials should range from culturally and linguistically diverse languages to plain easy-read English ► Community Connectors: the introduction of a Community Connector role to areas and other remote communities that is filled by a local Indigenous person of the Scheme and the interface to mainstream services ► Facilitate the use of tele-practice: communities are familiar with video conference - could be a community centre or govt department. Participant can come in with therapy assistants and work with therapist on VC. Require a community-based facility to enable this Deepening ► Culturally appropriate resources: develop culturally appropriate resources for Aboriginal participants to help participants and community develop a better understanding of the NDIS and the term 'disability'. This is imperative to build respectful trusting relationships with the provider as participants and community need to be fully informed before discussing plans to meet their needs and goals ► Qualifications and standards: creating a qualification or standard for services providers to attain before servicing Aboriginal and Torres Strait Islander participants or culturally and linguistically diverse participants, and audit cultural competency (link to current framework). Ensure that if a provider says they provide services to Indigenous people, the
► Existing mechanisms for engaging participants are unable to reach all Aboriginal participants in remote communities and transition them to the Scheme. This may be due to remoteness and also due to some participants having low levels of trust in government & authority, that inhibits their transition to and engagement with the Scheme	► A lack of trust in government was raised in workshops including in [redacted]	
► LACs and community connectors are unable to reach all participants and transition them to the Scheme	► Raised in workshops including in [redacted]	
► Low population densities in some regional and remote geographies reduces incentive to enter/operate in the sub-market, makes it difficult	► Raised in workshops in [redacted]	

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
for providers to recover fixed costs or generate returns on investment, and reduces ability to manage revenue risk and volatility		organisation will need to prove the organisation is competent. The Quality and Safeguard Framework could reference appropriate and accredited training of staff, and appropriate programs for services providers that providers would have to meet to pass the audit. Regulation ► Create a Medicare funded billable item: Create a Medicare funded billable item for an assessment so that doctors have more time to do a thorough job and do better NDIS paperwork (currently, an assessment is done under a standard consultation and varies with doctors – depends how experienced they are or how much knowledge they have). If there aren't bulk billing doctors available there's a barrier to getting the paperwork in the first place ► Increase focus on assessment rather than planning stage: sometimes plans are so unique they're not likely to have a reference point. This was described as an insurance model of front-loading to get gains over time (i.e. more resources at the front end of a plan). Needs to be a built-in review – what is the evidence, what was done and what is the outcome Alternative commissioning ► Single point of contact: providers and the NDIA could establish a one-stop-shop for all NDIS related matters, a physical place, building or a hub where all providers can meet and participants and community members can access support. This may reduce the confusion around how to access information and may promote more provider coordination ► Bundle and deliver services as a package: the Agency play the role of bundling participants plans together and facilitating the discussion of finding appropriate service providers to deliver services in bulk to remote communities e.g. [redacted] Important that the Agency releases several plans together to establish the demand and reduce risk for providers. Bundling for ECEI was trialled in [redacted] and radically increased the number of kids receiving assessments, but still have issues with plan utilisation
► Some providers find the costs of implementing initiatives that ensure the business operates consistently with the quality safeguarding standards are not able to be covered within their operating model at current prices. This may particularly impact on smaller providers in low population areas where they are not able to achieve scale	► Raised in workshops including in [redacted]	
► Delays in participant assessments & the approval of participants' plans, including plan reviews, is limiting the volume of participants within the Scheme	► Raised in workshops including in [redacted]	
► Some providers reported that Community Connectors & LAC's do not yet have the capacity & capability to appropriately prepare participants for their planning meeting	► 48 per cent of providers who responded to the survey strongly believe their clients' plans do not have sufficient budget to meet their support needs, while 43 per cent strongly believe they are client needs are not adequately reflected in their plans	
► There is limited support for some participants, particularly Aboriginal and Torres Strait Islander, culturally and linguistically diverse and complex care participants, who may not be able to self-advocate	► Raised particularly by the following cohorts: Aboriginal and Torres Strait Islander, culturally and linguistically diverse, and complex care needs	
► Variable plan values and supports can lead to participants not receiving the appropriate budget and/or service types required to meet their needs	► Raised in workshops including in [redacted]	
► Some plans do not have sufficient participant travel allowances, particularly in remote regions, resulting in a potential reduction of plan utilisation (which reduces provider revenue)	► This issue was raised widely across the country outside of metropolitan areas	
► Some participants are unwilling to release plan funds or are unwilling to pay the price required by	► Raised in [redacted]	

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
providers (due to limited knowledge around the real cost of service), undermining the ability of providers to engage in efficient cash-flow management		

2.4. Supply side: Workforce

The consultations overwhelmingly suggested that shortages of suitable and suitably skilled staff were a major inhibitor of service delivery. This was the case nationally, but with particular pressures in rural and remote areas, acute shortages of Aboriginal and Torres Strait Islander staff, and an acute national shortage of capacity building professionals. These are described further in Table 3 below.

Table 3 Consultation findings: workforce

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
► Shortages of qualified core support workers are causing providers to incur high operating costs (due to higher salaries being required to attract and retain quality staff) and/or are inhibiting provider's ability to expand services & increase market share	► Over 70 per cent of providers who responded to the survey either believe or strongly believe that there is a shortage in the supply of qualified workers ► The ability to find a qualified workforce was identified by respondents to the provider survey as the most important factor to consider when assessing the merits of entering a thin market ► Challenge were identified across the country, but more severe outside metropolitan areas and for complex needs care types ► Issue raised in workshops including: [redacted]	Facilitation ► **Regional workforce strategy:** a formal strategy to generate a conversation over what competencies or skills are required for the current workplace. The strategy would provide an opportunity for more specialist therapies to be developed. Needs to be integrated so that supply doesn't just move from one area to another, while looking into the lifting of workforce qualifications and providing an emphasis on competencies Deepening ► **Shared training materials:** providers could share training materials externally and internally. Providers could collaborate to: modify the way they could advertise roles; validate the importance of the role (with support from schools and the NDIA); articulate the long-term career path available to support workers and others in the sector ► **Communication and referral pathways:** better communication and referral pathways can be built between the sector and registered training organisations and education outfits. Schools, TAFE and recruitment agencies require a greater understanding of the disability sector and its requirements in terms of certification and qualification.
► High staff workloads can lead to increased staff turnover and associated costs (e.g. cost to find new staff, onboarding costs and opportunity costs)	► Issue raised in workshops in [redacted]	
► Shortages of qualified Allied Health and complex care workers are causing providers to incur high operating costs (due to higher salaries being	► Issue raised in workshops in [redacted]	

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
required to attract and retain quality staff) and/or are inhibiting provider's ability to expand services & increase market share. Complex care workers are also more likely to burn-out and leave an organisation due to the high stress environment.		Greater communication with the sector could result in increased awareness as to where the gaps in the sector lie and can build stronger mechanisms to support work placements as part of obtaining qualifications ► **Rural generalist position:** a dedicated person remains within their therapy area, but they do additional training on top of this e.g. a physio receiving training for cerebral palsy, so they can respond better to the needs of regional areas. This solution would provide career progression for these individuals, while being possible to implement with the rural branches of universities [redacted] as either face-to-face training or online ► **Remote training and workforce portal:** a remote training and workforce portal where workers could indicate they are available for work and providers can look at and bring up extra workers if needed or see if some are overcommitted; this portal could also include more information about what training is being delivered ► **Grant programs:** introduce regional allied health grant programs with numerous streams of funding could address the low levels of allied health professional in the disability sector in the regions (e.g. scholarships for allied health professionals living or working in regional areas) ► **Support for workers:** working in disability services in some remote locations (e.g. [redacted] could be more appealing if workers were given enough supports, such as accommodation. [redacted] was given as an example of a model that works well in attracting and retaining workers **Alternative commissioning** ► **Complex care funding:** allocate funding to providers servicing participants with complex care requirements to support coordination between service providers and Support Coordinators. Responsive funding should also be available for specific needs and service required to be delivered in a timely manner
► Shortages of workers with the ability to provide culturally appropriate care for some regions (e.g. able to pass language barriers that exist in Aboriginal communities) may inhibit a providers ability to expand service	► Issue raised in workshops in [redacted]	
► There are significant workforce shortages in remote Aboriginal communities which is limiting ability to meet demand.	► Issue raised in workshops in [redacted]	
► There is an increasing trend of casualisation within the disability care workforce, which can be administratively burdensome for providers and be training intensive	► Issue raised in workshops in [redacted]	

2.5. Supply side: Price

The key issues with price raised by providers included unrealistic assumptions about workforce utilisation (particularly in thin markets), pricing not reflecting the true cost of travelling to rural and remote locations and pricing not reflecting the true cost of establishing a business in a new geography and the higher costs of operating in rural and remote areas. These challenges are impacting on the financial viability of providers and their ability to deliver services sustainability in some regions and cohorts. These are described further in Table 4 below.

Table 4 Consultation findings: price

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
► Workforce utilisation assumptions are too high in some geographies & for some cohorts, leading to a unit price that does not adequately the time required to deliver a service (e.g. a travel allowance of 60 minutes is provided for rural and remote regions but this is not sufficient to reach all participants)	► 24 per cent of providers who responded to the survey strongly disagree that their direct service staff are sufficiently utilised in line with NDIS assumptions of 95 per cent utilised. ► This issue was particularly raised in [redacted]	Facilitation ► **Travel coordination:** if other service providers could see who else was travelling to provide services it would make it much easier to coordinate and possibly team up to reduce travel costs. This could be facilitated through a low-cost platform that allows providers to post travel plans and potentially share costs. Another model suggested allows providers to say, 'I would like to provide a service to X in July to Y many people', then the NDIA could coordinate or broker travel coordination. This would be a more efficient way of planning than everyone doing the coordination themselves Regulation ► **Market prices without caps:** providers believed it could solve some issues to do with pricing inadequacies but feared that in areas where there is a lack of competition some services could be subject to monopoly pricing, with the risk to participants being that they may lose out on supports if funding does not adequately cover the monopoly premium. Providers cautioned about the lack of incentive currently for participants to save, and the fear that this could encourage unsustainable price rises ► **Pricing flexibility:** could adopt 'reasonable ranges' for prices, like seen in the construction industry, to give providers some flexibility in setting prices ► **Include maintenance costs in vehicle costs:** include maintenance of vehicle costs as part of travel costs especially when providers are travelling to very remote areas and long distances. Develop Transport Guidelines for providers
► The Scheme prices are too low to cover the establishment costs of expanding into a new geography, particularly where demand is uncertain	► The NDIS price and the cost to run the business were both identified in the provider survey as being in the top five factors that are important to consider when assessing the merits of entering a thin market	
► The Scheme prices are too low to cover operating costs, particularly for some Aboriginal and Torres Strait Islander participants who may require more experienced and specialised staff	► This challenge was raised across the country, including in particular in the following workshops: [redacted]	
► Current pricing assumptions do not appropriately consider the skills, experience and qualifications of staff required to appropriately care for participants with complex care needs. Some complex care participants may also require two staff which is not currently reflected in the pricing assumptions	► Raised in [redacted]	
► The Modified Monash Model may not be accurate enough or is too broad to use for the NDIS, resulting in prices in some regions which do not reflect the cost of delivering services	► Challenge identified across the country outside of metropolitan areas, particularly in relation to the pricing of travel in some regions ► The issue was raised in particular in [redacted]	

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
► Providers with inefficient payment management systems and processes may incur high cashflow and debtor management costs	► Issue raised in workshops [redacted]	delivering services more flexibly to meet the needs of the provider ► **Smaller communities could submit grant applications:** could submit to funds such as the Building Better Regions Fund to support financing the development of a blueprint, travel costs, technology costs, training for community and a salary for the community champion driving the concept ► **Travel quotes:** the NDIA could utilise participant and service provider data to formulate an estimate cost of travel and obtain travel quotes to support greater accuracy and understanding of the cost to serve in various remote areas. Allow greater flexibility in the pricing guide for travel costs and an ability to negotiate the funding a participant receives to allocate to the service provider. Rather than a fixed price line item, service providers suggested transitioning into a quotation system ► **Travel itemised within core support budgets:** NDIS planners could be encouraged to include travel budgets under core supports, as to encourage participants in accessing the services they need and to reduce under-utilisation of participant plans ► **Changes to remoteness classification:** changes to remoteness classification: there was unanimous suggestion and support for reclassifying some region's remoteness level under the Modified Monash Model, which would increase prices and go a long way to improving the viability of delivering services in the region ► **Changes to the pricing system:** the NDIS pricing and travel loadings only accounts for the distance from a major regional centre. An alternative approach would be to consider the population of the town and its distance from a major regional centre in deciding the travel loading. This will provide a financial incentive to deliver services in small towns where thin markets may otherwise develop ► **Add more transport loading:** create a transport loading based on a quotable packages approach, which allows providers to compete on an annual basis to support broader service provision. The Agency could put out a tender offer for a defined set of services, and providers could quote to
► Overhead and business administration costs may be disproportionately large for smaller providers	► Issue raised in workshops [redacted]	
► High operating costs may be incurred due to the maintenance and operating costs of assets (e.g. buildings, vehicles & equipment)	► Issue raised predominantly [redacted]	
► Providers incur higher operating costs in some regions due to a tight labour market caused by competition from other sectors (e.g. mining and public sector)	► Issue raised in [redacted]	
► Additional set-up and operating costs of operating evidence-based support models for clients with complex needs, including training, workforce development and retention, supervision of practice standards	► Issue raised in the [redacted]	
► Risks are higher for providing supports to clients with the highest and most complex needs and behaviours, leading some providers to say they will no longer take on these clients	► Issue raised in [redacted]	
► The operating cashflows associated with expanding services into new regions are not sufficient to cover capital funding costs	► Issue raised in workshops [redacted]	
► Scheme registration costs may be disproportionately high for small providers	► Issue raised in workshops in [redacted]	
► Delivering services in some rural and remote regions requires travel and accommodation costs to be incurred for two people (due to WHS reasons). This is not reflected in the pricing assumptions meaning that providers will incur high operating costs relative to revenue when delivering services in these regions	► Issue raised in workshops in [redacted]	

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
► Some providers incur high travel & accommodation costs due to the direct cost of airfares, vehicles, fuel and related travel costs associated with reaching participants in rural & remote areas (particularly in regions with shortages of accommodation). Extensive travel for staff can also lead to burn-out and increased staff turnover	► Issue raised in workshops in [redacted]	provide services in that market over a defined period. The agency would then assess these responses and award the services to one or two service providers Alternative commissioning ► Strategic funding: provide strategic funding of services in remote locations without services, to facilitate and improve understanding of demand. One model proposed was to give providers funding to get started and then provide an opportunity to transition off funding to NDIS packages (once demand is known. Some providers stated they won't go to remote areas without such funding certainty
► There may be significant marketing and sales costs (i.e. to build brand awareness and find participants) incurred when expanding services in a new region in and/or as a new provider starting-up who may not be well known in the disability sector	► Issue raised predominantly in [redacted]	
► It may require significant time and resources to expand into a new region or service type, due to having to assess the market of supply & demand, establish a physical presence & build a workforce to serve a new region	► Issue raised in workshop in [redacted]	

2.6. Supply side: Scheme design and administration

The key issues with Scheme design and administration identified by provides included the complexity of systems and process and cost of registration and compliance, limited information about the supply of services in each region nationally and the limited number of plans with Support Coordination and the lack of consistency of Support Coordinators nationally. These challenges impact on the financial viability of providers by increasing cost and increasing supply risk. These are described further in Table 5 below.

Table 5 Consultation findings: Scheme design and administration

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
► Some providers find Scheme systems & processes complicated and time-intensive, which has direct costs (hiring additional staff) and opportunity costs (time lost)	► 58 per cent of providers who responded to the survey strongly believe the costs associated with being a registered provider, such as registration, compliance and reporting costs, are too high ► Providers raised this issue consistently across the country, not specific to any geography, cohort or care type	Facilitation ► Information to assist Support Coordinators: providing improved information to assist Support Coordinators in gaining a better understanding of their role in the Scheme. This could include involving NDIA or DSS to leverage information from other Departments (housing, justice etc.)

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
	► This challenge was raised in workshops including [redacted]	**Deepening** ► Community awareness: ensure that professionals in the community are trained on NDIS discourse: including private organisations such as GPs, art centres etc. This may improve awareness ► Improvement in cross-system integration: could focus on a strategy to better integrate with other services. For example, there is a need for more early childhood providers, but this requires housing additional housing which is outside the control of providers **Regulation** ► Top-up for non-billable costs: registered providers are currently viewed as being at a disadvantage due to registration costs. Rather than have the Temporary Transformation Payment applied to the price guide, it should be applied outside the plan and direct to the provider, since it impacts on the consumer decision. Registered providers could use these funds against staff training, unbillable phone calls etc. Different loadings might be required depending on market (location or cohort – e.g. forensic or Aboriginal cohorts) ► Support Coordination funding in every first plan: including an allocation for Support Coordination in every participant's first plan could support capacity building for the participant and/or families in their understanding of the required coordination to implement a plan and achieve the participant's specified goals. Having obtained an understanding of the required level of coordination support, the funding allocated to Support Coordination post 12 months could be reflected as appropriate thereafter **Alternative commissioning** ► Collaborate with [redacted] collaborate with [redacted] to operate a hub (in the form of a building). Collaboration could be led by the [redacted] in the NDIS in each state. The hub could work with the participant to walk through the participant pathway of offer services such as: facilitating pre-planning
► Challenges in other service systems result in providers delivering services that are 'out of scope' of plans (e.g. because of shortages in other systems). This was reported as a market wide issue but is reported as far more acute for participants with high and complex needs	► Providers raised this issue in workshops [redacted]	
► Limited publicly available information about the supply of services in a region and a lack of market facilitation is reducing providers' ability to collaborate to identify gaps and deliver services	► Providers raised this issue across the country, but particularly in small, rural communities ► Raised in workshops including [redacted]	
► The individualised funding model does not currently support the maintenance of latent capacity to respond to rapid escalation of participant needs/crisis situations	► Raised in workshops in [redacted]	
► Choice and control on an individual basis may not be feasible for Aboriginal communities, with community collective choice and control potentially being a more appropriate	► Raised in [redacted]	
► Some providers find the costs of implementing initiatives that ensure the business operates consistently with the quality safeguarding standards are not able to be covered within their operating model at current prices. This may particularly impact on smaller providers in low population areas where they are not able to achieve scale	► Raised in workshops [redacted]	
► Providers have limited ability to access participant plans to understand the services and budget available & hence the ability to utilise their plans	► Issue raised widely in workshops across the country	

Challenge Statement(s) distilled from workshops and written submissions	Applicability of the challenge statement	Key responses raised in workshops and written submissions
► Not all funding within participant plans is being utilised due to a limited number of plans with Support Coordination or the variable capacity & capability of Support Coordinators to assist participants	► Raised in workshops in [redacted]	and planning meetings in a consultation room; advocacy services; accommodation; and therapy and wrap around services.
► Support Coordinators may not have the knowledge of the Scheme required to effectively manage services for complex care participants. The time allocated for Support Coordination for complex care participants may be insufficient	► Raised in workshops in [redacted]	
► Providers with business models that have a lack of partnerships and collaborations may find it difficult to find more cost-effective ways of delivering services	► Raised in workshops in [redacted]	
► Existing business models may be inefficient at delivering services to high-cost participants who would not otherwise receive services	► Raised in workshops in [redacted]	

Appendix A

Provider Workshop Findings

Table of contents

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1. Western Australia

1. Western Australia

1.1 [redacted]

1.1.1 Challenges

The key challenges articulated by providers relate to workforce shortages, cost of travel which impacts on provider viability and participant knowledge and understanding of the Scheme.

The following table documents the range of challenges discussed in varying lengths.

Table 6: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Workforce	▸ Difficult to attract and retain appropriately skilled and trained staff: results in providers having limited capacity to meet growing demand for services ▸ High turnover of staff and transient population of workers: results in providers constantly training new workers which adds cost to business ▸ 457 visa workers have low English proficiency: creates communication challenges with participants and understanding their needs, particularly participants who have English as a second language ▸ Difficult to recruit Allied Health Professionals: due to competition with the State Government services who have better terms & conditions – results in service restrictions particularly around early childhood intervention assessments ▸ FIFO/DIDO can be exhausting for staff and lead to burn-out: leads to transient workforce and difficulties retaining staff ▸ Placing workforce within communities is expensive: due to cost of housing and distance from major towns – results in higher costs and difficulties attracting & retaining staff ▸ Limited local training available: results in workers going to Perth or doing the course on-line without any connection to local providers
Travel	▸ Travel costs are not adequately covered by the NDIS price guide: The WA State NDIS previously funded travel separately to the unit price which allowed for remoteness – results in higher costs for providers and less interest in delivering services in remote locations and allocated budget within participant plans being quickly exhausted resulting in reduced level and/or hours of service ▸ Travel costs and the cost to run and maintain a fleet of vehicles is expensive and impacts on provider viability ▸ The fly-in, fly-out (FIFO) or drive-in, drive-out (DIDO) nature of many services provided around [redacted] is not a long-term solution: to meeting community needs – it reduces the level of community connectedness and acceptance of disability as well as a lower level service due to missing participants whilst in town (e.g. due to other appointments or sorry business, men's or women's business)
Provider viability	▸ An individual funding model for new providers is not sustainable: and is almost cost prohibitive in the start-up phase as providers contend with heavy administration and find efficiencies as the provider grows and matures – result some providers may not enter the Scheme or selectively choose markets ▸ Economies of scale are required to be viable: and is difficult to achieve when servicing a thin market – results in some providers not selecting to enter the Scheme or attempting to protect their 'patch' ▸ Providers are allocating significant time towards supporting participants transition to the NDIS – this results an opportunity cost to providers impacting on quality & quantity of services delivered ▸ Providers experience many cancellations or no-shows: but are only funded as compensation up to a certain amount – this may result in some providers selectively choosing participants who are likely to be more reliable
Complex care	▸ Complex care: plans for complex care are said to be often segmented given the lacking capability of providers to provide all services which results in numerous touch points for participants

Key challenge	Description as per service provider
	► Holistic care is said to be most appropriate for Aboriginal participants: however, this is difficult to achieve in [redacted] (despite its high Aboriginal population) due to thin markets ► Interface with mainstream services is challenging to navigate: many NDIS clients require additional services from health, justice, education which interface with the success of NDIS supports – results in providers choosing not to take on complex care clients or struggling to adequately meet their needs
Participants	► Participant understanding of the NDIS is low: this impacts providers ability to allocate time and assist participants as this is not covered by NDIS plans ► Capacity building is required on self-managed plans: some families and participants are investigating self-managing their plans without completely understanding what is required in taking on this role – results in providers spending un-funded time with participants, families & their carers to understand how to self-manage ► Access to early childhood and early intervention services (such as FASD assessments) is limiting participants ability to access NDIS services: this has implications for the number of children entering the Scheme later in life with needs that may have been circumvented with early intervention

Source: Workshop output dated 21st May 2019

1.1.2 Potential ideas to address challenges

Summary of the challenge

Service providers identified two key challenges of focus to develop ideas as to address these challenges and identify a means of implementing these ideas:

1. Travel costs
2. Attracting and retaining a skilled workforce

1. Travel costs

In summary, service providers are finding it difficult to service remote areas in a sustainable way due to the associated travel costs. Providers concede that the root cause of this difficulty is not the NDIS but is exacerbated by the NDIS pricing guide which is insufficient to cover the full-cost of travel.

Four key areas were discussed causing significant travel costs and the permutations throughout a service providers organisation.

1. Changes from the transition from the State NDIS to the Commonwealth NDIS

It is the view of [redacted] service providers that whilst under the State Scheme a service provider would obtain funding for travel costs and the maintenance of vehicles. Service providers now understand that they are only funded for any travel incurred whilst they have a NDIS participant in the same vehicle and believe that this funding is not reflective of the cost they incur in travelling in remote areas and illustrates a lack of understanding of regional Western Australia.

2. Community based service provision

The alternative to travel is purchasing fixed assets and having shop fronts in various remote townships. Service providers suggested that housing costs and utilisation of staff often negates the savings in travel costs. When shared transport resources was posed as a solution to this challenge, providers suggested that you would require one FTE dedicated to coordinating travel. In addition, collective travel with other providers needed to be managed carefully to prevent communities from feeling over whelmed with many providers arriving on one day and to ensure there is sufficient accommodation available for staff.

3. Fly-in, fly-out model

Using a fly-in, fly-out model to service very remote communities results in lower utilisation of staff and burn-out and is not a long-term solution. A permanent provider is likely to have a better chance

at servicing participants who require services, however having permanent staff is often not thought to be viable. Providers perceive that a casualised workforce is discouraged under the NDIS, however it may support provider's ability to service remote communities at a reduced cost.

4. Cancellations and no-shows

The costs associated with cancellations are captured by the NDIS to an extent, but it is thought the reimbursement cap is breached very quickly in thin markets. Base funding is proposed to support service providers in this scenario.

Potential ideas to address travel costs

In discussing ideas, providers found it difficult to think of means to addressing challenges outside of additional funding or the conditions under the State-based NDIS Scheme, noting that [redacted] has only recently transitioned to the Commonwealth Scheme.

In particular, providers are trying to manage the estimated 20 per cent price differential between the State and Commonwealth Schemes. This has not only impacting on operating margin of providers, but also resulted in participants receiving less hours in their plans under the Commonwealth Scheme despite a promise there would be a like-for-like transfer.

In general service providers thought that there could be value derived from working with the Western Australian Department of Communities to address the interface between the NDIS and broader social system including Housing, Disabilities, Child Protection, Youth Justice and elements of regional reform. It was also thought that a disconnect between State and Federal funding can exacerbate issues as it is thought that there is a lack of accountability for the direction of these funds.

Ideas to overcome some of the above challenges posited by providers include:

- Increasing funding to allow for greater cost of travel for participants in Modified Monash Model category 6 or 7
- Introducing a similar funding model to the WA NDIS:
- Providers were funded for commencement fees with participants
- Travel was separated out of plans
- Extra funding was provided for travel and vehicle maintenance.
- Educating NDIS planners about the costs associated with travelling hundreds of kilometres to service clients and correctly calculating the hours in participant plans when transferring from the State to the Commonwealth NIDS.

2. Attracting and retaining a skilled workforce

In summary service providers find it difficult to attract and retain a skilled workforce which is thought to stem from a thin workforce which receive little support to provide quality services in a sustainable manner. Again, providers concede that the NDIS has not caused this issue and that it is not isolated to present times, but the NDIS funding framework can exacerbate the challenges associated with delivering services in a regional area. The

Four key areas were discussed causing an inability to attract and retain a skilled workforce:

1. Challenges in growing an organic workforce in the sector

Service providers believe there is little introductory training occurring in local TAFEs and a lack of specialist being able to deliver disability specific training for certification. It is also thought there is lacking relationships between schools and certified training agencies and the sector.

2. Challenges in attracting a workforce from metropolitan areas

There few mechanisms in the regions to attract people to the sector. The lack of town infrastructure to support a lifestyle expected of support workers coming from metropolitan areas can hinder service providers buying power in attracting staff. When juxtaposed against the education sector, providers suggested that often staff would obtain a salary package, receive rent

support, obtain paid flights for their transition to the regions, and obtain training and support. Providers believe the disabilities sector cannot provide this level of support to attract staff to the regions, and the sector.

3. Challenges in supporting a developing workforce

Service providers suggested that many support workers begin their careers in [redacted] or other regional areas as it may be mandated by some educational organisations, and it may also be easier to find a placement upon finishing studies. This results in a relatively inexperienced workforce who would benefit from training and development, however there is lacking opportunities outside the metropolitan area that could provide such training and development which leads to a high cost to the employer, or no training and development.

4. Challenges in retaining a skilled workforce

The challenges articulated by service providers in retaining a skilled regional workforce included the sometimes-burdensome travel requirements of support workers, the lack of respite, the growing number of complex cases and the lack of training and development available in town.

Potential ideas to address challenges

Providers believe that to increase the supply of skilled workers High Schools could be proactive in promoting awareness of this career pathway in addition to enabling Certificate Two and Three opportunities in school. Providers believe TAFE and other registered training organisations could increase the number of Certificates offered in community services, aged care and disabilities. To supplement these activities providers suggested the sector could partner with education service providers to offer work placements and on the job training, despite noting the challenges associated with this (i.e. providers are not paid for services undertaken by interns or support workers on work placement).

Providers suggest staff retention could be supported by providers enabling their own staff to access the training and development on offer in metropolitan areas (noting there are minimal opportunities in [redacted] to upskill). It was suggested that an additional training and development budget allocated to regional providers may help support their staff access the same opportunities presented elsewhere.

1.2 [redacted]

1.2.1 Challenges

Many of the challenges articulated below by providers point towards systemic community challenges such as a disparity between income, employment and opportunity amongst community members, trauma and intergenerational disability and the transient workforce residing in the Pilbara.

The following table documents the range of challenges discussed in varying lengths.

Table 7: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Support for participants	▸ Participants plans do not include transport to access services: results in underutilisations of plans and lack of required care. ▸ No NDIA presence in [redacted] to support participants and providers with questions: results in underutilisation of plans. ▸ There are limited specialist services and multi-professional assessments: results in long waiting periods or participants travelling to Perth to access services or assessments. ▸ There is limited accommodation: results in underutilisation of plans or participants sleeping rough. ▸ The 1800 phone number is often not an effective communication tool: creates a barrier to accessing services for those who do not have phone reception or language skills. ▸ There is no 24-hour support in [redacted], nor any outreach services: this often leads to participants not accessing services.
NDIS transition	▸ There has been some miscommunication as to what will be on offer through the NDIS: results in confusion and creates doubt in consuming NDIS services, resulting in underutilisation of plans and providers over-servicing at their own costs. ▸ Lacking Support Coordination in plans: resulting in underutilisation, inefficiency and service providers supporting with coordination, un-funded. ▸ Plans are note being transitioned on a like for like basis on an hourly basis, not a cost basis: results in participants obtaining less funding and providers being unable to provide quality services where there is a high cost of business.
Attraction and retention of staff	▸ Transient nature of the workforce, high cost of living, need for high travel and competition from the mining sector: impede efforts on retaining staff. ▸ Lacking amenity and family support, and lacking understanding of participants ability to include carer benefits: results in low respite for staff and staff burn out. ▸ Aboriginal staff often do not feel comfortable communicating about their cultural needs: results in poor retention of Aboriginal staff ▸ Lacking local workforce and skilled labour: results in providers needing to invest heavily in staff development only for them to move on due to burn out or the transient nature o [redacted]
Provider viability	▸ High business set up costs: are almost prohibitive in the context of lacking demand and low price. ▸ The cost to travel to service communities and overcome access impediments is too costly and not considered in the price guide: results in poor service quantity and quality. ▸ Cancellations are higher than the limit for which a provider can claim back: affecting provider viability.

Key challenge	Description as per service provider
Aboriginal and Torres Strait Islander	► Lacking NDIS resources in language: results in confusion and low uptake of services. ► It is thought immediate family members are not allowed to be the primary carer and receive funding to do so. Aboriginal participants are under the assumption that no family member can provide this support because of their views on kinship: results in participants not accessing services. ► NDIS' engagement with Aboriginal participants is complicated by the poor relationships between Government agencies such as housing and child protection and Aboriginal families: results in poor plan utilisation. ► Approximately 98% of children in State care are Aboriginal, 52% of these have disabilities, and the State are handing these children over to a 'free market': A thin market has limited capability in handling these kids and may result in poor communication between the State and providers and poor outcomes for vulnerable children.

Source: Workshop output dated 23rd May 2019

1.2.2 Potential ideas to address challenges

Service providers based in [redacted] exhibited a high focus on the challenges faced by participants (Aboriginal participants in particular), which translated into challenges in delivering services for providers under the NDIS. Many of the challenges articulated by providers were concerned with the functional challenges engaging with the NDIS for both participants and providers, rather than those challenges caused by or highlighted by operating in a thin market.

Outside a series of recommendations or statements there was a lacking ability or desire to provide ideas that could resolve challenges in delivering services to a thin market. Regardless, the challenge of capacity to delivering complex care was a theme throughout discussions and is described in more detail below.

1. Capacity to deliver complex care

Summary of the challenge

In summary, service providers believe there is little capacity in [redacted] region to deliver effective and sustainable complex care. Surrounding this issue is effectively engaging with Aboriginal participants and conveying information effectively. Lacking capacity to service a vulnerable portion of participants results in:

- Misunderstanding of the NDIS, the objectives of the NDIS, and participant's entitlements
- Disengagement with the NDIS and Government agencies more broadly by Aboriginal participants
- Continued poor outcomes for families with inter-generational disabilities and participants with complex care needs.

Challenges presented in communicating NDIS information, incentivising Aboriginal and other regional participants to engage in the NDIS, attracting retaining staff in a transient population and lacking specialist resources culminate in an inability to service vulnerable and complex individuals eligible for NDIS funding.

Service providers suggest there are no service providers who have the capabilities to conduct multi-professional assessments on a regular basis. Specialist provider able to undertake assessments are fly-in, fly-out providers located in Perth commuting every three months and often have long waiting periods.

Potential ideas to address challenges

Providers suggested little in the way of ideas as to how providers and the NDIA could address this challenge. However, the challenge is rooted in systemic difficulties for the town and is less tangible then attempting to rectify travel costs for example.

Providers did agree that a competent Aboriginal operated agency delivering NDIS services that employs Aboriginal people could be a long-term aspiration.

1.3 Perth

1.3.1 Challenges

Amongst the concern of financial stability and viability for service providers, complex care and the workforce were two other prominent topics of conversation.

The following table documents the range of challenges discussed in varying lengths.

Table 8: Key challenges faced by Perth service providers

Key challenge	Description as per service provider
Mainstream interface	▸ Services are fragmented: results in lacking collaboration between providers, peak bodies and other Government services ▸ [redacted] is hesitant to hand over clients in regional areas: results in uncertainty as to potential demand and business planning by service providers. ▸ Lack of transport and telecommunications in the regions: results in disrupted and low access to services. ▸ There are immature mainstream services: that are not meeting needs hence the cost of uncertainty is borne by the provider
Provider viability	▸ Lacking Support Coordination: results in providers offering support for participants to coordinate their services and organise plans but this is not funded ▸ Plans are note being transitioned on a like for like basis on an hourly basis, not a cost basis: results in participants obtaining less funding and providers being unable to provide quality services where there is a high cost of business ▸ Cost of high care is not covered by the price guide: and are being supplemented by providers and it is not sustainable ▸ Adhering to the cost of preparing for the audits, quality and safeguards in 2020 and the upcoming Royal Commission is in-funded: results in lower quality of care for core business ▸ Not enough direct funding to cover additional costs: difficult to achieve stable and sufficient cash flow ▸ Market uncertainty: results in lacking incentive for new businesses to expand ▸ The cost of bilingual workforce is not recognised in the pricing guide: impacting provider viability ▸ Insufficient funding to transition to existing [redacted] into disability providers: results in Aboriginal participants obtaining less culturally appropriate services ▸ Complex and sometimes dangerous participants often require two-person visits, but providers are only funded for one person: affecting provider viability ▸ Regional and remote travel requirements and costs, accommodation and vehicle costs are not recognised under the pricing guide: affecting provider viability

Key challenge	Description as per service provider
NDIS	► NDIS information is not being provided in an accessible way for deaf and hard of hearing participants: results in underutilisation of plans ► East coast NDIS staff have little understanding of Western Australia: results in inefficiencies and inappropriate allocation of funds or poor communication ► The NDIA hotline provides inconsistent information: results in inefficiencies or mis-allocation of funds ► Some plan reviews are inefficient or untimely: and can interrupt service delivery and disturb progress ► Lack of timely responses to changes in participant needs: puts pressure on existing service providers ► NDIS education for providers is lacking: and results in inefficiencies or less appropriate direction to participants ► Clients with an acquired brain injury are finding it hard to obtain NDIS funding: results in poor outcomes as they cannot access services ► The evidence required to prove a psychosocial disability is too significant: burdening participants and providers ► Time taken to complete supported independent living quotes are too long: and can impact on the availability of housing participants
Participant	► Awareness of NDIS operations and practices is poor: results in low utilisation of plans ► Access to NDIS funds is difficult for people with FASD as their ability to undertake an assessment is limited: results in poor outcomes and participants falling between the gaps ► Participants often do not understand the supports in their plan: result in low utilisation or over burdening providers ► NDIS ideology is orientated around consistent impairment: Participants that have episodic nature of their disability have limited support ► Lacking support and funding for people with multiple family members with a disability: results in poor outcomes, high burden for carers and service providers ► Participant carers, families and siblings are not supported enough or funded under the pricing guide: results in carer burn out
Service gaps	► There is a lack of affordable housing for people with complex needs: shared housing is not an option, poor outcomes are likely to result ► No one is funded for pre-planning advice: results in some planners and participants agreeing on inappropriate plans ► Lack of culturally appropriate materials and language for deaf and hard of hearing Aboriginal participants: results in poor understanding or low utilisation of plans ► Low levels of culturally secured services available: results in poor understanding or low utilisation of plans ► Lack of allied health staff in regional areas: limiting services available and quality of services ► There are limited people working across mental health within disability: results in poor access to required services and hence poor outcomes
Workforce	► Staff are under pressure to be productive, and attend learning and development, and provide quality services: results in staff burn out and difficulties attracting staff ► Competing with the mining sector and cost of living: results in high turnover of staff ► Lacking workforce: results in it being difficult to match participants ► Insurance model is difficult and changes business model: makes it difficult to support adequate staff supervision and education ► There is an absence of a visible career pathway: to support attraction and retention of staff

Source: Workshop output dated 27th June 2019

1.3.2 Potential ideas to address challenges

Perth providers chose to focus on challenges surrounding collaboration, culturally secure markets, complex needs and workforce development.

1. Collaboration

Summary of the challenge

There is lacking collaboration between providers, the NDIS, Western Australian Government, participants, families and other community stakeholders which in hindering information sharing and consistency.

Potential ideas to address challenges

Service providers believe there is room for collaboration to support effective service delivery for participants. The purpose of collaboration would be to:

- Maximise exposure to, and awareness of, the existence of all services and types of service providers, (provided by the various stakeholders) and available to that thin market within their community
- Maximise all stakeholders' understanding of the services provided by the different providers within their community – their roles, goals, operational practicalities and operational limits
- Identify the shared and different services/supports/products available from all the service providers
- Identify any specific service provision strengths or specialities available within any of the stakeholder groups (maximising awareness and choice for the participants)
- Maximise participant choices through knowledge of available options
- Identify opportunities for service providers to work interactively, or in parallel, with each other to maximise participant benefits and outcomes
- Identify current and potential gaps in needed service provisions.

Potential means to implement ideas

Providers believe the most important strategy for achieving this collaboration is a person within an agency to act as the 'hub' and coordinator of these collaborative processes

- The most logical agencies to act in this role would be the areas already identified ECEI partner and LAC with a representative from each agency working in partnership.
- These agencies and roles are already in place and could implement this service in a timely manner and without the need for any additional infrastructure.
- Ideally one dedicated staff member from each local branch of the two agencies (ECEI/LAC) would take on this partnership role.

This partnership would:

- Act as a central community information host
- Actively gather current information regarding all available services/service providers in the thin market area
- Act as a linkage service
- Host and/or recruit service providers to participate in information expos/networking/in-servicing/ resource development/feedback to NDIA.

2. Culturally secure and appropriate markets

Summary of the challenge

Communications from the NDIA and practices performed by service providers under the NDIS are not always culturally appropriate or suitable for deaf and hard of hearing participants which can result in limited engagement from these participants and under-utilisation of participant plans.

Potential ideas to address challenges

Ideas to support cultural appropriateness from providers include:

1. Ensuring ILC **cultural collaboration grants** are granted only to those who can prove collaboration between three to four organisations.
2. Enforcing a **bi-lingual language loading** within the price guide. The loading can enable staff retention and provide training and development. However, we need to ensure most of the funds go to a staff member (keep component for development and not admin).
3. Creating a **qualification or standard for services** providers to attain before servicing Indigenous or CALD market and **audit cultural competency** (link to current framework). Ensure that if a provider says they provide services to Indigenous people, the organisation will need to prove the organisation is competent.

Potential means to implement ideas

1. Cultural collaboration grants

   Providers suggested cultural grants would provide rolling financial assistance over three to five years. The long-term frame is based on the premise that cultural competency takes time. The scope of the grant was thought to be most impactful if input from cultural organisations and experts was incorporated. Collaboration between disability service providers and cultural organisation partners would also be encouraged.

   Service providers suggested funding could be sourced from the NDIA but would encourage peak body involvement in the grant submission assessments and evaluation of cultural competency upon consumption of grant funding. Evaluation would include 360 feedback from cultural organisations and NDIA.

i) Bilingual language loading

   Providers believe that the pricing guide and embedded ideology should acknowledge bilingual staff via an additional loading. It is thought this would attract and retain staff, with additional funding that could be used for professional development. The additional loading, in addition to a process that recognises language competency would provider a base for improving bilingual labour supplies.

ii) Linking quality and accreditation with cultural competency

   Providers suggest that cultural competency should be included in the Quality and Safeguards Framework and should be a criterion in the audit for organisations who claim to provide services to cultural groups.

   The Quality and Safeguard Framework could reference appropriate and accredited training of staff, and appropriate programs for services providers that providers would have to meet to pass the audit.

3. Addressing complex needs

Summary of the challenge

There are multiple organisations involved in servicing participants with complex needs. Providers believe there is a need for collaboration of services and coordinated support (as support coordinators are the only party funded to collaborate). Every time there is a breakdown or misalignment between State and Federal Government intervention and funding allocation, the providers are incurring the cost.

Potential ideas to address challenges

Providers believe block funding should be allocated to providers servicing participants with complex needs to Support Coordination between service providers and support coordinators. Responsive funding should also be available for specific needs and service required to be delivered in a timely manner.

Potential means to implement ideas

Providers suggest the idea could be implemented by:

- Pooling funding that can be drawn from when service providers attend coordination meetings
- Establishing a stakeholder committee concerning the participant should convene to discuss opportunities for collaboration to support the participant
- Establishing a person/team in the local NDIA office to oversee complex care to support the understanding between a complex participant and the interfaces they may have with other Government services such as justice, housing etc.

4. Workforce development

Summary of the challenge

There is a shortage of skilled labour from various demographics including young people, people with CALD backgrounds, partners of mining employees, and older volunteers. The challenge is to attract various people to the sector.

Potential ideas to address challenges

Providers proposed three key concepts to address this challenge:

1. **Flexible pricing to accommodate different team structures:** Providers believe the current pricing guide does not include the flexibility to accommodate different working structures that support workers may require. Providers suggested the pricing guide include greater flexibility (in the form of additional funding) to attract and accommodate people with various backgrounds that add value to the sector.
2. **Collective government funding to address regional workforce issues across sectors:** Providers believe workforce is often a resounding issue faced in each regional town and could be caused by various factors (i.e. competition with mining, drug epidemics, youth education etc.). Providers suggest Federal and State combine funding to block-fund regional areas to think about their own priorities and ways to address the disability workforce. Collective impact is an example approach that could be used.
3. **Communication and referral pathways to attract workers to the sector:** Finally, providers believe better communication and referral pathways can be built between the sector and registered training organisations and education outfits. Schools, TAFE and recruitment agencies require a greater understanding of the disability sector and its requirements in terms of certification and qualification. Greater communication with the sector could result in increased awareness as to where the gaps in the sector lie and can build stronger mechanisms to support work placements as part of obtaining qualifications.

1.4 [redacted]

1.4.1 Challenges

Provider viability was the largest concern for service providers, particularly as they had not transitioned to the Scheme at the time of the workshop, as evidence by the challenge descriptors below.

The following table documents the range of challenges discussed in varying lengths.

Table 9: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Provider viability	▸ Travel: Service providers often cannot afford to cover a greater region outside of Albany at the hourly rate they are paid under the pricing guide: results in service gaps. ▸ Support Coordination hours not adequate: The amount of work that is allocated to adequate Support Coordination, and sensible and quality service provision is not covered by the NDIS pricing guide: impacts provider viability and hence quality of services. ▸ Individualised funding model can generate staffing complexities when caring for someone who needs 24-hour care: Quality care would mean less touch points with the individual, but complex care requires breaks. The individualised funding model can impact staff rostering. ▸ Too hard to divide funding for on-call staff between plans: hence payment for on-call staff is being absorbed out of provider's margins. There is danger in a thin market not providing out-reach or on-call services. ▸ Funding associated with Support Coordination is reduced with the move away from block funding: results in service providers finding it hard to manage participant's expectations as the service they will receive for their planned funding. ▸ There is little funding for unforeseen circumstances: results in service providers bearing additional costs. ▸ Under the WA State model, it was thought there was insufficient funding: there is a risk this level of funding has been replicated by the NDIS. ▸ There is a lack of providers in rural and remote areas: to meet people's needs which can result in limited 'choice and control'.
Participants	▸ Participants lack the knowledge and support required to operate under a market system: results in underutilisation of plans. ▸ Plans are short-sited: There is danger that current plans do not consider the need for future support required by participants at a sustainable funding level.
Workforce	▸ There is a lack of training, education and peer education: results in lower quality service. ▸ High staff turnover: results in high cost of workforce development. ▸ Casualisation of the workforce: can result in poor staff retention. ▸ Difficult to enable shadowing of colleagues for staff to upskill in complex needs: results in a gap in support workers providing service for complex needs.
Complex needs	▸ The episodic nature of mental health means service providers assist clients sporadically: In a thin market of little demand for services this can lead to instability of income for service providers. ▸ The NDIS ideology is currently at 'impairment' rather than 'recovery': does not align to ideologies practiced in the mental health space: results in providers having less flexibility to serve varying needs of participants. ▸ Service providers struggle to address co-occurring needs: for example, mental health, disability, and alcohol and drug abuse: results in un-coordinated delivery and atomistic care. ▸ Incorrect assumption that people with complex needs can engage effectively with NDIS via phone and internet.
Mainstream interface	▸ Barriers between government agencies: can cause inflexible funding provided to providers or small pots of funding being provided from various government agencies each with different objectives. ▸ There is a breakdown between State and Federal funding: leading to accessibility issues when attempting to live an ordinary life or obtain support upon leaving the justice system.

Key challenge	Description as per service provider
Travel	► Challenge in staff claiming kilometres travelled and the rules: around only claiming when the participant is accompanying the provider: The high need for travel has an impact on the cost to serve.
Aboriginal and Torres Strait Islander participants	► There is little recognition of the concept of disability in the Indigenous community: results in underutilisation of plans and confusion as to why some participants need help. ► There are no mental health Aboriginal organisations: results in a service gap. ► There is limited training around the NDIS: results in low understanding and engagement for Aboriginal and Torres Strait Islander participants and their families.

Source: Workshop output dated 28th May 2019

1.4.2 Potential ideas to address challenges

Idea generation was limited amongst [redacted] providers as they were hesitant to conject without having operating under the Scheme at this point. Relatively developed ideas addressing challenges of delivering services in small communities and attracting and retaining a local workforce are articulated below.

5. Delivering service in small communities

Summary of the challenge

Service providers find it difficult to stay viable whilst servicing a range of regional communities, while participants find it hard to access all the services within their plan within in their local offering.

Potential ideas to address challenges

Communities need to be supported to build the capacity of the local community to meet their own needs through resources, capability and assets to address the above challenge.

To commence capacity building the community will need to:

- Obtain community buy-in to ensure participants are active in the co-productive community solution
- Undertake an asset and skills audit
- Increase community awareness and knowledge regarding disability
- Engage key services such as the supermarket, local GP, chemist, and school
- Advocate for stable leadership through the local Shire
- Establish a 'village' to base a local connector and facilitator
- Organise appropriate accommodation supply and ideas
- Conduct training for local members of the community.

Potential means to implement ideas

To fund the above smaller communities could submit grant applications to funds such as the *Building Better Regions Fund* to support financing the development of a blueprint, travel costs, technology costs, training for community and a salary for the community champion driving the concept.

Stakeholders required in activating this concept include:

- The local Shire and neighbouring shires
- Potential participants and carers
- Registered training organisations
- Department of Housing

- Local businesses
- Western Australia Country Health Services
- Silverchain
- Local Area Coordinators
- NDIA.

6. Training and retention of workforce

Summary of the challenge

Attraction and retention of the local workforce is challenging in [redacted], and the pricing guide is thought to allow only thin or no margin such that investment from providers into their staff is minimal.

Potential ideas to address challenges

To address the training aspect of the challenge to attract and retain staff, providers believe providers could share training materials externally and internally and that the NDIS could apply regional loadings to reflect the high cost to serve, thus allow greater margin to be allocated to staff training and development.

To recruit skilled staff, providers believe they could:

- Modify the way they could advertise roles
- Validate the importance of the role (with support from schools and the NDIA)
- Articulate the long-term career path available to support workers and others in the sector.

Potential means to implement ideas

In support of further training and development providers could implement an internal buddy system with team leaders. Externally providers could partner with other service providers to network and upskill staff in their understanding of the entire sector.

To support the implementation of the above recruitment ideas, service providers believe they should collaborate with local schools and registered training organisations to establish a commonly referenced career opportunity and pathway.

2. South Australia

2. South Australia

2.1 [redacted] provider workshop

2.1.1 Challenges

Key challenges raised by providers were centred around the importance of understanding the cultural and community context, workforce shortages and capacity issues, travel costs and the coordination and integration of supports.

The following table documents the range of challenges discussed in varying lengths.

Table 10: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Culture, community and environment factors	► Building trust and making connections with families and communities is critical but requires time: it is important to get the actual involvement and trust of the Indigenous population in communities, but this can take years – providers believe advocates are needed along with greater involvement of the local community ► Support for participants to understand the NDIS is low: providers believe a greater effort is required to assist participants in understanding the Scheme, including better understanding of participants on the part of providers ► Need for more on-the-ground support for schools, which may struggle to deal with kids yet not always understand how NDIS providers can assist – need to understand what is driving this lack of understanding; example of where a service provider gave advanced-warning about turning up at a school but still got turned around when they arrived ► Previous examples of unconscionable provision of services has created a 'healthy scepticism' in communities and broken trust ► Transience of the population creates challenges for service providers in locating and monitoring participants ► Not much clarity over the role of Community Connectors ► Abuse of aged and disabled people is endemic in communities ► Impact of trauma on population requires consideration ► The quality of roads and paths is poor, and the distance involved between communities means wear and tear of transport equipment such as scooters can be an issue – higher maintenance requirements as a result
Participants	► Difficulties in obtaining medical histories: when dealing with psychosocial clients, getting required evidence is often very difficult – participants don't see regular health providers often, so getting medical history and behaviours is challenging ► Providers believe there is a lack of meaningful diagnoses, adversely affecting the quality of participant plans
Travel	► Travel costs are a major barrier for most providers, who cite distances involved, the requirement for travel in pairs due to safety issues, rain/weather conditions and poor-quality roads as adding to travel costs, which providers believe are not currently factored sufficiently into pricing; the regularity of travel from [redacted] to Adelaide (e.g. hospital) was also cited by providers ► High costs included in travel time to liaise, engage and develop local supports
Workforce	► Several barriers exist to recruiting a local workforce: these include challenges in delivering training (even just getting people to Adelaide to train), difficulties in obtaining DCSI clearances/checks (a problem for a large proportion of the potential workforce), recruitment/employment arrangements that consider a transient workforce ► There is a shortage of skilled workers, with many providers believing significant workforce development and capacity building is required ► Lack of incentive to support students: providers mentioned that they had no difficulties in getting demand from students for placements with them, but that the cost of supporting such placements (e.g. provision of a laptop, supervision, clinical support) are not currently funded adequately by the NDIS ► Accommodation for service providers and therapists is lacking

Key challenge	Description as per service provider
Planning and coordination	► Planners often don't have a good understanding of participant needs and are not listening to providers who are giving good information about the needs of participants ► Providers observe many poor-quality plans across the lands, with negative consequences for participants who don't get required supports ► Providers find it difficult to work with multiple support coordinators across the region (e.g. providing 20 different quotes to 20 different providers of Coordinator of Supports) ► Funds being drawn-down but services not received: some providers believe there were many instances of participants meeting regularly with a planner or coordinator of support but not actually receiving services ► Services not talking to each other – lack of coordination
Provider viability	► Covering the cost of training is a challenge for many providers who don't believe there is sufficient margin in current prices to draw from ► Prices do not factor in the time it takes to locate and engage with participants due to the transience of the population and unique political and cultural issues ► Providers are not paid to assist participants to get access, yet many providers believe this is necessary to get individuals on the Scheme ► Service fees for very remote are low margins, affecting the feasibility of services for providers ► Distance from regional centres is a challenge in APY lands ► Higher risks of operating in remote areas ► Lack of accurate market information – need types and numbers of services in plans
Integration with mainstream services	► Most providers believe there are too many interfaces with other services which are poorly coordinated ► Better information sharing required across providers, NDIA, mainstream services and support coordinators
Private market development	► Providers find engagement with the NDIA difficult and believe they need a single NDIS "go-to" person to negotiate NDIS related issues ► Continued involvement of DHS impacting on private market development according to some allied health providers

Source: Workshop output dated 31st May 2019

2.1.2 Potential ideas to address challenges

Providers identified growing the workforce, addressing service gaps and workforce shortages as key areas to focus their ideas.

1. Growing the local workforce

Summary of the challenge

The transience of the population in [redacted] was raised by providers as a large inhibitor growing the local workforce. On top of this, issues to do with security clearances, a general lack of understanding of the Scheme by participants and cultural factors can create large challenges for those wishing to address workforce issues.

Potential ideas to address challenges

- **Flexible workforce:** employment pools grounded in cultural understanding could address issues of transience in the community. This could be rolled out at a test site in the community, noting that any model would need to be tweaked in each location due to the differences between communities
- **TAFE SA employment training:** one provider has already worked with TAFE SA to provide a basic induction to disability services, allowing locals to know how to connect. Once this

provider knows where market is can then take the program further – wants to connect with other providers to get them involved and assist in this training. The key steps are:

- Gain interest and understanding in the sector
- Gain Certificate 3 qualification
- Be clear about which roles just need basic training versus a Certificate 2 or 3 (already have workers trained to Cert-2 level and this is achievable).

2. Addressing service gaps

Summary of the challenge

Service gaps are widespread across [redacted], particularly in areas such as Allied Health and psychosocial supports, where the SA government has seen a requirement to remain in the market as a result. There is a lack of coordination and sharing of information between providers, which many providers believe adds to the challenge of providing services in [redacted] Some providers believe sharing and access of information was easier when services were mainly provided by government, but this is more of a challenge in private markets and a change is needed to decrease risks associated with a lack of client information.

Potential ideas to address challenges

- **Coordinating travel:** if other service providers could see who else was travelling to provide services it would make it much easier to coordinate and possibly team up to reduce travel costs; however, there may be risks in people having very different, contradictory conversations
- **Integration of services:** integrated services could work by helping services to become more viable (e.g. with aged care)
- **Memorandum of understanding:** an MOU between hospitals and disability services is required
- **Database:** the ability to share a client's medical history/diagnosis through an accurate database
- **Strong coordinator of supports role:** a lot of discussion by [redacted] centred around the need for a strong Coordinator of Supports role to connect participants with services in their plans, although this needs to be balanced against the risk of too many COSs causes confusion in coordination.

3. Addressing workforce shortages

Summary of the challenge

Providers believe there is currently very little incentive to attract students to regional, rural and remote Aboriginal communities. The costs of supporting such students are very high and not accounted for in the NDIS, even though there are signs that many students would love to work [redacted]

Potential ideas to address challenges

- **Grants for students:** it was suggested that grants or scholarships could be given out to students, such as is seen in other sectors, to work in remote locations in placement arrangements.

2.2 [redacted]

In addition to the workshop in [redacted], EY travelled as a guest of the SA Government to visit the [redacted] and meet with participants, community and providers. The main communities visited included: [redacted], with shorter visits conducted in [redacted]

As a result of the engagement with participants, community and providers [redacted], a range of observed challenges and possible solutions were identified. These are outlined in the following section.

Key takeaways

1. **Cultural and community considerations** were the largest difficulty for providers operating in [redacted], including issues such as a high transience of the population, low understanding of the NDIS, time required to build up respect with participants and their families, and the large distances and challenging environment involved.
2. **Travel costs** also pose a major concern for providers as many believe pricing does not adequately reflect the cost of travel to and between communities, particularly when combined with the issue of transience in the population.
3. **Coordination of services** was identified as a critical issue by several providers, with many explaining the difficulties of dealing with multiple coordinators of supports, challenges associated with a lack of sharing of information (e.g. client histories, provider travel movements) and a general lack of coordination of services. Poor quality plans were also mentioned as a common issue.

2.2.1 Observed challenges

Key challenges raised centred around the importance of understanding the cultural and community context, workforce shortages and capacity issues, travel costs and the coordination and integration of supports.

The following table documents the range of challenges.

Table 11: Key challenges observed in [redacted] community visit

Key challenge	Observations
Culture and community	► Communities in [redacted] are very geographically remote – for example, it is over 400 km from [redacted] to the regional hub of [redacted] ► Understanding of the NDIS was very low in most of the communities ► Individuals in the community appeared to have a strong understanding of what they wanted day-to-day – for example washing of clothes, a trip to the local art centre, shopping, transport to the local football game, safety, assistance with going into the bush to collect bush medicine, the ability to sleep outdoors – but not as much concept of how each of these desires would be classified in terms of a 'service' ► Communities displayed a high degree of transience, with the population moving around constantly. It was stated that it is not uncommon for someone to live in two or three communities across the year. ► It was stated that many of the Elders in communities are becoming exhausted due to changes in the way people live in the community and challenges with dealing with the behaviour of young people ► Many in the communities are illiterate ► Family is very important [redacted] ► "Humbug" is widespread – whereby other family members may take possessions off another, or expect what may be unreasonable levels of sharing, due to the commitment to the family. For example, one community member who was on an NDIS Plan and was said to be the most disabled person [redacted], was unable to sustain a tablet device since family members continuously took hers away every time she was given a new one. This was an issue because the tablet made a large contribution to her sense of enjoyment (e.g. listening to music) given her severe disability ► Cultural norms are essential to consider before providing services, since often they dictate who is allowed to assist (e.g. importance of considering gender of participant/provider) ► Arts centres were often a major focal point of communities, particularly amongst the elderly, along with schools (depending on the community)
Workforce	► Several workers on the lands expressed that they felt extremely tired and almost at 'breaking point', because of the challenge of addressing disadvantage in the community and the workloads they often had to take on ► Many workers took on work outside their employment scope because they had built up trust and respect with their clients and felt they were the only one who could address their other needs. For example, the local art centres often took on work well above what they needed to because they were such a large focal point in many communities – this often included helping members with their washing, transport, shopping and finances ► There is a deficit of social workers in the community, creating the need for others to 'pick up the slack' ► Training can be difficult and costly, particularly if staff require a flight to another location such as Adelaide
Travel and environment	► The usual mode of transport between communities is motor vehicle over dirt road, and the quality of these roads was often quite poor ► After significant amounts of rainfall transport to some communities can be significantly impaired and sometimes cut off completely ► There are very long distances between communities, for example it is approximately 200 km between [redacted], and even further to [redacted] ► [redacted] is located to the far western side of [redacted] and apparently has strong connections to communities [redacted] ► Several the larger communities (such as [redacted]) serve as local hubs for other communities nearby, where travel is required between them ► Scooters are a common form of transport across the lands for those with a disability, and these encounter a very tough terrain, meaning maintenance and repairs are required much more frequently than elsewhere

Key challenge	Observations
Infrastructure and housing	► Accessible infrastructure is often poor across the lands, particularly in homes, where ramps and handles might be required to help people to show or move about ► Housing was usually overcrowded, and it was not uncommon for almost 20 people to live in the one house ► Houses were generally not in healthy condition, with a large amount of rubbish in gardens and indoors, and the condition of equipment and facilities such as toilets and bathrooms often poor
Mainstream services	► A key observation in [redacted] was that the integration with mainstream services is so important yet lacking, and that focusing on NDIS services exposes other issues across the system ► Many providers did not know how it would be possible to adequately address the NDIS market without considering mainstream services such as health and education, which have a very big impact on the community ► To prevent humbug, good financial management services are critical and should be taken into consideration – 'Money Mob' help to address this but have pulled out of some parts of the market ► The strong relationship between medication taking and the justice system was mentioned, and the importance of someone to support the former
Planning and coordination	► Coordinator of support (COS) workers in the community are often not seen; however, it was also stated that this was probably because COSs are 'overwhelmed' with workload ► Many providers complained that it was often difficult to find out who the coordinator of supports is for an individual ► There was a lot of concern about the quality of the COS role and that, while it is possible for families to report this to the Quality and Safeguards Commission, many would not trust the system ► Many providers complained about poor NDIA IT systems acting as a barrier to both providers and participants
Participants	► Some providers said that many of their clients will often just want a mentor figure – not someone around all the time, but possibly a few hours a day ► Those with a psychosocial disability receive minimal support, even though this is widespread across the community ► Homelessness and financial abuse are very bad for those with a disability ► Careful financial management is required to minimise the effects of humbug ► Very few with NDIS plans across [redacted] – for example, only about 3 were thought to have plans in [redacted] ► It was stated that the transport allowance for participants was too low - for example, it might allow only one trip to [redacted]
Community engagement	► Most providers on the Lands said they had not seen much of the NDIS Community Connectors, or did not know they existed ► There were concerns about the messages being put out by Community Connectors – whether they were consistent with NDIA goals ► The lack of knowledge of how to start a plan was thought to be a major contributor to the lack of people with a plan in the community and in need of addressing
Information and collaboration	► There was a view that data needed to be much more transparent, particularly at the individual community level, although it was acknowledged that transience of the population could make this a challenge ► There is no database of services in the community ► SA DHS staff said they take case notes every day which are accessible to any other DHS staff, but worry about whether a transition plan exists when they exit the market ► Most providers said service providers need to do a much better job of working together

Key challenge	Observations
Local employment	► TAFE was mentioned as having an important role in getting people into employment – there are six TAFEs across [redacted] ► DSCI clearances were brought up as a large barrier to employment since most people [redacted] have a previous charge (often domestic violence); additionally, getting a clearance often takes a very long time and people often lose interest ► The requirement to have a Cert-3 qualification was also described as a barrier to employment ► Illiteracy in the community creates challenges with starting the process of seeking employment ► It is often the case that those from the communities do not want to be care workers – would rather jobs such as cleaning – due to cultural norms
Accommodation	► Many workers in the community complained that accommodation was lacking and that it made it almost impossible to grow a local workforce in a community – created difficulties because fly-in-fly-out was thought not to be as effective and costly ► One member did express concern that more housing would create more competition and take jobs away from existing workers
Service gaps	► Advocacy ► Maintenance (few providers, with one recently leaving, meaning need to get someone in from [redacted] which can be costly) ► Social workers ► Workers for simple tasks such as helping someone in/out of bed ► Accessible transport – e.g. providers stated that the "Bush Bee" bus had no disability access, unless could get on with a carer ► Allied health ► Psychosocial

Source: community engagement in [redacted], 27-30 May 2019

2.3 [redacted]

2.3.1 Challenges

Understanding the Scheme and workforce were the two dominant challenges discussed between service providers.

The following table documents the range of challenges discussed in varying lengths.

Table 12: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Parents and families	► Families often have a lack of support in understanding the NDIS processes, or a lack of capacity to understand: results in families lacking confidence in engaging in NDIS processes
The Scheme	► Participants are still struggling to understand the Scheme and their own plans with some participants suggesting the goals within plans are not accurate: which has led to the services included in the plan being inappropriate ► Participants have a lack of understanding of the service agreement phase and reluctantly engage in the process: which does not lead to the most favourable outcomes ► Participants fear the responsibility of entering into high value service agreements in some instances, and entering into multiple service agreements at one time: which often leads to under-utilisation of plans and participants not receiving the services they need ► The interaction between the Scheme and participants is at times inappropriate (i.e. via the internet in cases whereby the participant has no access to internet): reducing the participant's preparedness for planning and progress meetings ► There is confusion regarding the processes associated with a participant under guardianship: causing back and forth between entities.
Plan funding	► Participant transport is often under-funded in participant plans, or under a private agreement the participant will not pay for travel at all: results in por service provider-participant relationships. ► Poor planning: results in service providers often facing inadequate funding to provide services as per the pricing guide, and the funding provider does not often match the goals agreed in the plan ► Funding for cancellations and non-attendance is lacking: affects provider viability. ► There is a lack of funding for administrative services relate to the logistics and organisation of rural and remote service delivery: affects provider viability.
Workforce	► Lack of training and educational resources available for local staff: results in difficulties attracting and retaining a skilled workforce is troublesome. ► Managing a casual workforce is administratively burdensome, and training intensive: affects provider viability. ► Competing with the public-sector wage is difficult: limiting ability to attract registered nurses to the disabilities sector. ► Under-funding travel components: leads to lacking support for carers and many support workers moving to a more supportive industry such as aged care. ► Workforce is often transient between providers: which can lead to participants jumping from provider to provider which means participants often spend their plan in assessments with different agencies and not on the services required.

Key challenge	Description as per service provider
Service gaps	► Locally there is lacking assistive technology and equipment available to service providers: creating service gaps. ► Services offering mental health peer supports for those aged 25 and over are lacking: creating service gaps. ► Demand for complex care and early intervention services is greater than [redacted] can supply, especially positive behaviour supports: creating service gaps. ► NDIS is cost prohibitive for some: results in some providers not registering under the NDIS, in particular allied health and sole traders. ► Obtaining evidence under the Quality and Safeguards Framework is difficult: due to the lack of providers undertaking assessments. ► Shortage of support coordinators, in particular for participants with complex needs: results in participants often falling back to service providers. ► Service gaps include ► Behavioural supports ► In-home support at certain times of the day ► Local plan managers ► Psychology ► Complex assistive technology for home modifications ► Day options and social activities
Provider viability	► Costs to transport staff to remote areas for a one-hour shift is becoming cost prohibitive ► There is lacking market information and data that provides uncertainty for service provider's ability to access new markets and make business planning decisions ► Unsure when the SA State Government will withdraw from the market and from what services will they withdraw themselves: creating uncertainty around business and demand planning.

Source: Workshop output dated 12th June 2019

2.3.2 Potential ideas to address challenges

Service providers based in [redacted] exhibited a high focus on the challenges faced by participants, which translated into challenges in delivering services for providers under the NDIS. Many of the challenges articulated by providers were concerned with the functional challenges engaging with the NDIS for both participants and providers, rather than those challenges caused by or highlighted by operating in a thin market.

The challenge of workforce points to a systemic community challenge in encouraging the local eligible workforce to participant in the labour market. Other challenges point to the nature of service remote areas in general by which the NDIS has exacerbated this challenge for many service providers.

The three key ideas posited in response to the challenges described above are, improving the ease of travel for service providers, improving support for families and carers, and improving demand and supply for therapy.

1. Travel costs

Summary of the challenge

Service providers believe there is currently little discussion being had at the planning stage around participants need to travel or receive services from providers that require funding to travel to access the participant. This has led to insufficient funding for service providers to provide services to remote areas.

Potential ideas to address challenges

Providers suggested greater funding needs to be provided to support the viability of service providers in remote areas via increased travel funding in participant plans.

This could be achieved by:

- **Travel quotes:** The NDIA could utilise participant and service provider data to formulate an estimate cost of travel and obtain travel quotes to support greater accuracy and understanding of the cost to serve in various remote areas.
- **Flexible pricing in relation to travel:** The NDIA could adjust the pricing guide in relation to travel to reflect the cost to serve specific regions, rather than have one price across each geographic classification under the Modified Monash model.

Potential means to implement ideas

In supporting the above concepts, the following points will need to be considered:

- **Improved pre-planning and planning meeting outcomes:** NDIS planners should be encouraged to be proactive in asking the participants whether they require additional funding support to access the services itemised in their plan and have greater local knowledge of where service providers are situated in relation to participants in their catchment.
- **Travel itemised within core support budgets:** NDIS planners should be encouraged to include travel budgets under core supports, as to encourage participants in accessing the services they need and to reduce under-utilisation of participant plans.
- **Re-educate participants:** Planners, support coordinators and plan managers should re-educate participants as to how participants can and should utilise their transport budget, and what the transport budget can be used for.

The proposed changes to the NDIS' approach to travel and the above supporting conversations between participants and an NDIS interface is thought to not only enable participants to receive a larger number of services (via supporting service provider's viability in servicing remote thin markets), but also encourage support workers to feel empowered and supported in their travel to clients as to not 'burn out' due to unsupported travel and tight rostering schedules.

2. Improving support for families and carers

Summary of the challenge

It is thought families and carers of people with disabilities are under-supported in their role in achieving good outcomes for people with disabilities. Service providers believe that if there were better supports for families and carers there will be greater utilisation of plans as families are carers are more informed as to the processes involved in various facets under the NDIS.

Potential ideas to address challenges

Providers recommend returning to a single advocacy point model. The single advocacy point could offer:

- A consistently accurate and up to date point of information regarding NDIS processes
- Local, up to date and independent intelligence as to the service providers operating in the region
- A conduit to feed data to the NDIS as to the main enquiries being made in each region. Data collected could inform areas of attention or support for participants and/or providers
- A focus on supporting families and carers to build capacity of families and carers in local areas as opposed to perpetuating a continual reliance on the NDIS and Local Area Coordinators.

Potential means to implement ideas

Providers suggest that in implementing this concept current infrastructure could be utilised (such as a current employment or disability hubs or community centres). It is thought a neutral platform would be desirable as to ensure independence from existing service providers.

It is hoped that implementing a one-point-of-contact model, NDIS services and processes will be more consistent, transparent, and simple, as facilitated by a single reference point. The local

Regional Development Australia office or Local Council could act as drivers of the advocacy model, communicating local issues coming out of the advocacy model to local business leaders.

Un-used funding from participant plans or Federal funding is suggested to fund the requirements of the advocacy model.

3. Increasing the therapist labour pool

Summary of the challenge

[redacted] have a limited pool of employable and skilled therapists. The ability to attract and retain a workforce is difficult as there is lacking financial stability for service providers to provide a platform for stable employment and training opportunities. There is both a demand and supply issue in generating a skilled pool of labour for therapy.

Potential ideas to address challenges

Service providers believe the benefits of working in regional areas is under-advertised. Increasing and improving communication and information to:

- Families, carers and participants of the positive outcomes of therapy. Service providers may see more demand for therapy services, which can translate into more billable hours and greater cash flow to support service providers support staff developments
- Graduates and therapists in training about the broad range of experiences a therapist can be exposed to in the regions in both private and public practice.

Potential means to implement ideas

Incentives to support and increase demand and supply for regional therapists could be provided by:

- Primary health care via greater mentorship of Primary Health Care professional and stewardship of their professional sector
- State Government via regional placement funding and accommodation
- Federal Government via leadership and relocation support. Funding allocated to plans but no absorbed could be re-allocated to professional sector development.

2.4 Adelaide

2.4.1 Challenges

The strongest theme throughout the discussion with service providers stemmed from the inflexibility of the pricing guide, whether it was related to travel costs, achieving enough margins to support administrative burdens and staff development or the under-funded work undertaken to provider Support Coordination and case management. Providers believe the pricing guide is resulting in a lot of un-billable time and addressing the expectations of the community that results from operating on the front line.

The following table documents the range of challenges discussed in varying lengths.

Table 13: Key challenges faced by Adelaide service providers

Key challenge	Description as per service provider

Service gaps	▸ Service gaps include:
	  ▸ Disability support for over 65s
	  ▸ Appropriate housing options
	  ▸ Case management leaving vulnerable people more vulnerable
	  ▸ Nurse oversight
	  ▸ Support coordination in every plan
	  ▸ Specialist equipment
	  ▸ Tele rehabilitation programs
	  ▸ Advocacy
	▸ There is a lack of available market information: results in lacking ability to conduct support service planning and investment.
	▸ There is a lack of attention for those with multi-disabilities and complex needs: results in participants falling between the gaps.

Mainstream interface	▸ There is a lack of partnership and collaboration with the mainstream sector and health and education, this is particularly present in the regions: resulting in fragmented services. ▸ There is a lack of investment for regional initiatives: reducing ability to kick start and grow services collaboratively. ▸ SA Govt are imposing a monopoly and impeding on the private service provider's ability to access other markets.
Pricing	▸ The pricing for day service is incorrect: affecting provider viability. ▸ There is lacking flexibility in using funds: affecting provider viability. ▸ The cost to deliver to regional and remote areas is under-rated: affecting provider viability. ▸ The viability of delivering allied health in the regions is particularly difficult under the pricing guide ▸ Pricing guide is causing community supports and all group programs to be un-viable which is hampering service providers reputation and may lead to withdrawals ▸ The pricing guide does not allow any room to support, develop and thereby retain staff ▸ There are many hours spent reporting, travelling and covering off regulatory and legislative requirements that goes un-funded: affecting provider viability.
Participants	▸ Participants often do not understand their plans and receive mixed information during the planning stage: results in participants not knowing how to best utilise their plans and underutilising their funds.

Key challenge	Description as per service provider
Workforce	► The disability sector is competing for workforce with the aged care and health sector: results in lower labour supply. ► There is misalignment between registered training organisations and service providers: results in oversupply of qualifications in areas that may not be required, or the structure of learning is not flexible to suit support workers. ► The disability sector has a very casualised workforce: results in low worker attraction and retention. ► Difficulties in incentivising staff to work in community support: due to the ad-hoc nature, and in working in 24/7 environments. ► There is a clash of cultures, staff providing quality services and support, and the need to bill hours
The Scheme	► The NDIS is specifying who and what qualifications are required to deliver services and are not acknowledging the broader skill sets or dual-qualifications in the sector that provide great value. ► Clients need support in understanding the NDIS and are unable to navigate the system: results in underutilisation of plans. ► The amount of 'red-tape' providers must adhere to increases costs to deliver, coupled with a low profit environment results in viability issues. ► Many costs associated due to new operating environment (i.e. changes in pathways, pricing guides, rules etc. that amounts to greater administration): results in fear of entering into a thin market and investing in additional areas. ► There is a lack of flexibility and timeliness of funding and decisions: results in poor responses in a crisis or urgent need for services and support. ► Lack of Support Coordination and need to be competitive is undermining the quality of services. ► The competitive nature of the NDIS limits the level of collaboration between providers despite it being almost essential for regional and remote areas.

Source: Workshop output dated 13th June 2019

2.4.2 Potential ideas to address challenges

Service providers exhibited a high focus on the challenges faced by providers under the Scheme, rather than focussing on the key challenges presented by operating in thin markets. This demonstrated that perhaps the maturity of the market was still building and that it is hard to isolate the challenges caused by a new operating environment under the NDIS and the challenges imposed by operating in a thin market.

The three key ideas posited in response to the challenges described above were, increasing the demand and supply of allied health workers, reducing travel cost burden, addressing complex care, and addressing gaps in case management and Support Coordination.

1. Travel costs

Summary of the challenge

Throughout the conversation travel costs was a dominant theme, with suggestions that travel is severely under-funded leading to impediments on the viability of servicing the regions.

Potential ideas to address challenges

Providers focused their attention to removing the pricing cap associated with travel and to fund providers and participants the cost realised by each.

Service providers suggested that there needs to be greater flexibility in the pricing guide for travel costs and an ability to negotiate the funding a participant receives to allocate to the service provider. Rather than a fixed price line item, service providers suggested transitioning into a quotation system.

An extreme version of the solution posed by providers was to deregulate the travel funding component of the plans altogether suggesting that the 'cost is the cost' and to 'simply fund the cost incurred'.

Potential means to implement ideas

There was little conversation regarding the implementation of this idea.

To support reducing the cost impost to service providers from under-funded travel components providers did suggest producing a ride-sharing app or to build functionality within the NDIS portal that could support a mechanism for providers to car-pool to regional and urban areas.

2. Allied health workforce

Summary of the challenge

Providers believe there is insufficient allied health professionals in the disability sector due to:

- Insufficient supply of new graduates
- High cost of attracting and training professionals in regional areas
- Competition between NDIS and the private sector
- Lack of funding to support innovative funding models.

It is thought a re-alignment of regions and revised version of the Modified Monash Model (MMM) is required to support the viability of regional providers and encourage using any margins from providing services to invest back into the sector.

Potential ideas to address challenges

A regional allied health grant programs with numerous streams of funding could address the low levels of allied health professional in the disability sector in the regions. Streams of funding could include:

- Funding to support additional placements at [redacted]
- Scholarships for allied health professionals living or working in regional areas
- Funding for service providers to offer placements for students to obtain workforce experience
- Funding to support service providers supervise in latter stages of student placements
- Funding for service providers to collaborate to build their local allied health professional workforce.

Potential means to implement ideas

To support the above streams of funding the NDIS could:

- Educate and collaborate with Universities and registered training organisations about the NDIS
- Promote the disabilities sector as offering multiple career opportunities.

3. Addressing complex care

Summary of the challenge

Providers believe the insurance model does not suit the complex cohort receiving disability services given the daily changes in circumstance and the need to involve a raft of stakeholders each day. It is thought participants with high and variable care costs require a different model.

Potential ideas to address challenges

An impact investment bond held at the State level including State Government funding and NDIS funding could be used as opposed to an insurance model. The use of a bond and targeted State funding is based on the premise that the State is required to support their most complex citizens.

Potential means to implement ideas

The bond would be supported by quite specific inter-agency responses and a governance structure to allocate responsibility, accountability, consultation and information, and have an outcomes focus. Having the outlined structure could enable a quick response to the changing needs of complex care and would overcome some of the challenges of an insurance model such as fragmented funding.

4. Service gaps in case management

Summary of the challenge

There is confusion over the role of Support Coordination and how it differs to case management, who is responsible for providing the service and suggestions that it is under-funded.

Potential ideas to address challenges

Providers believe case management should be reinstated and/or Support Coordination reviewed and improved to better match the needs of participants. Providers suggested Support Coordination should be:

- Provided with improved information to assist support coordinators in gaining a better understanding of their role in the Scheme
- Performed by the State as to leverage information from other Departments (housing, justice etc.)
- Block funded
- Included under the 'improved daily living' line item within plans.

Potential means to implement ideas

To support the implementation the State Government could create an E-portal full of information to support the support coordinators/case managers in navigating the services available and to streamline support for participants to ensure quick and appropriate services are provided.

In regional areas, with limited State Government presence a collaborative partnership with an Aged-care hub or hospital is suggested. A collaborative partnership in the regions could remove barriers between aged-care, health and disability.

5. Service gaps in Support Coordination

Summary of the challenge

Providers believe there is insufficient hours and funding allocated towards coordination and in some instances Support Coordination is not even included in participant plans.

Potential ideas to address challenges

Providers concurred that every participant should have Support Coordination included in their first plan. This could support capacity building for the participant and/or families in their understanding of the required coordination to implement a plan and achieve the participant's specified goals. Having obtained an understanding of the required level of coordination support, the funding allocated to Support Coordination post 12 months could be reflected as appropriate thereafter.

Potential means to implement ideas

An algorithm sitting behind the systems could model the reallocation of under-utilised funding, such as Support Coordination. Trend data around utilisation could be used to automate funding allocation. Providers suggested there needs to be greater flexibility in Support Coordination and that the plan review is vital. The algorithm, supported by prioritised need, could support the plan review meeting.

In regional areas, tele-health could be a mechanism for Support Coordination, but only in areas where it is appropriate (i.e. tested and consistent internet connection and capability on both ends).

2.5 [redacted]

2.5.1 Challenges

Many of the challenges pointed to service gaps in the [redacted] and surrounding areas as the thinnest areas of the market. Limited Support Coordination and lack of clarity pertaining to the differences between case management, Support Coordination and the Local Area Coordinator attracted much conversation and concluded in agreement that Support Coordination is not currently performed well and requires attention.

The following table documents the range of challenges discussed in varying lengths.

Table 14: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider

Service gaps	► Service gaps include:
	  ► Lack of ECEI supports
	  ► Disability accessible housing
	  ► Home modifications
	  ► Supporting independent living
	  ► Occupational therapists
	  ► Youth engagement
	  ► Advocacy
	  ► Support for participants with mental health needs
	  ► Accommodation option
	► The service gaps in [redacted] and in other regional areas often: lead to an inability for participants to achieve their specified goals.
	► Service gaps lead to a splatter response and participants just consume the services they can obtain. These are not necessarily the services participants need.
	► Service gaps often lead to providers conducting an assessment for the participant, but then putting them on a waitlist for months leaving participants without service.
	► Accessing NDIS for early intervention is difficult
	► Support for complex needs is difficult to access: results in sporadic and untimely services.

Support coordination	► Difficult to collaborate with other providers who have joint clients: results in sporadic and untimely services, and atomistic care. ► Communication between plan managers and support coordinators and service providers is poor: results in lower quality delivery of services collectively. ► There is not enough funding allocated to Support Coordination: results in lacking number of support coordinators. ► Providers are doing unofficial Support Coordination unfunded: results in a drain on service delivery. ► Mis-understanding of what funding is available to support families: results in families needing Support Coordination, but not realising this at the planning stage leading to lacking assistance in navigating the system. ► There are often inexperienced and un-qualified LACs recruited: results in constant plan renewal for participants who are not getting the appropriate services.
Provider viability	► Lacking financial viability of service providers has caused some providers to end service types or services in remote areas ► Large costs associated with registration costs and audits etc: causes drain on service delivery ► Many NGO's are not used to working as a business or for profit: can result in a change in how services are delivered which may not always result in the best outcomes for participants ► The viability outlook for service providers only reliant on NDIS funding is poor: can result in larger service gaps if providers are not viable to continue service delivery

Key challenge	Description as per service provider
The Scheme	► Regional families feel as if they are not as valued: they re-adjust their expectations and become passive consumers leading to underutilisation of plans ► There is significant lack of reflection on NDIS rules within the planning process: i.e. there is no awareness of restrictive practice and therefore inadequate funding ► Scheme expectations of regional service providers are too high: affecting provider viability ► Complex disability and multi-disability are not strongly recognised under the NDIS ► There is a focus on primary disabilities rather than secondary disabilities and multi-disabilities ► Many self-managed plans refuse to pay for cancellations or no-shows: affecting provider viability
Mainstream interface	► Confusion of what is defined as 'health' and 'disabilities', especially around dietetics: results in participants falling through the gaps or being directed between the two interfaces. ► There is a direct conflict of interest of the State servicing providing NDIS business model services ► Some schools will not help or work with NDIS providers despite the parent's request: results in poor outcomes and inconsistency in service delivery for school-age participants. ► GPs are not educated about the NDIS and can often result in eligible participants (especially regarding mental health) falling through the gaps.
Travel	► Traveling long distances often means accommodation is required for the safety of the support worker, this is often under-funded: affecting provider viability ► Travel for a dispersed population is costly: affecting provider viability ► The Modified Monash model is not accurate or is too broad a category: results in price guide not reflecting the cost of business in some areas
Participants	► Participants do not feel like they have 'choice and control' ► Participants often do not have a good understanding of their own plans: results in underutilisation of plans
Workforce	► Recruiting and retaining skilled staff is a challenge ► The costs and opportunity costs associated with upskilling staff are too high: results in low levels of staff development and training

Source: Workshop output dated 14th June 2019

2.5.2 Potential ideas to address challenges

Service providers exhibited a high focus on the challenges faced by providers under the Scheme, however the need to address the poor supply of allied health in the regions and the poor utilisation of NDIS plans amongst Aboriginal and Torres Strait Island people were continuous themes throughout the discussion.

1. Allied Health Assistants

Summary of the challenge

Service providers believe it is not viable for allied health professionals to travel to remote areas and to service a region alone under the pricing guidelines. It is thought the use of allied health assistants are under-utilised.

Potential ideas to address challenges

Provides suggested using a delegated practice model and posited a range of considerations in addressing the challenge including:

- Collaborating with the NDIS Aboriginal Employment Office and communicating with participants who have employment goals in their plan to provide opportunities to upskill

participants and the local workforce to become allied health assistants to care for other participants.

- Leveraging other local workforce options such as mums and dads, semi-retired or part-time locals.
- leveraging the existing workforce who may be already be undertaking fly-in, fly-out or drive-in, drive-out work in the regions who may looking for extra work (there may be an opportunity to collaborate with health providers).
- leveraging student support officers that could upskill and undertake a special options class for group sessions.

Specific training can be performed by the qualified allied health professional who can carry out supervision requirements for the allied health assistant. Once up-skilled the professional can delegate practice to the assistant for sessions with participants whereby the professional is not required.

Potential means to implement ideas

To support the above:

- Certificate 3 and 4 will need to be obtained via a registered training organisation and could require funding support or scholarships to incentivise the local workforce to acquire the certification
- changes may be required to travel funding to allow flexibility in allied health assistance claiming travel expenses at cost
- a host employer will be required such as the local council or existing non-government organisations and not-for-profits
- assurance will be required from eligible allied health professionals that they have the capacity to conduct the appropriate training and supervision to support certification and upskilling of the assistants.

2. Improving the cultural appropriateness of the NDIS for the Aboriginal and Torres Strait community

Summary of the challenge

The cultural appropriateness of the NDIS is lacking for the Aboriginal and Torres Strait community. Fundamental concepts embedded within the NDIS such as the need to be an active and savvy consumer of services that can self-advocate is not conducive to the Aboriginal and Torres Strait Islander population, and the inability of immediate family members to care for participants and be paid does not align to the Aboriginal kinship model.

Potential ideas to address challenges

The ultimate idea proposed by service providers is to implement the 10-point plan developed by the First Peoples Disability Network previously presented to the NDIS. In particular, providers believe there is a need for a community-controlled organisation to become the 'driver of a hub' for Aboriginal people eligible for the NDIS, and those requiring access to wrap around services.

The Aboriginal and Torres Strait Islander NDIS team in each State could collaborate with the [redacted] or the like to operate a hub (in the form of a building). The hub could work with the participant to walk through the participant pathway of offer services such as:

- Facilitating pre-planning and planning meetings in a consultation room
- Advocacy services
- Accommodation
- Therapy and wrap around services.

Potential means to implement ideas

In [redacted] the [redacted] could be utilised as the existing service provider and infrastructure. Overtime the hub could build the capacity of the community to respond to challenges disability pose and utilise the NDIS to achieve positive outcomes which could lead to local people delivering local services and supporting the kinship model.

3. Support Coordination

Summary of the challenge

Providers in [redacted] believe the level of Support Coordination currently experienced is insufficient to support participants and their families. It is thought many participants require Support Coordination but do not have funding included in their first plan to allocate towards coordination, or coordination is removed after 12 months, which often results in participants under-utilising their plans.

Potential ideas to address challenges

Ideas posited to address this challenge included:

- Ensuring some level of Support Coordination is included in participant plan regardless of the participant asking for coordination
- Conducting assessments post 12 months of the participant being in the Scheme as to whether the participant required a low, medium or high level of Support Coordination
- Improving the transparency around Support Coordination and improve education around the relationship between Local Area Coordinators and Support Coordinators
- Monitoring need for Support Coordination across the regions.

Potential means to implement ideas

In support of the above, increased vigour and accuracy around planning and access pathways are vital. This could mean General Practitioners are required to undertake further education around the workings of the NDIS.

3. Northern Territory

3. Northern Territory

3.1 Darwin

3.1.1 Challenges

Provider viability and the difficulties operating and servicing remote communities dominated the conversation between Darwin providers.

The following table documents the range of challenges discussed in varying lengths.

Table 15: Key challenges faced by Darwin service providers

Key challenge	Description as per service provider
Provider viability	▸ There is lacking economies of scale in the NT: limiting provider financial feasibility to service remote communities. ▸ It is highly costly to serve remote communities and the price guide does not consider the expansive area covered by providers: affecting provider viability. ▸ Participants do not understand the associated travel costs at the planning stage: hence providers are under-funded in this aspect. ▸ Low coordination of support provided by coordinators: results in providers over-servicing which is very costly. ▸ The approach to funding transport is inconsistent between plans: leading to high variability between plans. ▸ There is a lot of time allocated to planning and logistics associated with regional travel: e.g. two FTE are required to support an organisation's travel commitments. ▸ Data regarding active providers in the area is inaccurate: can hinder ability to make informed business decisions. ▸ Difficult for businesses to foresee a sustainable business model: results in service providers taking limited risks in the current environment.
NDIS	▸ Provider, Scheme and participant needs are often competing: results in power quality service delivery, poor outcomes, or poor choice and control. ▸ Slow referral processes ad NDIS processes are often too long and have too many steps (e.g. Coordination of Support role and their ability to sign service agreements on behalf of participants): results in participants waiting for services. ▸ The NDIS workload has been passed from NT Government to NDIS head office which often: results in a poor understanding of the local context. ▸ NDIA engagement is often not culturally appropriate: results in underutilisation of plans.
Workforce	▸ High travel demands: results in poor staff retention. ▸ Attracting staff to Darwin is hard: results in skills shortage and poor labour supply. ▸ Building connections and networks in remote communities is difficult and isolating: results in skills shortage and poor labour supply. ▸ Difficult to upskill Indigenous staff and encourage them to obtain certification: results in lacking culturally appropriate services and support. ▸ Difficult for staff to manage an urban and remote caseload: results in staff burn out.
Participants	▸ Participants do not have support in understanding their plans limiting the effectiveness of their allocated spend. ▸ Community understanding of the Scheme does not support participant engagement. ▸ People often do not think of themselves as having a disability limiting their engagement in the Scheme and ability to achieve goals. ▸ Under the individualised approach, participants often must tell their story over and over, absorbing their allocated funding ▸ The positivity of being on-country is misunderstood, under-rated and hence under-funded.

Key challenge	Description as per service provider
Culture	► Interpreters are under-funded and under-utilised ► NDIS materials are not in first language: results in participants finding it hard to engage with the Scheme. ► There is no timeline in communities: which can make it hard to schedule services. ► Sorry business and related cultural norms can result in cancellations and no-shows and wasted money. ► Participants do not trust some service providers: results in the need to build relationships which takes time and money (currently un-funded).
Service gaps	► There is lacking infrastructure to support service delivery such as tele-health: results in service gaps. ► Accessible housing is lacking for participants: results in poor outcomes and underutilised plans. ► Accommodation for staff is lacking: results in limited availability of services in remote areas. ► Transport options are limited: results in accessibility issues in obtaining service delivery.
Mainstream interface	► The connectivity between existing Government services already on the ground and private service providers is poor: results in atomistic care. ► There is a lack of tools to collaborate across providers and Health: results in atomistic care.

Source: Workshop output dated 25th June 2019

3.1.2 Potential ideas to address challenges

Challenges identified for focus and idea generation included addressing travel pricing, participant engagement and building the workforce.

1. Travel pricing

Summary of the challenge

Providers believe the pricing guide does not accurately reflect the true cost to serve regional areas limiting their ability to provide quality services and ability to allocate operating margins to staff development and training.

Potential ideas to address challenges

Providers propose to simplify the rules around travel costs to support consistency, and to inject greater flexibility into travel costs.

To support this concept:

- Providers require a platform to collaborate via a low-cost platform that allows providers to post travel plans and potentially share costs
- The NDIS could build in costs of provider travel into plans at the outset to ensure travel costs do not eat into participant funding
- Participants need to be educated as to understand the costs involved in servicing them.

Potential means to implement ideas

To support the implementation of the above ideas the NDIS could:

- Publish guidelines that outline the parameters of provider travel
- Develop documentation and clear instructions around travel and communicate this to all providers and coordinators
- Launch a shared platform on the NDIS provider portal website.

2. Participant engagement

Summary of the challenge

The current level of participant understanding of the NDIS and cultural appropriateness of the Scheme is thought to be hindering the level of participant engagement and is leading to under-utilisation of plans.

Potential ideas to address challenges

To generate greater participant engagement providers suggested:

- The NDIA distribute consistent and ongoing appropriate communication to participants to increase their knowledge and education around the NDIS
- The NDIA ensure materials are in language and plain easy-read English
- The NDIA build out the Community Connectors program and use a cross-sector approach to incorporate justice, clinics, health etc.
- Providers utilise a community notice board in each community to articulate where, who, when etc., and
- The NT Government ensure professionals in the community (private and NDIS such as GPs, art centres etc.) are trained up on NDIS discourse.

Potential means to implement ideas

In implementing the above ideas, it is thought providers and the NDIA need to utilise existing effective channels of communication such as current community champions and existing Government channels such as Prime Minister & Cabinet, Indigenous Business Australia etc.

In addition, the NDIA could facilitate a knowledge hub on a revitalised NDIS website and include a chat facility.

3. Workforce

Summary of the challenge

Providers believe the current workforce do not the pre-requisite cultural knowledge or access to the required training to obtain a greater understanding of the community in which they work, and the local workforce is under-skilled.

Potential ideas to address challenges

To improve local workforce issues, providers suggested a range of ideas including:

- Facilitating a graduate program with the local University
- Allowing a HECS rebate for graduate students servicing remote areas for a length of time
- Greater engagement between Community Connectors and service providers
- Create a buddy system between providers and community members to upskill the local workforce
- Enable a better platform or program to support skills development and training of the local workforce.

Provider also suggested extra funding could be provided to service providers entering the remote communities to spend time getting to know the community construct and building relationships. This would allow service providers to provide effective and quality services in return for participant funding, as opposed to either hindering service providers ability to provide quality services or detracting from the participants allocated funding. A buddy system could be utilised to facilitate this extra-curricular relationship building leveraging a Community Connector or existing skilled local workforce member.

3.2 [redacted]

3.2.1 Challenges

The conversation was dominated by the challenges in implementing an individualised and person-centred Scheme in a remote community that has complex participants requiring holistic care.

The following table documents the range of challenges discussed in varying lengths.

Table 16: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
NDIS	► Services are being based on people's perceptions of disability, the definition of which is not consistent across cultures and providers: results in inconsistent service delivery and inconsistent communications. ► There is a poor understanding of what NDIS is for and some planners are providing participants services they want: results in participants not necessarily receiving the services they need. ► There is limited understanding of the Scheme in the broader community: results in lacking support mechanisms around the community, and poor referral pathways. ► Approval process to obtain appropriate equipment is too long and laborious and requires pooling of funds. ► Communications from the NDIS are rarely culturally appropriate or in first language: results in lacking engagement with the Scheme and underutilisation of plans. ► The use of 'choice' in remote communities is a bit misleading: Providers need to ensure participant expectations are managed.

Service gaps	► Service gaps include:
	  ► Local transport
	  ► Accommodation for staff
	  ► Lacking number of services to support young people
	  ► Lacking services in mental health
	  ► Equipment set up assistance
	  ► Support for over 65's
	  ► School psychology
	► There are limited activities for participants to engage in to support community engagement such as sports etc.: results in reduced community engagement.
	► Small number of participants in remote communities: results in many providers that have a specialist focus not looking to service remote communities due to financial feasibility.
	► The frequency of visits from some specialists and providers is poor: results in missed appointments and participants slipping through the gaps.

Provider viability	► Not all services are working in a collaborative way, there are some siloes that still exist: results in poor information sharing and atomistic care. ► There is no enough flexibility within funding allocated to choose when a service occurs: results in atomistic care and inconsistent services. ► The distances to travel and associated expenses are significant and often not incorporated into plans adequately: affecting provider viability. ► Moving from block funding to a fee for service commissioning model: reduces the ability for providers to cover costs incurred in service remote communities affecting provider viability. ► Service providers take on the investment to really understand participant context to attain outcomes, this take time and money that is not funded.
Participants	► Participants literacy and numeracy skills are hindering participant engagement ► Participants do not stick to schedules and time: results in many participants slipping through the cracks.

Key challenge	Description as per service provider
Workforce	► There is a need for trained local support workers who can translate and support cultural engagement in the Scheme: results lacking engagement with the Scheme. ► Providers find it difficult to upskill their staff and fund them to attend training: results in lower skilled staff.
Mainstream interface	► There is a poor connection between the NDIS and medical services when it comes to information flow: results in atomistic care. ► The NDIS model does not support a holistic approach to participant health

Source: Workshop output dated 27th June 2019

3.2.2 Potential ideas to address challenges

Many of the ideas generated by service providers in addressing various challenges were based on the need for effective communication between the NDIS and participants, between providers and participants and between providers servicing the same participant. Challenges providers addressed included the need to improve participant knowledge of the Scheme, creating some consistency around the term disability, improving information exchange, and building the local workforce.

1. Participant knowledge of the Scheme

Summary of the challenge

Participant knowledge and understanding of the Scheme remains a challenge for [redacted] with many participants not understanding:

- The intent of the Scheme
- Why they have access to funding and how best to use it
- The services available to them
- How the Scheme and services are designed to achieve outcomes for the participant to live a better life.

Communication to date has seen little engagement from Indigenous participants in remote communities leading to under-utilisation of funds and limited attainment of positive outcomes and achievement of goals.

Potential ideas to address challenges

Service providers identified numerous smaller activities the NDIS could undertake to ensure participant knowledge of the Scheme is heightened through culturally appropriate means. Activities included the production of:

- Explanatory videos in language describing the intent of the Scheme within the context of their community and the services available
- Re-designed service agreements that are more culturally appropriate to reflect literacy levels within the community
- Re-designed NDIS plans that consider the needs of participants and not necessarily their wants and ensure funding matches the goals of the participant (which are goals that reflect the current circumstance)
- Re-designed NDIS plans that are more culturally appropriate to reflect literacy levels within the community
- Marketing materials explaining the intent of the NDIS for the broader community and stakeholders that the Scheme will interact with or interface.

Providers also suggested that fundamental additions and changes to the Scheme could also support greater participant engagement. This would include:

- **A movement back to block funding for certain parts of participant plans** as opposed to individualised and fee-for-service funding. It is suggested that individualised funding could be used for translation services and equipment, and that block funding could be utilised for

elements of the plan that requires greater flexibility for services providers delivering in high cost to serve areas, and more flexibility for participants in accessing services.

- **The introduction of a Community Connector role in** [redacted] and other remote communities that is filled by a local Indigenous person.

2. Defining disability

Summary of the challenge

Difficulties in defining a disability is thought to be caused by:

- disability not being recognised by Indigenous people
- poor awareness levels as to the services available to support people with a disability
- various mainstream services using various terminology to suit their own process and systems.

This often culminates in participants having a poor understanding of the Scheme and low utilisation of NDIS plans, thereby participants not achieving desired goals.

Potential ideas to address challenges

Providers believe the village approach using multiple stakeholders and service providers to work together on building capacity for those with a disability and their carers could facilitate greater understanding and acceptance of disability. A buddy approach for local community members, family or carers could be used to mirror service providers and build their own skills to ensure the whole community benefits.

Potential means to implement ideas

To support implementation providers suggested they would need to:

- First conduct community consultation with local Indigenous people across all age groups
- Convene a health advisory committee with locals and other stakeholders
- Keep therapy and equipment under individualised funding but move everything else to block funding with accountability to facilitate a more holistic and community-focussed approach
- Write service agreements more flexibly to facilitate the community-based approach, rather than a person-centred approach that is reflective of the current circumstance.

3. Information exchange between providers

Summary of the challenge

Providers believe that in a small remote community with vulnerable and complex participants who may not understand the linkages between services and therefore not communicate the necessary information, it is important to have a broader understanding of the participant's history, needs and services consumed. Providers are either acting in silos or do not have the mandate to share sometimes private information.

Potential ideas to address challenges

To support greater information exchange between stakeholders, providers suggested:

- Allowing providers to share information between each other under a MOU between providers and participants
- Allowing providers to add participant observations, notes and developments to a shared platform
- Holding mandatory stakeholder meetings including participant, planners, providers, family etc at each participant's 3-month plan review
- Utilising the community connector role to support conversations between providers and participants

- Holding 'market days' for providers to understand who and where other services are being provided
- Holding a culturally appropriate 'market day' for participants to understand the services available.

Potential means to implement ideas

In developing the shared information platform, providers suggested there could be varying levels of access to participant details. For example, the NDIS and OPG would have access to all information, therapists could access information that would support their work, and Medicare could have access to basic levels of information.

It was also suggested an existing platform such as MyGov or My Health Record could be utilised to minimise investment into a platform that could have the same functionality.

4. Local workforce

Summary of the challenge

There is strong desire to upskill the local workforce to:

- Provide employment opportunities for local people
- Enable local people servicing the local community
- Encourage greater engagement in the Scheme
- Facilitate greater cultural communication and understanding of the Scheme.

Potential ideas to address challenges

To better enable the local workforce, providers believe the NDIS could:

- Allocate grant funding to Community Connectors to support upskilling (but do not pose this as a long-term solution)
- Include funding in participant plans for a cultural worker to work alongside providers and interpret services, whilst upskilling themselves in delivering services
- Include funding in plans for the training and development of local workers
- Develop an employment services (long term goal).

Potential means to implement ideas

To support the above ideas, providers believe it would also be important to:

- Create culturally appropriate materials for NDIS staff to enable better conversations with participants and their carers
- Include more funding for providers to ensure quality service provision (which could include funds for their own staff and the budget to hire and upskill local community members), and
- Consult with local Aboriginal people to a larger degree.

3.3 [redacted]

3.3.1 Challenges

Workforce shortages, training and development and provider viability dominated the conversation by providers in [redacted]

The following table documents the range of challenges discussed in varying lengths.

Table 17: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Workforce	▸ Recruitment and retention challenging across the region, particularly due to widespread workforce challenges and lack of capacity on the provider end ▸ Developing and supporting an Aboriginal workforce particularly difficult due to cultural issues and the transience of the population ▸ Qualification requirements are too stringent: workers may be able to deliver appropriate services without being 'skilled' or having relevant qualifications, for some services ▸ The workforce does not currently account for comparable jobs in other sectors such as aged care, particularly pay and conditions ▸ Training of culturally appropriate staff is required to improve ability to meet participant requirements ▸ Providers believe there are some instances of poor-quality training providers, resulting in qualifications being no guarantee of skill ▸ Support coordinators sometimes lack understanding of business requirements to deliver (e.g. service agreements)
Accommodation	▸ Lack of suitable/sustainable accommodation: there is very little SDA in the region – developers do not appear interested in investing in SDA in [redacted] and surrounding regions due to low demand relative to bigger cities ▸ Lack of accommodation models that meet the needs of people with a psychosocial disability or those seeking on-country accommodation
Participants	▸ Participants constantly changing their minds on service delivery, creating challenges for providers ▸ Clients themselves often don't know if they have plans, meaning tracking those who do or do not have plans is very difficult ▸ Lack of advocacy in pre-planning and for families ▸ Several market gaps currently exist, including interpreters (large funding and booking requirements to get interpreters to fly in), services for those with acquired brain injuries, complex support needs and those requiring continence supports
Agency understanding	▸ Insufficient understanding of intersection between poverty and disadvantage and disability
Provider viability	▸ New restrictive practice policies and legislation creates additional work for providers ▸ Providers report inconsistent information given by the NDIA on travel, creating complexities ▸ Uncertainties amongst providers about environmental constraints ▸ Demand uncertainty: volatility in remote referrals and service agreements, creating a disincentive to enter markets and ripe for 'sharks' to move in ▸ Paperwork excessive and not covered by pricing ▸ There is a lack of assistance for providers in gaining access to the NDIS market ▸ Data sharing: there is no centralised depository of client data or history, which providers believe is important, with a need for Commonwealth and State governments to share data with NGOs ▸ Pricing for plan management is very low, making it a difficult service to provide

Key challenge	Description as per service provider
Assessments and pre-plan	► Inaccurate NDIS assessments reported by providers ► Lack of diagnostic capacity in the region to assess functional disability ► Lack of pre-planning support ► Poor quality of referrals – limited information on client and complexity in delivery

Source: Workshop output dated 27th June 2019

3.3.2 Potential ideas to address challenges

1. Sharing of client information

Summary of the challenge

Service providers believe there is inadequate access to client histories and plans to allow them to operate effectively. In many instances providers pointed out it was impossible to know sometimes if a participant had a plan, with difficulties arising when a participant switches from one coordinator of supports (COS) to another due to a lack of information hand-over.

Potential ideas to address challenges

The following process was suggested as a solution to the current system:

- **Fully informed participants:** could require NDIS planners to ensure participants are fully informed of their plans. This may involve the engagement of an interpreter by the NDIA if required.
- **Appointment of COS:** NDIS planners to get consent from participant to appoint a COS.
- **COS engagement:** COS to engage participant to make informed choice – with NDIS interpreter if needed – to select providers.

Potential means to implement ideas

In supporting the above idea, the following points were also suggested as requiring consideration:

- **DOH information:** NDIS planners should use previously stored DOH information in their plans
- **Planning template:** a template could be set up so that each provider can use this and upload to NDIS portal. This would enable another provider to see what the previous provider did for the same professional service (e.g. physio). One way to address privacy concerns was by creating different tiers of access for different providers.

The challenge of improving individual data collection and sharing was emphasised for its role in facilitating a continuity of care for participants of the NDIS.

2. Market failure and early childhood intervention

Summary of the challenges

Providers believe that a range of market failures exist in NDIS markets around the region and it is often difficult to trigger any 'provider of last resort' role by government.

One specific market failure mentioned by providers was in early childhood care, where the data suggests there are approximately 500 children under the age of seven who are below the threshold of their developmental goals.

Potential ideas to address challenges

Some of the ideas identified by service providers included ideas targeted towards the Commonwealth and Territory government:

- Improvements in cross-system integration – for example, there is a need for more early childhood providers, but this requires housing, so the NDIS focus on a strategy to better integrate with other services
- Re-establishment of a joint planning forum to work out how to address market failure, starting with the identification of market failures, then the development and funding of a delivery model.

To address the challenge relating to early childhood, providers identified the need targeted investment in infrastructure and early intervention systems in the next five years including the following:

- **Seed funding to establish a community hub** - utilise existing infrastructure in communities such as education day-care centres where 0-7-year-old come for approx. 20hrs per week. The hub would be in a central location to provide speech pathology, hearing services etc in bilingual community setting. It would also be a place to provide wrap-around services too such as food, reading etc, which will increase the utility of scheme investments.
- **Transport:** The integrated service would include a bus to pick kids up to make sure they attend
- **Funding:** In the early years, pooling of participant packages would be most appropriate to ensure that all children received the assistance they need
- **Parents/carers:** The program would also include a parent component to help parents help at home provide learning environment to increase child outcomes
- **Research and data**: Utilise the extensive research undertaken using this approach to inform the design and track progress.

Potential means to implement ideas

Some providers believe that quality and safeguards currently in place should be relaxed in certain instances where they add to administrative burden and cost without a commensurate improvement in standards. The example was raised where one large organisation already has high standards in its employment processes, yet still needs to 'go back through the system'.

Providers thought the NT government should negotiate on the plan underspend across the system, like the case in Victoria, and use these funds to invest in the system, such as in housing

3. Workforce

Summary of the challenge

Some of the largest challenges mentioned by providers in [redacted] were to do with workforce, with these issues centred around attracting, retaining and training staff.

Potential ideas to address challenges

Providers thought some of the issues associated with workforce could be addressed by:

- **A remote training and workforce portal:** where workers could indicate they are available for work and providers can look at and bring up extra workers if needed or see if some are overcommitted; this portal could also include more information about what training is being delivered.
- **A remote travel agency**: a model that allows providers to say, 'I would like to provide a service to X in July to Y many people', then the NDIA could coordinate or broker – this would be a more efficient way of planning than everyone doing the coordination themselves. The model could be similar to a shared calendar.
- **NDIS [redacted] remote orientation model**: could have Aboriginal liaison or health officers, or people with knowledge in the Agency, that new services staff can draw on rather than 'pretending they're an expert'. Training of remote staff in particularly costly to onboard and train, so a centralised hub of expertise could minimise these costs. The model would need to be developed by remote NGOs.

3.4 [redacted] provider workshop

Key takeaways

1. Workforce issues are prominent in [redacted], both in terms of attracting and retaining workers, but also training and educating workers so that they have the required knowledge to operate effectively under the NDIS
2. Several providers are unsure of the effectiveness of Support Coordination and local area coordination in the community and do not know why such large amounts have been drawn down for Support Coordination for minimal apparent gain
3. Most service providers appear to operate in silos despite the potential benefits associated with coordination, particularly when it comes to travel to remote communities
4. Early childhood intervention services and transport appear to be in critical need.

3.4.1 Observed challenges

The conversation was dominated by the challenges in implementing an individualised and person-centred approach which does not align with the communities view of kinship and family.

The following table documents the range of challenges discussed in varying lengths.

Table 18: Key challenges faced by [redacted] service providers

Key challenge	Observations and key messages from providers, Council and other stakeholders
Workforce	► **Staff shortages:** means that some workers are working in roles above their capabilities or qualifications to fill the void, which can have an impact on quality of service delivered ► **Skills shortages** are particularly apparent, with low levels of literacy and numeracy within the local aboriginal workforce ► **Staff is also very transient:** result is that providers are continuously training staff, difficult to build long-term relationships with participants and other service providers for collaboration. Also means that staff have limited knowledge and understanding of the NDIS and therefore limited knowledge transfer between staff ► **Limited training providers:** One provider reported difficulties in finding relevant training providers and courses for workers, although it was also stated that training is one area where collaboration is working well, and there is a [redacted] Training Centre that assists in addressing the challenges of training
Support coordination	► **Support coordinators and LACs are not effective:** Perception from providers that support coordinators are unsure of their role and are therefore not effective. Perception that SC's are drawing down on participant plans without delivering a lot of value or ensuring that participants are receiving services – a potential measure of effectiveness may be money spent on Support Coordination versus services received ► **Need for advocacy:** Suggestion that there is a broader role for Support Coordination or a separate role as part of participant advocacy such as mentoring, teaching and helping participants in broader parts of their lives such as turn-up to court, go to Centrelink, attend a GP (some providers are doing these services for free) ► **More Support Coordination hours:** At other workshops providers have suggested mandating SC in participants plans for 12-24 months –providers agree that TC is important, but it should in theory tail off after 12 months or so once participants have learnt how to navigate the system ► **Confusion over the role of Support Coordination:** One support coordinator reported that participants often misinterpreted the role of a support coordinator with that of a case manager and that it was a challenge to change this understanding
Coordination between providers	► **Competition versus collaboration:** Providers appear to operate as separate and competing businesses with limited collaboration such as travelling out to remote communities to deliver services. Providers don't have a history of collaborating, nor are they currently collaborating, despite some of the agreed benefits such as reduced costs for businesses and participants and improved participant outcomes ► **Information sharing:** It can be difficult to get information from other providers even when physically visiting their offices

Key challenge	Observations and key messages from providers, Council and other stakeholders
Travel	► **Insufficient pricing:** Providers agreed with points raised in other workshops that current pricing allowed for travel was not sufficient to cover costs particularly given the additional costs in having two workers travel together to comply with OHS policy ► **Barriers to coordinating travel:** the view was that coordinating travel could be effective at reducing costs, but requires relationships between providers which is difficult given the transient workforce, lack of housing/accommodation for a group of providers on community as well as it being overwhelming for participants to have everyone turn-up together
Accommodation	► **There is a lack of quality accommodation** for many participants, housing conditions are low, are not appropriate for people with disability, are over-crowded and there are some incidents of participants needing to sleep in the back of ute.
Local context and employment	► **Young people leaving:** Some reported a recent trend of young people looking to leave communities rather than stay ► **Training:** One view given was that there needs to be a non-accredited course, with an example given of individualised and contextualised training that is going on that works well but doesn't fit the funding model since it is 'outside the main box' – contrasting with Cert-1 and Cert-2 which were said to be very limited in scope and not addressing actual needs ► **Cultural appropriateness:** Perception that there is an absence of cultural aspects in employment opportunities, with a big need for improved cultural frameworks particularly in the remote context ► **Participant understanding:** There is very poor understanding in the community around the NDIS and what services it can support, even though there is a lot of easy-read material available – more direct community engagement is required ► **Timeframes are different:** The concept of time is different in the communities and this creates difficulties for providers, e.g. in terms of planning meetings – everything is slower paced and more spontaneous. Suggestion that chasing participants at rigid times is not effective because often they will not want to engage at that time or have other things on their mind, reducing the quality of engagement

Source: community engagement in [redacted], 24-26 July 2019

3.4.2 Potential observed ideas to address challenges

1. Community hub

Summary of the challenge

A challenge of service provision in [redacted] is the lack of service coordination and collaboration, along with venues for smaller providers to practice in and facilitate community activities. Additionally, a view was presented that those living in the community have a strong sense of family and it can take a lot of time for service providers to engage and build up trust as individuals.

Potential ideas to address challenges

Two community leaders have established a community hub in the main street of [redacted]

- The community hub is a physical space where providers and community groups can deliver services, training and social activities (e.g. music and painting) including disability services.
- The hub has been established by two community leaders with backing from a philanthropist who pays for the rent and operational expenses and has been modelled on the 'Community Advice Offices' in South Africa.
- The two community leaders donate their time for free (approx. 1.2 FTE in total per year) to help grow the awareness of the hub with local and visiting providers and within the community.

Examples of activities include:

- Life Without Barriers based in [redacted] run staff training at the community hub
- A local small-business established by a Mother and Daughter started their operations within the hub offering day activities to people with an NDIS plan – from small beginnings they have

expanded their operations and now operate a local bus to transport participants to and from activities and have started operating a second centre at another location.

- The aim of the hub is to be open from early morning to late at night offering a range of activities, programs and support for the local community of all ages and needs (not just disability).

One provider stated that one of the benefits of the hub model is that it:

"...allows participants to gather and hang out in a clean space with air-conditioning, in contrast to the state of their living conditions at home, and to feel a sense of ownership (e.g. learning to look after the place and to wash dishes etc.)."

- Provider

The perception was that participants enjoy being brought together and engaged.

2. Flexible service model

Summary of the challenge

One of the biggest challenges in some Aboriginal communities such as [redacted] is getting participants to turn up for appointments and attend programs such as day activities. This can be due to other conflicting appointments e.g. with health and justice or due to cultural reasons such as Sorry Business, Men's Business or Women's Business. As a result, providers who book appointments ahead of schedule, rapidly drawdown on participant plans without actually delivering services.

Potential ideas to address challenges

One provider in [redacted] is providing flexible day activities which allow for the comings and goings of participants.

- Under the flexible model, the provider books in a year's worth or social programs (e.g. $2,000) for a participant.
- When the participant attends the program, the provider draws down on the annual booking for the number of hours the participant attended e.g. 2hrs, half a day, full day.
- This enables participants to choose when they attend at their own free will and reduces the amount of time that the provider travels around the community looking for people to attend their booking
- Some support coordinators struggle with this model as they want to be able to book an appointment at a specific day and time, but the provider (who is based in the community), believes this isn't culturally appropriate.

The result of this model is that the provider has expanded operations and added local transport to their offering.

- They have participants who sometimes choose just to sit on the bus all day and talk with each person who hops on the bus and get a tour of the town, of which some participants have not seen for years due to their disability, and lack of personal or public transport options.
- At the day centre the provider also provides mentoring on life skills and life administration to help fill the gap that they believe many participants have not had before e.g. how to take care of things, washing up and cooking – the result is now the day centre is seen as being part of the community and participants have a real pride in taking care of their space.
- Provider also offers trips out to country to collect bush tucker etc.

3.5 [redacted]: Participant interviews

As part of the visit to [redacted], EY also met with several NDIS participants. Meetings were organised by the Boosting the Local care Workforce with participants from the local community to better understand their challenges in accessing and receiving services.

Their stories are shared below and highlights:

- The limited access to services In [redacted] or understanding of how to access the services
- The limited infrastructure in [redacted] such as footpaths, housing, transport and private spaces for meeting with providers when they do fly-in to the Island to receive services – privacy is very important to community but, at this point in time, very difficult to achieve
- The limited information and support available to participants, their family and carers to understand the NDIS, advocate for their needs and seek the services that will best meet their needs
- The need for an integrated care model that enables participants to access all their care needs in a simple process and reduces the complexity and focus on the individual as opposed to the community
- Shortage of early childhood intervention and assistance for students at the local school, where the teachers are ill-equipped to manage the complexities of students' needs ranging from physical disabilities to behavioural and psychosocial issues.

The [redacted] has shone a light on many pre-existing issues already prevalent in the community, however the future success of the NDUS is also dependent on the ability to address these broader community issues across health, justice, education, training & employment and housing.

[redacted] – The Singer	
Aspiration	*….to travel Australia singing and selling my CDs… and I want someone to come with me. Sydney Swans are my team and I like to see them play - they don't travel to remote places, so I need help catching a plane and being in the big city.* *I also love country music festivals but need help in a big crowd or I get lost.*
Background	[redacted] is a young adult with a talent for country gospel singing. He works at the local recreation centre and plays a significant role in the community church leadership group. He has intellectual disabilities which impairs his ability to make decisions and problem solve. Despite this, he has a strong voice to communicate his needs. He currently lives with family in a run-down house with a cat and dog and receives supports including personal care, social activities and transport.
Needs	To live his best life, [redacted] needs someone to travel with him so that he can sing anywhere that he wishes. For example, he has an up-coming trip to Sydney to meet with the Lord Mayor and is performing at a local event at the Lord Mayors invitation. His motivation to work for which he maintains a casual job 3 days per week, is his love of travel to attend football games and music festivals. But he needs support in places unfamiliar to him as he is unable to problem solve and is vulnerable on his own. His mum plans to move back home with [redacted] to make sure that he can make healthy choices including eating healthily and contributing to keeping the house tidy.

[redacted] – The Artist	
Aspiration	*….to paint and to have a wheel-chair that lasts…* I also want to support my son at footy every weekend and through midweek for practice.

[redacted] - The Artist	
Background	[redacted] is in his mid-forties and is wheel-chair bound due to health complications associated with diabetes. Like many with diabetes he is also an amputee. He currently lives independently in a run-down house with extended family. He attends local services each day to paint his own art works.
Needs	To live his best life, [redacted] needs a motorised wheelchair that will last in the tough conditions of [redacted]. The new wheelchairs made in China don't last – the wheel bearings are not quality and don't cope with the red dirt very well. In addition, the battery charger keeps failing. [redacted] biggest need is to make sure the NDIS will pay for the battery charger each time that it fails and replaces his wheelchair as required. In addition, [redacted] needs home modifications and transport, especially during the summer months where temperatures ae often over 45 degrees. There are limited transport options in town and they have limited capacity for wheelchairs – max of 2 at a time.

[redacted] – The Bush Mechanic	
Aspiration	*To fix my cars and take the family out on Country.* [redacted] would also like to continue to undertake his role as a senior man in his community and meet his cultural obligations teaching his family to hunt and looking after Country.
Background	[redacted] is in his late-forties and is wheel-chair bound due to health complications associated with diabetes, renal failure and is an amputee. He currently lives with his wife and extended family in a small but well-kept government house. [redacted] has had some home modifications in the bathroom, which been unsuccessful in providing independence to [redacted] – the railings are too high, and his wife is often needed to help him in the shower. From a Cultural perspective we are told this is the wrong way.
Needs	To live his best life [redacted], would also like a motorised wheelchair that that will last in the tough conditions of [redacted]. In addition, [redacted] would love a patio added onto the side of his house so that he can be outside in the hot weather including sleeping at night. The biggest challenge [redacted] has is transport to [redacted] for medical appointments. There is a shortage of local transport options and then there is disagreement between [redacted] and NDIS over who is responsible for paying for transport to medical appointments.

[redacted] – The Hunter	
Aspiration	*To spend time out on Country hunting and teaching my children their cultural ways and caring for Country.*
Background	[redacted] is in his late-forties and is wheel-chair bound due to health complications associated with diabetes. He currently lives with his wife and extended family in a run-down government house.

	[redacted] recently had concrete flooring added to outside of the house to improve access to his house using a wheelchair. It took three years for this to happen and even now the concrete doesn't come out to the street. This has been an especially important to help manage during the wet season, where the red dirt turns to mud, and it becomes difficult to leave the house in a wheelchair – and often gets stuck in the mud. This also means keeping the inside of the house clean very difficult.
Needs	To live his best life [redacted], would also like a motorised wheelchair that that will last in the tough conditions of [redacted] There were significant delays in receiving his latest wheelchair (approx. 12 months) and therefore he had made short-term fixes to his old wheelchair such as using rocks to hold parts together. In addition, [redacted] would like an accessible and working shower and toilet that he can use. The house (government-owned) has no air-conditioning or working stove – hence the family spend a lot of time outside cooking and being together as a family. Transport is also an issue for [redacted] as there is a shortage of local transport options. If he needs to do business in town during the summer months he wants to use the bus for his trips as the temperature gets above 45 and it's hard travelling in a slow wheelchair exposed to the hot sun.

4. Australian Capital Territory

4. Australian Capital Territory

4.1 Canberra: Local Providers

4.1.1 Challenges

Conversations among local providers in the Canberra region focused on workforce issues (particularly the quality of workforce), regulatory costs and collaboration.

Table 19: Key challenges faced by Canberra (incl. surrounding regions) service providers

Key challenge	Description as per service provider
National consistency	► Different state and territory legislations create challenges for providers when dealing with a national policy
Workforce	► Capacity for training not built into prices: results in providers choosing to deliver services in areas only where pricing is adequate to deliver training; otherwise results in a decrease in quality of the training and performance monitoring ► The workforce is becoming increasingly casualised: creates challenges with getting commitment, delivering training, monitoring and meeting the needs of a more demanding workforce ► Sometimes this is driven by worker preferences - some providers noted that they wanted to offer full or permanent part time positions, but some staff preferred casual roles. Some staff can make more money juggling multiple casual roles ► Quality workers are being lost to other sectors (e.g. aged care): training and workforce development seen as being connected to this issue, including at the university level where very few relevant courses are said to be offered
Collaboration and innovation	► Collaboration has diminished in the traditionally close-knit community sector: meaning service providers sometimes miss relevant information about participants ► Innovation is more difficult due to lower levels of collaboration: providers are mainly concerned about fighting to remain viable, rather than sharing intelligence and discussing innovative ideas ► The NDIS is rigid and does not support innovation, along with there being a lack of accountability for innovation or visibility of innovative solutions across the sector
Support coordination and advocacy	► There is a blurred lined between Support Coordination and advocacy - what comes under Support Coordination and how far can that person advocate ► Support coordinators are needing to go outside their scope: for example, it is falling back on support coordinators to deal with crises and emergency, especially where participants do not have family/informal supports to help them find services when they need them
Provider viability	► Providers are allocating significant time to helping participants get onto the planning process: when pricing is not adequate to cover this time, participants end up without what they need in plans ► Regulatory compliance costs are high: providing a challenge to providers who don't believe pricing is high enough to cover existing fixed costs - some providers believe pricing needs to be approximately 15% higher to be sustainable and enable growth, noting that this will differ depending on the size of the organization ► While providers were still assessing the impact of the 1 July 2019 price changes, their indicative view was that this increase would be needed on top of the recent increases. ► Limited responsiveness in emergency situations: there is not always the capacity within people's plans to deal with an emergency - this is especially relevant for people with a psychosocial disability whose needs may escalate quickly and with little warning. ► The NDIA is not very transparent - this can make it difficult for providers to plan. Planned changes are typically held back within the agency until fully completed, and locked in, rather than early up-front testing of ideas and impacts, and communication that changes are coming.
Integration with mainstream services	► There is a lack of coordination with the Department of Health: participants who are Department of Health clients are often assumed to be taken care of by the NDIS once it is known they are an NDIS participant, and the Health service will subsequently be relinquished

Key challenge	Description as per service provider
Participants	► People lack the knowledge and support to navigate the system as it is now, resulting in inadequate matching of supports ► The size of funds involved can be daunting for participants and they often won't know what services and programs they can access ► There is a lack of understanding in the broader community of what the NDIS is as a broader policy, and what it means to have an NDIS plan

Source: Workshop output dated 29th July 2019

4.1.2 Potential ideas to address challenges

Several potential market ideas were tested with providers in the Canberra workshop. A summary of the major ideas arising from the discussion is presented below, along with a summary of provider responses.

1. Market prices without caps

- Providers believed it could solve some issues to do with pricing inadequacies but feared that in areas where there is a lack of competition some services could be subject to monopoly pricing, with the risk to participants being that they may lose out on supports if funding does not adequately cover the monopoly premium. Providers cautioned about the lack of incentive currently for participants to save, and the fear that this could encourage unsustainable price rises.
- Conversely, providers also mentioned the risk that larger organisations might engage in predatory pricing to win a market, whereby they undercut other firms to win the market, and then push prices up in the long-run. There were fears of Coles/Woolworths-type duopolies developing. When it was raised that this could happen, there was a limited acknowledgement of this. It may be inferred that the price caps are in fact viewed in the market as fixed prices.

2. Benchmarked prices

- Providers believe that there is a risk to the many participants who are vulnerable people are not always informed and able to make good decisions. The fear being that 'reasonable and necessary' might be compromised for people whose decision-making ability will always be limited.
- By contrast, SIL was brought up as an area in which participant decision making could drive improvements - having had a semi-deregulated market (quotations) five to six years now. There was a view that participants have not been shopping for a better price, rather they have been seeking out better service provision.
- Another example discussed was home care package deregulation, where it was viewed that the market has been severely disrupted, but there hasn't been enough education for consumers. The lesson being that education for consumers would need to be part of any solution that involve large-scale disruption.

3. Baseline funding for an area, such as training

- The need to ensure equity for the entire market was emphasised – if only certain providers receive the funding and some do not, that was viewed as an issue – there is a need to give all providers training funding to ensure choice and control. When asked how training funds should flow given the current funding model includes it in participant funding, the view was that all registered providers should be provided with training funding.
- A caution was given by way of reference to the impacts of a 'free market' on the VET sector, where it was believed that grants can lead to sub-standard training if poorly implemented.

4. Training or service delivery hub

- Some providers expressed a strong view that training should be kept within the organisation. This was derived from the view that every organisation has their own way of training their staff and this is what makes one different to another.
- Training was explained as one part of the cost of an employee, and this needs to be incorporated into a price that considers other factors, including award wage, superannuation, long-service leave, training, supervision etc. The view expressed was that a training hub would be trying to take training out of the full cost, when instead it should be kept within.
- Other providers emphasised the need for a competency-based system 'like in the 1990s' where there was a focus on on-the-job training. On the ground providers are not expecting people to necessarily have a degree (depending on the service) but rather empathy and care were thought to be two critical characteristics. The whole culture of the organisation was identified as just as important as training in this regard, as it is a necessary supplement to training and on-the-job support.

5. Participant pooling

- There were examples given where providers had heard some conversations between participants and people who are pooling together funding to have a level of support in a home. This was not believed to be happening in the ACT yet, and of the example given, one was facilitated through an initiative with the ACT government moving people out of hospital over a period of time, the other involved four people living together, indicating that proximity was a key to facilitating such pooling.
- A self-mobilising approach or pooling of resources was thought to be a good model. Some believed the model could involve participants choosing a 'team leader' to help with the mobilisation and coordination.

6. A funded 'crisis provider'

- Providers were of the view that a common occurrence in the justice system is for someone to transition out of the system without adequate supports 'on the other side'. Providers believed this situation could be improved if there was a crisis intervention support and a provider of last resort.
- Providers believe there needs to be flexibility and agility of funding, even if it's a stakeholder acting as that brokerage role, ensuring who needs to get funds does get them. There was broad agreement that the idea of brokerage on its own does make sense, with parameters.

7. Improved demand map

- The current tool is viewed as difficult to use to see the detail that providers care about, for example, providers believe it doesn't currently give an adequate view on the level of agency/plan/self-managed participants, which they believe would be greatly be useful.
- There was uncertainty about how up-to-date the demand map is and how reliable the forecasts are, although the former of these concerns was alleviated when the process of updating the demand map was explained further.

4.2 Canberra: Complex Support Needs

4.2.1 Challenges

The interface between the NDIS and mainstream services was identified as a critical issue for the complex support needs cohort, who often need to interact with multiple services and agencies/departments. Regulatory and administrative processes that get in the way of delivering services were also seen as a major problem, particularly when early intervention is critical.

Table 20: Key challenges faced by complex support needs service providers

Key challenge	Description as per service provider
Workforce	► Difficult to offer staff permanent positions: making it difficult to hire certain support workers – particularly skilled workers for highly complex participants when it is difficult to remain billable with participants whose contracts are only a year, or in areas of thin demand where there is no guarantee the participant won't switch preferred provider. It is necessary to train a worker before the participant starts on the Scheme. ► Disability sector is not competitive with other sectors, making it difficult for providers to attract and retain staff; providers named aged care and home care packages as being funded by govt and attracting similar staff and clients, yet paying a premium for staff in the space ("$x + 20%"), it was suggested that there is no trouble finding staff in the aged care space ► Pressure on staff also higher in disability sector: making it difficult to recruit therapists when there are other jobs available to them with a lot less stress
Integration with mainstream services	► Poor outcomes due to lack of coordination: providers described examples where someone with a mental health problem would find themselves in the health or justice system, rather than receiving appropriate supports under the NDIS ► Urgency of getting the right supports to participants in transition from the justice system to the NDIS, where it was stressed that staff are required to respond quickly and with sufficient skills and experience ► Health and disability do not communicate, meaning participants can often be 'stuck in limbo' – example, when a person is in the health system and in the process of registering for the NDIS, but needs urgent home modifications, Health pushes the issue onto the NDIS and the NDIS pushes back since they are not yet a participant
Participants	► Many participants do not engage, meaning they do not get a required service and risk the consequences of this on their health ► Participants will sometimes deliberately not draw down supports because they believe their support worker is not getting adequately paid – examples given of situations where someone with a complex situation has access to supports, but the support worker does not bill all hours because some of the work is out-of-scope, resulting in the participant not wanting to further burden the worker due to ethical reasons ► Different levels of historical record-keeping result in variations in plan quality, with those participants whose providers have kept better records receiving better plans than participants without such records but in otherwise identical situations
Provider viability	► Providers choosing the 'lower hanging fruit': due to the pressure to meet rapidly increasing demand, providers often choose participants that are easier to support due to viability concerns – this often results in those with complex support needs not receiving appropriate services ► Delays are a large barrier to delivering a service, even if a provider has capacity, e.g. going through service agreements and not being able to deliver a service until they are complete ► Forward-planning is difficult when waiting for a plan to be reviewed. Timing of reviews is uncertain but can be many months.
Support coordination	► Many participants and families not receiving Support Coordination: this results in bad decision making and outcomes for participants ► Families are expected to pick up more of the slack, increasing pressure on families, particularly those with multiple children with disabilities or a parent with a disability – an example was given where out of 100 families with kids under six, only one had Support Coordination, which the provider believed was not suitable

Source: Workshop output dated 31st July 2019

4.2.2 Potential ideas to address challenges

1. Workforce

Summary of the challenge

Workforce shortages are endemic, particularly allied health workers in regional and remote locations. Qualification are not seen to lead necessarily to strong outcomes.

Potential ideas to address the challenges

1. **Accreditation or traineeship program funded by government**: NDIA or government should be funding scoping and training, and access to support and supervision. This could either be part of the participant budget or funded by the NDIA as a lump-sum amount of money for professional development.
2. **Rural generalist position for allied health**: a dedicated person remains within their therapy area, but they do additional training on top of this e.g. as a physio get training for cerebral palsy, so they can respond better to the needs of regional areas. This solution would provide career progression for these individuals, while being possible to implement with the rural branches of universities [redacted] as either face-to-face training or online.
3. **Assistant therapy positions:** were identified as a productive solution particularly for physical and speech therapy. This would involve UC, TAFE and [redacted] to assist in the development of the curriculum and could be used as a professional curriculum for support workers. It would provide a wage for them to stay in the area and could be a long-term mechanism to get them into a degree.
4. **Regional workforce strategy:** a formal strategy identified a necessity to generate a conversation over what competencies or skills are required for the current workplace. The strategy was identified as providing an opportunity for more specialist therapies to be developed. Needs to be integrated so that supply doesn't just move from one area to another, while looking into the lifting of workforce qualifications and providing an emphasis on competencies.

2. Access and design of access portal

Summary of the challenge

There is currently insufficient funding to assist participants who need support to access the Scheme.

Potential ideas to address the challenges

- Could create a Medicare funded billable item for an assessment so that doctors have more time to do a thorough job and do better NDIS paperwork (currently, an assessment is done under a standard consultation and varies with doctors – depends how experienced they are or how much knowledge they have). If there aren't bulk billing doctors available there's a barrier to getting the paperwork in the first place.
- A more streamlined admin process would also be required to facilitate improvements.

3. Participant factors

Summary of the challenge

Providers viewed the current situation as being in conflict between a values-driven versus market-driven approach, with billables being a focus rather than outcomes and goals.

Potential ideas to address the challenges

- Providers proposed incentives to create supply in certain areas, without providing too much detail on what these incentives should look like but emphasising the importance of the concept.

Participant with funds in an isolated area might not attract providers, so an incentive to tailor uniquely was viewed as useful.

- Quotations, such as in Supported Independent Living, was identified as one way of allowing the market to adapt to specific situations.
- Several providers believe there needs to be more focus on assessment rather than the planning stage – sometimes plans are so unique they're not likely to have a reference point. This was described as an insurance model of front-loading to get gains over time (i.e. more resources at the front end of a plan). Needs to be a built-in review – what is the evidence, what was done and what is the outcome.

4. Pricing

Summary of the challenge

Prices does not reflect the true cost of providing a service.

Potential ideas to address the challenges

- Independent price setting was identified as crucial to allow prices to accurately reflect underlying costs. Independence was viewed as meaning prices being set outside the NDIA.
- Deregulation was cautioned against in many areas of the Scheme, with one provider believing approximately one third of the Scheme could be deregulated. Providers didn't want everyone 'tossed into deregulation instantly', like in home care packages there could be four tiers.
- To ensure individuals aren't taken advantage off, have it written in that if you have an NDIS plan you have Support Coordination built-in, so you have got an independent party overseeing. A support coordinator would be there as protection against monopoly practices. The Support Coordinator would not necessarily need to be independent, as long as the right processes are there for separation.

5. Other ideas

- **Crisis case management** – someone who is funded to do some case management with the client until a crisis gets reduced and they can deal with the system. It can take two years to build trust, which is required before a new service can be introduced.
- **Explicit funding of networking:** to allow better collaboration, since creative solutions are often identified when people meet and to talk to each other.

5. New South Wales

5. New South Wales

5.1 [redacted]

5.1.1 Challenges

Challenges focused predominantly on service gaps, workforce issues, demand information, commercial viability and other issues around sector development.

Table 21: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Workforce	▶ Organisations are diversifying beyond capabilities to fill observed service gaps: this results in lower quality provision of services – service gaps identified include: ▶ Allied health workers (particularly those with experience) ▶ Support coordination ▶ Advocacy ▶ High complex needs ▶ Psychosocial support needs ▶ Therapeutic services ▶ Behaviour support clinicians ▶ Supply of basic services (e.g. cleaning, gardening) ▶ Upskilling, training and retaining staff, particularly specialist staff, is a significant challenge, particularly due to inadequate funding, yet this is important due to a lack of experienced, qualified and suitable staff ▶ Employing staff in flexible arrangements results in a lack of local understanding ▶ Finding, retaining and building a workforce with cultural appropriateness is difficult ▶ Worker fatigue is common, resulting in high levels of turnover and workers leaving to work in other sectors
Demand information	▶ Providers have very limited demand visibility, resulting in low knowledge of participants and their needs; providers stated there is currently limited visibility on where customers are, what they need, how to get services to them, how technology fits in and how to deliver ▶ Economies of scale are difficult to achieve due to the uncertainty around demand and the future size of the market, with challenges also posed to the coordination of resources ▶ Extra reliance is placed on intelligence from local support coordinators to know when someone needs a support
Provider viability	▶ A lack of demand certainty makes it difficult to establish a service: the ad hoc nature of referrals was described as a big challenge for planning ▶ Overheads are not able to be covered given current pricing – providers cited very small margins, particularly when factoring rent and utilities expenses, and that many providers are leaving town due to viability concerns ▶ Costs to service rural and remote are not adequately reflected in prices, even before overheads are accounted for, particularly the large distances involved and funding for travel ▶ Price Guide assumes a level of productivity that is too high, not recognising quality oversight, debriefing, training, a sustainable management structure, and the work needed to be done before a participant can sign a service level agreement (the time involved to build trust with a family) ▶ Large red tape costs add to the costs of delivering services
Government regulation and investment	▶ There is a lack of quality control in the system currently ▶ Not enough investment in sector development ▶ The system is too rigid, with no recognition of facilitating different delivery methods ▶ Place based solutions are critical yet lacking at this stage

Key challenge	Description as per service provider
Planning and coordination	► People with intellectual disabilities not getting support co-ordination, making it more difficult for them to receive necessary supports ► Plan management has merged with Support Coordination since the latter is either not in the region, not of good quality, or not allocated to a plan ► Plans are often inconsistent and inadequate in terms of participants receiving an appropriate level of supports ► Lack of visibility of external and internal LACs, even though they have a role in facilitation of services
Participants	► Low knowledge among NDIS participants on what services/options are available to them, meaning they do not always receive the best available supports, probably contributing to low levels of utilisation currently seen ► Lack of support, education and up-skilling for participants to understand plans and purchase services ► The scheme expects the people and their families to case manage without being trained in the scheme and how it works, and what options are available

Source: Workshop output dated 11th June 2019

5.1.2 Potential ideas to address challenges

Providers in [redacted] brought up the need for urgent action, particularly in relation to workforce difficulties, commercial viability and challenges in addressing service gaps. Some ideas around workforce development were identified by providers, while several other ideas were tested with them and the key takeaways from these discussions are presented below.

1. Addressing workforce difficulties

Summary of the challenge

Difficulties in attracting, retaining and upskilling staff in [redacted] was cited as one of the key challenges facing the provision of disability services in the region. Providers drew attention to a lack of specialist and experienced staff, difficulties in training due to an absence of adequate funding, general worker fatigue and high turnover.

Potential ideas to address challenges

- **Nationally consistent training:** if people feel valued and receive training they are more likely to stay, which could help to address the high levels of turnover we currently see.
- **Pilot programs:** one provider ran an allied health assistant pilot program, including fly-in clinics and collaborative frameworks with other providers, with the intention being to alleviate issues associated with shortages in experienced allied health workers. There was broad support from providers for testing pilot programs as a matter of urgency to try to address market service gaps, particularly due to workforce.

Potential means to implement ideas

- **Sector development funding:** to facilitate the monumental change in the sector as a result of the NDIS, several providers suggested sector development funding should be a top priority to ensure the market can function effectively as soon as possible.

2. Creating viable services where there are currently gaps

Summary of the challenge

Most providers mentioned the very narrow margins they operate on and stated this as a large reason some providers exit from service delivery in the area. The exit of [redacted] was a large topic of discussion, with many providers saying this signals the urgency of the situation in [redacted] and concerns were raised about the resulting impact on market gaps.

Potential ideas to address challenges

- **Deregulated pricing:** some providers supported deregulation to better allow prices to reflect costs of service provision, while several others were concerned about the impacts deregulation might have on vulnerable people. A view expressed was that some providers might take advantage of a system without price caps, particularly without adequate support for participants and family making decisions with their allocated funds.
- **Quotable packages:** the concept of 'quotable packages' was raised with providers as being a means to pool together participants and allow providers to service the whole group, rather than one at a time. The purpose of this being to increase viability of the service in instances where the services would otherwise not be viable. It was emphasised that the purchasing of supports would still be participant led, but in a collective.

  Collective purchasing was viewed as an effective way to get plans activated, but it was not clear what was required. Critical mass was identified as the first thing that needs to be addressed to make a market viable, and questions were raised around whether this model would be through a panel or tender process, with issues raised at the idea of a tender process due to the expected administration burden associated (e.g. long RFT documents). The idea of a pre-pay model was raised by one provider. Overall, the point was raised that the commissioning model is very important and should not encourage 'horizontal stretch' to the detriment of service quality.
- **Demand information:** a widely supported view was that better demand information was required in the region.

  Most providers in [redacted] suggested they would be happy to be part of a trial and suggested it as a necessity to get something started, rather than wait for the market to deteriorate further. Providers believe Western NSW had been neglected for some time and hence suitable for a trial site.

5.2 [redacted]

5.2.1 Challenges

Challenges in [redacted] were focused mainly on provider viability, particularly around inadequate pricing.

Table 22: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Provider viability	► [redacted] is classified as an MM3 which is not representative of the geographical area and level of isolation, leading to lower-than-reasonable prices ► Overheads and other essential non-billable costs are not factored adequately into pricing: estimates were given of the pricing model being approximately 40-50 per cent below a viable market price (factoring in administration costs and overheads), with the suggestion being that five out of 10 service providers in the region are in serious financial difficulty; other providers suggested administration and non-billable costs often had to be done outside work hours to ensure they were meeting utilisation targets ► Paperwork and red tape are costly (e.g. audit costs) and makes providing a viable service difficult; Support Coordination singled out as having a particularly large administrative burden ► Outside scope work: some providers take on case management, Support Coordination, behaviour management or advocacy roles outside their scope, by having established trust with the client ► Cash flows issues associated with plan reviews: service gaps often arise when there are funding gaps during the rolling over of participant plans – this can be four months or sometimes longer according to providers, with almost all plans lapsing before a new plan is reviewed ► Navigating the NDIS is confusing for providers
Workforce	► Staff find working conditions challenging and unsustainable, with burnout a big issue ► Incentives are challenging to attract and retain workers for more than a year or two in [redacted] does well at this because workers are provided with good supports, such as accommodation ► Service gaps are currently observed in areas such as Support Coordination, specialist services and advocacy
Participants	► Participant understanding is poor, with providers believing most participants would not know they're on the NDIS ► Families are not currently well supported, with factors such as intergenerational disability and poor engagement levels putting pressure on families ► Access is a challenge and there are many people with an intellectual disability without a plan
Employment	► Firms in [redacted] generally don't employ people with a disability – they want someone who can multi-skill and add value for money; providers believe a huge attitude change is required to start employing people with a disability ► There are no systems in place to allow for employment, and businesses generally 'won't go near state awards' ► Impediments to employment for those with an intellectual disability mean such participants are funnelled into day programs or driven around by a carer, rather than assisted into employment, the latter being important to generate a sense of empowerment
Collaboration	► Fears that collaboration will decrease: overall the community collaborates well, however, fears that a more competitive model will undermine collaboration; in some instances, providers are hesitant to share information with each other

Source: Workshop output dated 12th June 2019

5.2.2 Potential ideas to address challenges

1. Commercial viability and inadequate pricing

Summary of the challenge

Commercial viability was the single biggest issue raised by providers in [redacted]. Most providers believe the NDIS Price Guide does not accurately reflect prices in [redacted] and surrounding regions. [redacted] due to it being classified as an MM3 which does not appear to reflect the level of geographic remoteness of the area and associated higher costs of doing business. Overhead costs were discussed as one of the key areas where funding does not cover adequately.

When presented with alternative commissioning models, such as a tender process for the right to service a particular market, most providers were afraid of any model that would consequently diminish the collaborative spirit in the community and be interpreted as the government endorsing one provider over others as the best provider of a particular service. When asked whether adding more clients would help to alleviate financial viability concerns, several providers said it would make the situation worse because they would simply lose money at a faster rate. Data around participant demand in the community was not considered a big issue by providers.

Potential ideas to address challenges

Some of the ideas raised or addressed by providers are described below:

- **Remoteness classification:** there was unanimous suggestion and support for reclassifying [redacted] remoteness level under the Modified Monash Model, which would increase prices and go a long way to improving the viability of delivering services in the region
- **Pricing flexibility:** NDIS could adopt 'reasonable ranges' for prices, like seen in the construction industry, to give providers some flexibility in setting prices
- **Support coordination:** could adopt an opt-in policy for Support Coordination, which would help to address the current market gap and help participants to understand the system, complete required paperwork etc.

2. Workforce

Summary of the challenge

Attracting and retaining staff was cited as a major issue in [redacted] due to its location and lack of amenities. Staff are unlikely to stay for more than a year or two in [redacted].

Potential ideas to address challenges

- **Town image:** need to invest in [redacted] to make it an attractive place to live, and then advertise this to potential workers
- **Supports:** working in disability services in [redacted] could be more appealing if workers were given enough supports, such as accommodation. The [redacted] was stated as an example of a model that works well in attracting and retaining workers.

3. Utilisation of plans and community engagement

Summary of the challenge

Most providers describe significant challenges in engaging with families and participants at community information events or individual meetings.

Potential ideas to address challenges

- **Provider input:** it was suggested that more provider input be given in the planning process, such as during plan reviews.

4. Employment

Summary of the challenge

Providers believe it is nearly impossible for people with a disability to gain employment in [redacted] due to the need to adhere to an award wage and gain maximum value out of workers through requirements such as multi-tasking. These requirements can be challenging for those with a disability to meet, even though the benefits of employment were thought to be large, particularly for those with an intellectual disability (stated to be a clear majority of the population). Providers stated that an enormous change in attitude was required in the community.

Potential ideas to address challenges

- **Social enterprise or micro businesses:** one suggestion was the creation of a social enterprise or micro business that has capacity to employ people with a disability
- **Social wage:** the introduction of a social wage was proposed by one provider as a way for businesses to deal with value-add requirements associated with current award wages.

5.3 Sydney

5.3.1 Challenges

Workforce shortages were the key topic of conversation for Sydney service providers, along with non-billable administration costs and the impact on provider viability.

Table 23: Key challenges faced by Sydney service providers

Key challenge	Description as per service provider
Workforce	► Shortage of allied health professionals: particularly new and graduate professionals coming into the sector ► Challenges in finding suitably qualified staff: providers stated they can't get staff to meet demand (in Sydney), with a key issue being the inability to find the suitably skilled and trained staff ► Shortage of workers in many areas, including one-on-one services, rural and remote areas, many metro areas including inner-west Sydney, allied health, cleaners ► Plan managers are at capacity, with big flow on impacts cause by this, particularly if participants are unable to access allied health in time for a plan review ► Workforce shortages create large waitlists in regional areas: providers stated GP waitlists can be up to six weeks (and without bulk billing), meaning people on DSP etc. won't go to the GP. Allied health can be up to six weeks wait. Even e-health has difficulties due to poor internet connections across the region
Provider viability	► Travel pricing not adequate even in metro areas: even short distances can be long trips - providers can still travel 45 minutes each way in metro areas, yet pricing does not reflect this, reducing the viability of providing services with large travel components ► Travel pricing not adequate in very remote areas: provider has teams in very remote areas and having difficulty because of the extensive travel and distances ► Pricing does not cover logistical difficulties, such as participants cancelling or challenges with locating participants ► Providers believe there needs to be more partnering with traditional providers to assist them in finding ways to provide more innovative responses ► Provider believe NDIS pricing doesn't cover award conditions meaning providers can't be viable when they must pay penalties ► Participants with very complex needs require additional levels of staffing and supervision, which are not adequately reflected in current pricing - it is a challenge for providers to meet complex needs requirements without losing money ► Price changes create uncertainty for providers
Participants	► Limited fostering of innovative and new ways of doing things: providers believe there needs to be assistance for participants to find supports from within their communities (e.g. formalising informal supports, or encouraging local labour onto a workforce platform) ► Participants require further support to improve their decision making and understanding of plans
Accommodation/private rental and SIL	► Challenge when participants cause damage to accommodation - providers are uncertain on how is this funded and what it covers ► Pricing doesn't cover the true rental costs within Sydney ► There is a stigma associated with current disability housing due to occurrence of ambulance or emergency responses and various home and vehicle modifications ► There is a lack of willingness to provide accommodation for those with a mental health disability, meaning such participants often end up 'couch surfing' because they can't get accommodation, which raises the risk of a crisis occurring
Planning	► Plan adequacy and plan utilisation is an issue. Participants and their families are concerned that they can't spend their money or that it might impact their plans. This paralyses the participants - no decision is sometimes the worst. This makes it hard to make workforce planning decisions when the funding may be stopped at any time ► Poor quality plans: providers claimed numerous situations where funds allocated to a participant are inadequate to cover necessary supports; there is also a believe that many participants receive excessively reduced funding after plan reviews

Source: Workshop output dated 1st August 2019

5.3.2 Potential ideas to address challenges

1. Addressing workforce difficulties

Summary of challenges

Providers viewed workforce difficulties as a major challenge and as being the result of several different factors:

- **Planning process**: the planning process was one of the main contributors to workforce issues. When plans aren't right, and the needs of participants aren't reflected – the staff needs to change on the ground but that isn't reflected through the planning process. Fixing this could help some of the workforce issues as some participants (needs) will have higher turnover / burnout / workers comp claims because of the difficulty of the needs / cohorts. Needs to be reflected in the planning process so that staffing can be designed appropriately and help to keep people in the sector
- **Recruitment**: recruitment is an issue. How to get people with soft skills and how to train them up. Hopefully get people with soft skills that mean that are less likely to turnover and support them – but the WHS issues still burn people out. Need for enough scale in the workforce so that they can rotate off the most demanding or complex participants – something like the complex pathway
- **Innovation**: lack of knowledge that innovative options might exist (LACs default to their existing approaches and don't foster a full marketplace).

Potential ideas to address challenges

- More focus on some of the specific training that would be required for a participant – not general workforce training – but funded for the individual receiving the supports
- Capacity constraints about finding the right people – how to use levers to resolve this (self-employed, sole traders need to be encouraged as one isn't better than other).
- Needs to be a self-employing pathway within the Scheme that can support this.
- Training is one way to reduce barriers (geographic issues) – rural and remote areas means that people need to have a wide skill set because they don't have the depth.
- Training should be separate from the support provision line item. Needs to be its own cost line. Training should be through the national disability workforce (not through RTOs). There is a lot of training money in the system but it is all over the place so there would be value in having the money attached to a single strategy for disability.
- Finding behaviour support specialists / psychologists is very difficult and there is additional pressure from education (adjacent sectors) that are hiring these professionals.
- Codification of roles for workers with psychosomatic disabilities or dual disabilities.

2. Pricing

Summary of challenges

Not ready for de-regulated market yet due to the immaturity of the market.

Potential ideas to address challenges

- Reset the price mechanism. Accept that something is missing, fix it and move on.
- Potential for commissioning in thin markets (introduce the need for service and participant input through the commissioning process). Look at the plan underutilisation and try and use commissioning to ensure these services are being delivered. Need to engage with the participants and the whole community (particularly in Aboriginal communities).
- Encourage the communities to develop local based responses and build social capital. E.g. Norfolk Island how can they use what is already there to deliver a community response.

- Should be a separation of Support Coordination, plan management from service provision. They steer the money back into the larger providers. High risk of a conflict (i.e. financial sector issues have proven the risks with this model).

3. Administration and Scheme design

Summary of challenges

- Very hard to get a good answer / responsiveness from the NDIA. Contrasts with the [redacted] who are quite good at this – informed answers and when they don't know they will go and find out and call you back. NDIA act like they hold all the information and don't have any duty to help the sector. NDIA would burden the already burdened network system with more information without any proper explanation or training.
- Providers are wearing the financial risk of some of the admin / Scheme design issues. Such as when there is no funding left in the plan, or when an invoice is submitted late by another provider. It takes a long time and significant investment to have this resolved.
- Audit and compliance costs (fees for auditors and costs to the business internally) are very high ($6,10,30k just in audit fees). It seems to some like they don't want providers to enter the market due to the difficulty and rigidity of the process.
- Some of these unseen costs (admin /compliance) can't be charged to a participant because it would make them uncompetitive in the marketplace – so providers must bear them.
- Payment delays mean that cashflow issues are magnified
- Turnover in NDIA staff is a big issue. Hard to deal with inexperienced people.

Potential ideas to address challenges

- Streamlined communication with the NDIA
- Mixed results on the training to help with some of these issues. Commission learning modules are seen to be effective at providing information on the Scheme
- Need to fix the Award (or make their own new one) so that it reflects the market conditions and the way staff are employed
- Crisis funding (like the pool of funding for homelessness) should be instigated so that providers can respond quickly. Admin requirements currently mean it is too slow to respond to crisis situations
- [redacted] should be applying across the system (registered and non-registered) to make an even playing field.

4. Interfaces [short on time]

Summary of challenges

- The interface between the NDIS and other mainstream services are creating operating challenges. The housing and justice interface with the NDIS are a blockage that needs to be resolved.

Potential ideas to address challenges

- Education and awareness raising for everyone in each adjacent mainstream market. What are their roles and responsibilities, esp. for GPs reporting evidence (separate Medicare line item when doing evidence for the NDIA), allied health needs to receive it through an accredited avenue. Specialist GPs who develop the evidence as it's a big cultural change, it's about functionality and not a diagnosis.
- Case coordination. It's needed. Link to the complex pathway
- Government shares the demand risk (pricing) and delivers supports for people in crisis situations. Especially people with psychosomatic disabilities. Those in and out of prison. Front loading in costs for centre-based activities so that if people don't turn up throughout the plan.

5.4 Sydney: Aboriginal and Torres Strait Island people

5.4.1 Challenges

Cultural understanding and engagement were the key issues for providers of supports to Aboriginal and Torres Strait Island people. The role of coordinators and planners were also discussed at length.

Table 24: Key challenges faced by service providers to Aboriginal and Torres Strait Island people

Key challenge	Description as per service provider
Cultural understanding and engagement	▸ Need ideas that are culturally sensitive, e.g. telecare and is the way forward for most providers who see this as a good strategy, but this relies on people having broadband access etc. ▸ Aboriginal communities have had a history of poor engagement and this means it takes time and significant investment to build up trust and services ▸ Many families don't understand how to use plans, so plans are going untouched ▸ Need local workers: participants will only share their full story with local on-the-ground staff ▸ A trauma informed approach is required ▸ Providers are reporting pushback from peak bodies in terms of creating an allied health workforce, yet they believe it's critical to have peak bodies that are supportive to develop kinship care and other culturally appropriate delivery models ▸ Effective aboriginal advocates are required, particularly one-on-one advocacy
Integration with mainstream services	▸ NDIS does not link in well with other mainstream services – example of an indigenous person who was continually shifted from Health to Disability to Health
Coordinators and planners	▸ LACs are becoming too focused on KPIs, and this is limiting time with participants ▸ LACs are under stress and often overwhelmed, often the result of being under skilled and/or underpaid, and resulting in high turnover ▸ The good people are burning out and being replaced with 'sales people' ▸ Poor quality plans: there are numerous instances of people getting into the system without an adequate plan ▸ Not everyone gets Support Coordination in year one, leading to poor outcomes for participants
Transition	▸ The program was rolled out quickly in NSW but there needs to be more about empowering the consumer and increasing knowledge
Provider viability	▸ The exit of Australian Unity and other organisations has made some providers nervous about the implications for their clients, particularly since trust and rapport will need to be rebuilt and this takes time, along with fears of future service viability ▸ Deregulated pricing is difficult in the NFP sector due to low levels of commercial maturity and difficulties in gaining an understanding of true costs ▸ The NFP workforce is focused on billable hours but those who went into the field due to a passion for 'making a difference' are not finding it as enjoyable anymore ▸ Services are being compromised due to the focus on billable hours
Diagnosis	▸ People are missing out on getting a FASD diagnosis – manifests into other issues such as time in the justice system, poor school retention etc.

Source: Workshop output dated 25th July 2019

5.4.2 Potential ideas to address challenges

Providers focused attention on the challenges of commercial viability and participant engagement.

1. Commercial viability

Summary of challenge

The commercial viability of servicing certain regions and support types was identified as a major challenge for providers. The drivers of this challenge included lack of visibility of supply gaps and participant demand, lack of coordination between providers and lack of use of technology.

Potential idea to address challenges

Providers suggested several new initiatives to address the challenge of provider viability in service delivery, including the development of a co-delivery model.

- **Collaborative resourcing and sharing of recruitment expense** to reduce costs for providers. This would be informed and active collaboration involving a database where participants agree to make their name available, along with the type of support required and postcode
- **Pilot programs** were thought to be necessary in the development of the new strategy
- **Someone that supports participants and builds understanding** – could assist in building demand information since this needs to come from the client
- **Simple consent form** (name, services/supports needed) – can then use this to inform the market
- **Use of an up-to-date portal** – can see data such as who the support coordinator is, similar in style to My Care Space and My Aged Care
- **KPIs at the participant level** – based on outcomes to ensure participants' objectives are being met
- **Stakeholders involved in implementing ideas**: other providers, clients, local council, BLCW, NDIA (e.g. mainstream engagement team, provider and market engagement)
- **Expected outcomes of ideas**: better service delivery for the client and value for money (getting a service, better service, increase plan utilisation, better planning process and more appropriate plans, building of choice, better experience, sharing of provider costs.

Potential means to implement ideas

- **Resourcing**: dedicated funding towards community capacity, leveraging existing resources (e.g. existing indigenous organisations), ILC funding, a linking position funded/part-funded (only until connections/networks are built; expanding the LAC role
- **Infrastructure**: data and analytics
- **Stakeholders**: community council, peak bodies (locally established and respected community organisations), local representative/members, trusted and respected indigenous organisations (not necessarily disability – those with the community trust)
- **Roles and responsibilities**: LAC, sponsorship from the NDIA, NDIA training for LACs / new software / partners in the community
- **Timeframes**: as soon as possible, mindful of government processes (funding, engagement etc).

2. Participant engagement

Summary of challenge

Entry point into the NDIS for participants who have challenges such as isolation, lack of information etc is preventing access.

Potential idea to address challenges: participant empowerment/engagement/choice and control

Providers believed a focus needed to be given to empowering and engaging participants. This greater empowerment would improve the uptake of plans and utilisation, improve quality of services, create awareness and reduce the number of complaints, reduce system wide costs, and ultimately improve inclusion. Empowerment and engagement would be improved by:

- **Simplifying the system**, to reduce the barriers to entry for participants
- **Strengthening the first point of contact**: providers stated that a LAC needs to be the first point of contact for participants in the form of a face-to-face conversation
- **Implementing targeted and effective communication**: messaging to participants needs to reflect their voice in a respectful way and not 'dumb it down'
- **Understand a client's context**: building in the required training and time to fully engage with a participant in their own context was identified as critical by providers.

Potential means to implement ideas

- **Resources**: better training of LACs, planners, GPs and AMSs
- **Infrastructure**: training and capacity building – particularly an ongoing model (e.g. online)
- **Stakeholders**: LAC, planners, GPs, AMSs, support coordinators, hospitals, ability linkers, carers and family members
- **Roles and responsibilities**: quality monitoring and control
- **Timeframe**: as soon as possible.

6. Victoria

6. Victoria

6.1 Melbourne: National

6.1.1 Challenges

The main challenges identified were the shortage of disability workers (specialist and support workers), the high cost of training, and the burden of excessive administrative obligations under the Scheme.

The following table documents the range of challenges discussed in varying lengths.

Table 20: Key challenges faced by Melbourne service providers.

Key challenge	Description as per service provider
Shortage of Allied Health workforce	► Tertiary education institutions do not have enough focus on disability-specific work: Workers are not adequately trained to provide services for individuals with disabilities, limiting the supply of disability support workers and forcing providers to spend additional time and money training new staff. ► A shortage of Allied Health professionals: The shortage of Allied Health professionals (particularly in Positive Behaviour Support) makes attracting them costly and time consuming. The shortage of workers is particularly acute in regional areas around Melbourne.
Training of staff is not financially viable under the NDIS	► Training is not covered under the prices offered for services: Training, induction, and supervision of new workers to ensure they receive support to deliver services effectively. The cost of this process is not covered by prices offered in participants' plans, which limits the capacity of organisations to support these new workers and deliver high-quality services in the long-term. ► The shortage of qualified staff encourages competition between organisations for staff which undermines the incentive to train: The shortage of support workers means that organisations compete against each other for the limited pool of labour. Consequently, movement between organisations is common. An organisation who trains a worker who leaves shortly afterwards does not receive the benefits despite incurring the cost of training. ► The cost of attracting and retaining staff is too high: This is leading to a shortage of service provision, particularly in areas of complex care. Complex care staff require more training and supervision than disability workers in other types of care. The shortage of workers places additional pressure on existing workers, leading to staff burnout and high turnover. The turnover combined with the high cost of training means that investment in these staff is often not financially viable, contributing to a shortage of service provision in the complex care area. Workforce shortages are more common in regional areas around Victoria. ► There is a lack of financial incentive to provide placement to students: This has contributed to the ongoing workforce shortage in many key areas. Providers do not find it financially viable to take on placements (there are inadequate incentives), which limits their ability to appeal to new graduates and establish links with tertiary education institutions.
Excessive compliance and audit costs	► Costs of compliance and administrative requirements are not reflected in the pricing of services under the Scheme: The cost of registration in the Scheme is too high, particularly for smaller organisations. The short lead time and complexity for compliance requirements contributed to additional risk for service providers. For example, the time taken for participants to sign up, providers to devise a service agreement, and pre-service provisions are not incorporated in the pricing of the service. The costs of these requirements threaten the financial viability of many small providers.
Support coordination and planning	► Insufficient allowance for Support Coordination in participants' plans: There is inadequate hours allocated for Support Coordination in some participants' plans. Staff are unwilling to take on participants with only a few hours allocated to them as it is not financially worthwhile.

Table 20: Key challenges faced by Melbourne service providers.

Key challenge	Description as per service provider
Complex and ineffective Scheme design	► **Plans are not flexible enough to change with the needs of the participant:** Providers are forced to absorb the financial cost of providing the additional services while waiting for the plan changes to be approved. Potential participants with psycho-social disorders are particularly at-risk as they have complex needs which can change rapidly. The delay in reviewing and approving changes to plans can inhibit effective recovery for these individuals. ► **The Scheme design is too complex.** This is a challenge for the participant, families and providers, and can be particularly difficult for those who self-manage plans. The lack of understanding contributes to thin markets in many areas – participants underutilise plans or do not enter the Scheme (instead relying on other mainstream health services). Many mainstream health and housing providers do not understand the Scheme, leading to poor outcomes for participants
Lack of transparency in market data	► **Lack of data about areas of unmet need:** This undermines the ability of service providers to grow and become profitable. Providers are unsure about where and how to expand their service offering, undermining their ability to grow and achieve economies of scale. Further, there is concern that some participants will be lost to the Scheme and no longer receive services. The lack of information also restricts the ability of service providers to make long-term planning decisions.
Mental health services are not well covered under the Scheme	► **The cost of assertive outreach for psychosocial organisations is not covered under the Scheme:** Which means there are likely many participants who have been lost to the Scheme. Potential participants in the Scheme who would receive psychosocial services are not likely to reach out to seek help due to their condition. ► **Offering group rates for mental health services can undermine the effectiveness of service delivery:** Participants may fail to attend or participate. Organisations allocate labour based on how many participants sign up but are only paid for those that show up. This can undermine the financial incentive to staff these sessions appropriately.

Source: Workshop output dated 16th July 2019

6.1.2 Potential ideas to address challenges

1. Lack of incentive and opportunity for collaboration

Summary of the challenge

There is insufficient collaboration between providers in the current system which is preventing cost reductions for providers and undermining outcomes for participants. Providers are unsure about the legality of cooperation, specifically how and when they can share information and resources. The duplication of effort and fragmentation of service delivery in the Scheme reduces the efficiency of providers and increases costs per unit of service delivery. Compliance and audit costs were identified as a primary area in which resource sharing would be beneficial. The competitive nature of the Scheme prevents providers from organising and distributing their overhead costs, increasing the cost of service delivery from a whole-of-market perspective.

Potential ideas to address collaboration challenges

- **Pool participant funding:** Participants with varying needs could pool funding to reduce the cost of service delivery and provide certainty for providers. Providers would collaborate to offer joint-service delivery based on the packaging of participants' plans. Incentives and organisation of participants' pooling funding could be provided by the NDIA.
- **Use the existing disability support social infrastructure to facilitate collaboration:** the LAC and ILC can be used to reach out to providers and facilitate cooperation in service delivery. These actors would offer ways in which providers could pool resources and facilitate joint service delivery in some cases. For example, if two providers are servicing a participant in a

regional location, the LAC or ILC could coordinate these providers to travel together and split their service delivery costs.

- **Organise local meet-ups:** the NDIA or DSS could provide funding for place-based local consultation with a range of stakeholders to identify local thin markets issues, local resources and solutions. Providers could meet up informally to discuss their share knowledge and their experiences, providing a benefit for all providers in the market and identifying common issues as they arise. The NDIA may facilitate these meet-ups. Further funding may be needed to implement the suggestions that come out of these discussions.

2. Commissioning Models

Summary of the challenge

There is a lack of service facilitation between participants and providers, which has undermined service delivery in the community. Providers find it difficult to identify areas of unmet need and participants find it difficult to find an appropriate service provider. The Scheme is not effective in identifying service delivery needs and providers are unable to access data on these needs. This has led to the under-provision of key services and a lack of participation in the Scheme.

Potential ideas to address commissioning model challenges

- **Coordination between arms of government:** Coordination between justice, health, APD, and NDIS which utilises joint funding and clear policy direction to improve outcomes for participants in the Scheme. Potential participants could be identified within these non-NDIS arms of service delivery and recommended to the Scheme. Likewise, providers could reach out to these other arms of service delivery and enquire about those who benefit from services. The NDIA could assist by providing a clear channel of communication between providers and mainstream services. This may come in the form of a service hub in some regional areas.
- **Quotable packages model:** A quotable packages model could be adopted where the NDIA defines a market of participants by identifying a group of participants and pooling their funding. The NDIA would then ask for quotes from providers to provide these packages of services ('quotable packages') and select the most appropriate provider for a given period. This approach ensures that the lowest viable price is reached (as the providers have an incentive to compete against each other) but maintains a recognition of quality of service (as the NDIA can choose to allocate services to a high-quality service provider).
- **Provide seed funding for entry into the Scheme:** Potential providers (either providing similar services outside the Scheme, or new providers) could be enticed into the Scheme with seed funding. Existing providers could also be offered seed funding to expand their service offering. Seed funding to offset the cost of compliance and service delivery would allow more providers encourage more providers into the Scheme. Additional providers in the market expands the market service offering, places downward pressure on prices, and satisfies the 'choice and control' ideal in the NDIS.

3. Workforce

Summary of the challenge

Providers find it difficult to attract suitably qualified and disability-appropriate workers to deliver services. Applicants for positions often do not have the requisite training or experience to capably deliver services to those with disabilities. There are multiple causes of the problem, including:

- The unattractive and misleading stigmas of life as a worker in the disability sector
- Inadequate emphasis on disability work in tertiary education institutions
- Skilled workers leave the industry as they are attracted elsewhere.

Potential ideas to address workforce challenges

- **Re-brand the disability sector in the media, with an emphasis on attracting young people:** An advertising campaign could be run to change the perception of disability work, emphasising the range of service provided and the rewarding nature of the work. This could attract the long-

term or structurally unemployed into the industry. Combined with a clearer communication of industry-entry requirements and pathways, the size and quality of the disability workforce would improve.

- **Provide re-training for workers in industries with shrinking workforces:** Re-skilling retrenched workers is an opportunity for providers to access a pool of workers. Individuals who are structurally unemployed due to changing market conditions (i.e. manufacturing workers) could be targeted to shift industries and enter the disability workforce. Combined with a clearer communication of industry-entry requirements and pathways, the size and quality of the disability workforce would improve.
- **Disability support work visa.** Create a sub-class of immigration visas for disability support workers. Attracting workers from overseas would be an immediate boost to the size and quality of the workforce.
- **Offer grants to providers who take on an apprentice or trainee.** Provide additional funding for providers who train up students or recent graduates to increase the supply of qualified and experienced workers in the industry. The additional funding would be used to cover the cost of advertising to find students and the time cost associated with supervising the student as the contribute to service delivery.
- **Increased communication between industry providers and tertiary education institutions.** Service providers need to have a more coordinated and direct way of communicating with tertiary education institutions to discuss the needs of providers and the most important skills for graduates to have to become employed. Currently, tertiary education institutions are not turning out enough graduates who are suitable for disability support work. Partially this is a function of the lack of effective communication between providers and these institutions.

6.2 Melbourne - CALD

6.2.1 Challenges

The main challenges identified were the shortage of a specialised CALD workforce, difficulties reaching potential CALD participants, and the burden of excessive administrative obligations under the Scheme, especially for small providers.

The following table documents the range of challenges discussed in varying lengths.

Table 21: key challenges faced by Melbourne CALD service providers

Key challenge	Description as per service provider
Lack of a qualified CALD workforce	► The shortage of qualified CALD staff: means providers have had difficulty finding staff. Participants would benefit from having a support worker of the same ethnic background, but providers are often unable to find qualified staff for each ethnic background. The lack of awareness about job opportunities under the NDIS in the CALD community has exacerbated the workforce shortage. ► High cost of attracting and retaining staff: These costs are leading to a shortage of service provision, particularly in areas of complex care. Complex care staff require more training and supervision than disability workers in other types of care. The shortage of workers places additional pressure on existing workers, leading to staff burnout and high turnover. The turnover combined with the high cost of training means that investment in these staff is often not financially viable, contributing to a shortage of service provision in the complex care area. Workforce shortages are more common in regional areas around Victoria. ► There is a lack of CALD resources, information, and a point of contact for employment: Without a method of clear communication to individuals in the CALD community, providers are unable to effectively attract CALD employees. Information about working in the Scheme is not available in all languages, and it can be difficult to identify the appropriate channels to find workers.
Awareness of CALD providers	► Participants are unaware of the existence of CALD providers: Limiting the ability of service providers to offer a high-quality service. Providers in non-CALD communities may identify CALD participants and be unable to service them effectively but have no central information point to identify providers who would be more appropriate. Many CALD providers are too small to have the access to funding to effectively advertise their services.
High compliance and audit costs	► The funding provided for service delivery is insufficient to cover compliance and audit costs: CALD providers are typically small, and the high cost of audits and complying with safeguards and regulations are threatening their financial viability. The prices offered in plans are insufficient to cover the costs for these smaller providers as they do not service enough participants to spread the cost of these requirements. ► Travel costs threaten the viability of regional service providers: The size of the CALD market in regional areas is insufficient to support multiple, financially viable service providers. Travel, audit, and compliance costs are higher than what can be covered through participants' plans for a market of that size. This is exacerbated when there are a few hours of service delivery allocated for a participant - the revenue generated from these hours cannot cover the cost of travel.
Support coordination	► CALD participants have insufficient time allocation in their plans for Support Coordination: Language barriers and low levels of literacy make explaining the Scheme to participants complex and time consuming. Providers are forced to absorb the additional time-cost to provide the service.
Insufficient guidance for positioning organisations	► There is insufficient guidance for positioning organisations: [redacted] is a positioning organisation which is facilitating requests to support participants. They encounter CALD individuals who are eligible for services but lack the centralised resources (available information, staff time and effort) to find the appropriate provider. This contributes to the thinness of CALD markets and prevents some participants from receiving the most appropriate services.

Source: Workshop output dated 15th July 2019

6.2.2 Potential ideas to address challenges

1. Participants awareness

Summary of the challenge

Participants are unaware of the existence of CALD providers. Limiting the ability of service providers to offer a high-quality service. Providers in non-CALD communities may identify CALD participants and be unable to service them effectively but have no central information point to identify providers who would be more appropriate. Many CALD providers are too small to have the access to funding to effectively advertise their services.

Potential ideas to address participant awareness challenges

- **Convenient central information and coordination of support in the CALD community**: A CALD-specific directory which contains the details of each CALD provider would benefit participants, positioning organisations, and providers. The directory would allow participants to be matched with providers from their community and give organisations which frequently interact with potential participants the resource to easily coordinate these matches. A central point of contact (at the agency or elsewhere) would also be provided to ensure that the needs of CALD community participants.
- **Release market data**: Releasing market data would allow providers to identify areas of unmet need in the CALD community. Providers would be able to identify areas of need in CALD communities and work to deliver services in these areas. This solution would be complemented by a central resource – the resource would contain information on the existence of market providers and participants.
- **App-based solution**: A government agency may fund the creation of an app (similar to Trip Advisor) in which providers' services are rated by participants. This would encourage high-quality service provision and give providers a means to advertise their services. The app may also function as a central information point, describing the services offered by providers and allowing smaller providers to effectively advertise their services in the CALD community.

2. Workforce

Summary of the challenge

The shortage of qualified CALD staff means providers have had difficulty finding staff. Participants would benefit from having a support worker of the same ethnic background, but providers are often unable to find qualified staff for each ethnic background. The lack of awareness about job opportunities under the NDIS in the CALD community has exacerbated the workforce shortage.

Potential ideas to address workforce challenges

- **Public awareness campaign to re-brand disability support workers**: Advertising for disability support work which portrays the rewarding nature of support work rather than the physical tasks involved. Advertising could effectively target CALD communities through ethnic media, social media, and outreach through coordinating agencies. The NDIA could provide the funding for the creation of CALD promotional materials which target CALD individuals who would enjoy working in the industry but are unaware of opportunities. Providing brochures in CALD languages would maximise the reach of the promotion.
- **Matching program for participants and providers, and providers and employees**: NDIA could provide a means to match participants and providers in the CALD community. This could be achieved through a positioning organisation, a web application or online marketplace. This would cut down the costs to find participants for small organisations, enabling them to grow and achieve economies of scale.
- **Supply-chain coordination**: The NDIA could facilitate discussion between providers and organisations up the employment supply-chain. Providers may enter agreements with organisations (tertiary education institutions, employment agencies) in which the organisation guarantees employment to individuals who complete a training course at a registered institution. Working with tertiary education institutions to ensure graduates are more

employable would also expand the size of the skilled workforce. This solution would be most effective if combined with an advertising campaign to raise awareness and the image of disability work in CALD communities.

6.3 [redacted]

6.3.1 Challenges

The key challenges identified were the shortage of disability support workers, the high cost of training, and the burden of excessive administrative obligations under the Scheme, especially for smaller providers.

The following table documents the range of challenges discussed in varying lengths.

Table 22: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Local council is withdrawing from service provision	► **Impending withdrawal of local council services:** [redacted] is currently providing services to participants who are most at-risk of falling out of the Scheme. Their impending withdrawal from services threatens participant outcomes, as service provision to many of these existing participants is not profitable at current prices. There are concerns that participants will be lost to the Scheme in the short- and long-term. This reflects the fact that current prices are not high enough to make providing services to these participants financially viable.
Business viability	► **Providers are unable to transition from the block funding model to the new model of service provision:** The transition from reliance on government to self-reliance has led to challenges with service provision, planning, and expansion. Lack of business experience is preventing organisations from growing and achieving economies of scale. They are unsure where and how to expand, what services to offer, how to find new participants, and how to balance finding new business with service delivery to existing participants.
Planning	► **Self-managed participants are more financially lucrative to service:** There are financial incentives to service self-managed participants at the expense of those who have friends, family, or a qualified support coordinator organising their plan. This creates perverse incentives in the Scheme and effectively punishes those participants who are the most vulnerable and unable to self-advocate. ► **Psychosocial support is not well described in plans:** The scope of services required for participants is not adequately detailed when the participants are assessed, and the plans are allocated. Service providers agree to service the participant based on what is allocated in the plan but cannot achieve high-quality outcomes as the plan does not cover all the needs of the participant. The service providers are forced to choose between effectively delivering services are remaining financially viable.
Workforce	► **High cost of attracting and retaining staff:** These costs are leading to a shortage of service provision, particularly in areas of complex care. Complex care staff require more training and supervision than disability workers in other types of care. The shortage of workers places additional pressure on existing workers, leading to staff burnout and high turnover. The turnover combined with the high cost of training means that investment in these staff is often not financially viable, contributing to a shortage of service provision in the complex care area. Workforce shortages are more common in more remote areas in the region. ► **There is a shortage of Allied Health staff:** The shortage makes attracting them costly and time consuming. The shortage of workers is particularly acute in this region as the university in [redacted] does not have a strong Allied Health offering. This means many Allied Health professionals need to be attracted to the region, which has proved difficult. Difficulties attracting qualified professionals to regional areas is common across multiple industries and is compounded in this case by a national shortage.
Scheme governance	► **There is uncertainty about the future NDIA strategy and policies:** The perception that the NDIA might shift policymaking priorities makes long-term investment decisions difficult and risky. Concerns about changing prices contributes to this issue. Providers are concerned that investments in one area will be make unprofitable by changes in prices or policies in the medium-term. ► **Compliance and audit costs are too high:** The high costs caused by the complexity and onerous regulations (especially auditing requirements) of the Scheme threaten the financially viability of small businesses. These providers do not have the capital or large pool of participants to distribute audit costs and are at-risk of removing themselves from delivering services under the Scheme.

Table 22: Key challenges faced by Mildura service providers

Key challenge	Description as per service provider
LAC	► The LAC is not adequately skilled or knowledgeable: The LAC cannot assist providers with local capacity building and service delivery. Uncertainty about the role of the LAC exacerbates these issues. Providers do not know whether what the LAC is supposed to know, and whether they are knowledge because they are incapable, or the knowledge falls outside their set of responsibilities. ► LAC's do not provide additional hours in plans for complex care cases assessments: Time allocated for assessments is often inadequate to allow for an effective assessment. The assessments can take longer, and providers are not paid for this time. One example given identified ambiguity around the continence assessment – the LAC allowed for 3 hours of assessment in all cases, including complex care cases. Providers argue that their profitability is threatened if they are not allocated enough time to conduct appropriate assessments for each of the participants.

Source: Workshop output dated 18th July 2019

6.3.2 Potential ideas to address challenges

1. Lack of information about participants' needs

Summary of the challenge

Service providers are aware that there are participants not receiving services but are not aware of all the cases in which participants are not receiving services, or the location of these participants/ These service providers may be able to make a profit from these participants but do not have the means of locating them.

Potential Ideas to address information challenges

- **Market facilitation service:** The NDIA may provide a coordinating service to match participants and service providers, particularly in regional and remote areas. This may come in the form of a web-based application, or an amendment to the function of the LAC to include market facilitation. Many providers in the region do not have the resources to seek out participants, which prohibits them from growing to achieve economies of scale.
- **Lower costs by facilitating joint service delivery:** The NDIA could release market demand data to identify areas of unmet need. Providers could then reach out to participants directly to offer their services. If the agency also released supply data, providers could identify other providers who are providing services in the region and pool service delivery costs (e.g. travel costs). This solution allows service providers to deliver services in thin markets.

2. Lack of social inclusion for participants

Summary of the challenge

Participants are not well-integrated into the community, which undermines one of the objectives of the Scheme. Service providers do not have the resources to facilitate participant inclusion for all participants. Providers who attempt to facilitate inclusion run group activities to maximise resources.

Potential Ideas to address social inclusion challenges

- **Engage local sporting clubs and community groups:** Local sporting clubs and community groups in rural areas have existing structures and networks which can be utilised by providers to promote social inclusion for participants. Sporting clubs and societies may be offered grants to encourage inclusion of Scheme participant. The LAC could be involved to improve the capacity of community organisations to include Scheme participants. Community organisations are often run by community-minded individuals who may benefit from a transition into the disability workforce – providers identified these organisations are effective recruiting grounds for care workers.

3. Lack of innovation in service delivery

Summary of the challenge

Investment in innovation requires time and money. Providers do not have the available capital or time to invest in innovation to cut costs or improve the quality of service delivery. Most providers are too concerned with day-to-day service delivery and operations to invest time in innovation.

Potential Ideas to address innovation challenges

- **Collective innovation:** Providers could utilise each other's innovative practices nationally. The NDIA could communicate changes in innovation which occur over time, such that providers across the country could leverage these ideas and improve service delivery as well. This would reduce the cost of services and/or improve the quality of service delivery for all providers.
- **Individual innovation:** Providers could be offered grants to encourage innovation at an individual level. The grants could facilitate the implementation of the innovative idea. For example, one provider earned an innovative workforce grant (unrelated to disability services) which they used to change the management structure to a circular management system - reducing cost and improving efficiency.

4. Lack of collaboration between service providers

Summary of the challenge

There is insufficient collaboration between providers in the current system which is preventing cost reductions for providers and undermining outcomes for participants. Providers are unsure about the legality of cooperation, specifically how and when they can share information and resources. The duplication of effort and fragmentation of service delivery in the Scheme reduces the efficiency of providers and increases costs per unit of service delivery. Compliance and audit costs were identified as a primary area in which resource sharing would be beneficial. The competitive nature of the Scheme prevents providers from organising and distributing their overhead costs, increasing the cost of service delivery from a whole-of-market perspective.

Potential ideas to address collaboration challenges

- **Establish a provider community group:** providers in [redacted] created the [redacted] in which community leaders and local government stakeholders meet regularly to discuss local issues. The community group has identified areas of need in service delivery and made attempts at innovative service delivery models – such as attempting to develop a shared impact measurement tool to entice social impact investors. Further efforts to facilitate collaboration could be organised or funded by the NDIA and could extend to other community groups or mainstream services (health, justice, education) in the future.

5. Shortage of a qualified workforce

Summary of the challenge

Attracting and retaining qualified staff in the disability support sector is difficult, like many other industries across regional and remote areas. Providers are constrained by the lack of qualified staff, which can lead to lower quality or quantity of service delivery. Some available workers do not have the appropriate skills to work in disability, partially owing to the lack of emphasis on the field in tertiary institutions.

Potential ideas to address workforce challenges

- **Consult with TAFEs and Universities:** The NDIA could facilitate discussion between providers and organisations up the employment supply-chain. Providers may enter agreements with organisations (tertiary education institutions, employment agencies) in which the organisation guarantees employment to individuals who complete a training course at a registered institution. Working with tertiary education institutions to ensure graduates are more employable would also expand the size of the skilled workforce. This solution would be most effective if combined with an advertising campaign to raise awareness and the image of disability work in CALD communities.
- **Understand the effects of different policies:** in constructing policies to address workforce difficulties, government agencies should understand the importance of considering the

interplay of market forces. Changes to the aged care sector have exacerbated the workforce shortages in the disability worker market, compounding problems of attracting workers to regional and remote areas.

7. Queensland

7. Queensland

7.1 [redacted]

7.1.1 Challenges

The key challenges identified were the limited availability of local workers, confusion about the operation of the Scheme and responsibilities, and the shortage of infrastructure on the island which limits the ability of providers to effectively delivering services.

The following table documents the range of challenges discussed in varying lengths.

Table 23: Key challenges faced by [redacted] providers

Key challenge	Description
Workforce	► Difficult to hire local staff: staff may need a Blue Card for work and some staff have criminal histories and will not be approved. ► High turnover of staff, transient population of workers: fly-in, fly-out can be exhausting for staff and lead to burn-out – leads to transient workforce and difficulties retaining staff. Providers said that this results in constantly training new workers and added cost. ► Limited local training available: providers said that they must pay for workers to travel to Townsville to undertake training. This adds to the cost of training and undermines the provision of regular training.
Travel	► Fly-in, fly-out service delivery is not a long-term solution: it reduces the level of community connectedness and acceptance of disability as well as a lower level service due to missing participants whilst in town (e.g. due to other appointments or sorry business, men's or women's business). Providers said that this type of service delivery does not deliver high-quality outcomes for participants.
Provider viability	► The lack of data provides uncertainty for providers: there is a lack of visibility of providers, limited communication and no flyers or advertising [redacted]. Agencies cannot share data given privacy issues (e.g. issues with the Department of Education and Department of Health sharing data on participants). ► Lack of collaboration in service delivery: there are no integrated services on the Island and providers are delivering services in silos. Integrated services issues involved both mainstream services and providers. There is no strong provider coordination across [redacted]. Participants are often confused about what services they receive and often book two providers at the same time. ► Lack of understanding about roles and responsibilities and no consistent point of contact: providers indicated that there is a misunderstanding of roles and responsibilities such as the role of a Local Area Coordinator and the role of a support coordinator, resulting in confusion of who to go to for support. Participants and providers have stated that there appears to be an overlap of services [redacted] ► Delays in payment: Providers are not getting paid for the services delivered in a timely manner and are having difficulties claiming payments efficiently for supports provided.
Infrastructure and housing	► Lack of suitable SDA: accessible infrastructure is often poor across [redacted], particularly in homes, where ramps and handles might be required to help people to move about. Housing is usually overcrowded, and conflicts arise in families resulting in participants being kicked out of homes and having nowhere to live. ► Lack of communication infrastructure: There is limited phone reception [redacted] and the 1800 phone number is often not an effective communication tool for people [redacted]. Many people [redacted] do not have access to a computer or phone making it difficult to find any information on the NDIS or find support. There is no one stop shop for participants and providers to go to [redacted] to find out more about the NDIS. ► Accommodation is limited on the Island: resulting in providers having to make day trips which is expensive. There is enough demand on the Island to support permanent workers, however the limited accommodation on the Island cannot support the demand. ► Lack of a respite center: there is a real need for a respite center [redacted] so that carers and family members can have a break.
Participants	► Some participants are embarrassed about their disability: the shame factor [redacted] results in participants not being able to raise issues or discuss disability requirements. For example, there are no private rooms available for participants to speak confidentially to providers and community do are ashamed of speaking about a disability.

Table 23: Key challenges faced by Palm Island providers

Key challenge	Description
	► Lack of awareness about service delivery: The community does not know what services are provided [redacted] or who the providers are. The community does not know when visitors or providers are coming [redacted] with some people being told only 30 minutes prior. ► Lack of knowledge about the Scheme: Participant understanding of the NDIS is low and impacts providers ability to allocate time to provide quality services. ► Complex processes and forms: There are too much paper work involved in accessing the NDIS and participants do not have support to interpret the paperwork. ► Lack of access to services: Given the limited accommodation, most providers are not permanent [redacted] resulting in no services being provided on the weekends as providers fly-in and fly-out during the week. Providers said that this was undermining the effective delivery of services for participants and leaving them vulnerable without emergency services.
Early childhood	► Lack of access for children between 7 and 10: there is a significant gap of children between the ages of 7 and 10 registering under the NDIS. Children under the age of 7 are not accessing NDIS services which has implications for children entering the Scheme later in life with needs that may have been circumvented with early intervention. ► Delay in diagnosis: diagnosing children is a big challenge which may take up to 2 years and then the child is over 7 and outside the range.
Plans	► Lack of responsiveness in participants' plans: service providers need to access a participants' plan before being able to meet with a participant. Often the plans are out of date and the goals are not aligned with the participant's goals. Plans are often different to what a participant says in a meeting with a service provider. This undermines the ability of the provider to organise services and deliver the right outcomes for participants.

Source: Workshop output dated 20th August 2019

7.1.2 Potential ideas to address challenges

1. Limited understanding of the NDIS

Summary of the challenge

There is limited understanding of the NDIS and supports available [redacted]. The community are unaware of what support they can access and do not know which providers are available [redacted]. Given the fly-in and fly-out nature of services, the community are also unaware of the times and days service providers are visiting [redacted]

Potential ideas to address information challenges

- **Identify providers available** [redacted] NDIA could undertake an audit of the providers delivering services [redacted] to ensure that the right type of services is being delivered and there is no overlap in services. Developing a list of providers and support available to participants could be advertised across [redacted] to assist with information gaps.
- **Single, consistent point of contact:** Providers and the NDIA could establish a one stop shop for all NDIS related matters, a physical place, building or a hub where all providers can meet and participants and community members can access support. We suggest that this would reduce the confusion around how to access information and may promote more provider coordination across the Island.
- **Connect with community:** NDIA and providers can be more involved in the community by attending local community events. We suggest that this would promote better awareness of each of the providers and encourage competition for services on the Island. We suggest that this may also improve relations between providers, participants, and the community.

2. Limited Support Coordination

Summary of the Challenge

Providers believe that there is no strong coordination of services being provided [redacted]. Providers stated that there is no support for participants to connect with providers and participants are unaware of who to contact when they require a mix of support. There is also a lack of communication between current providers [redacted]. This is resulting in an ineffective delivery of services across [redacted].

Potential ideas to address coordination challenges

- **Providers to collaborate and communicate:** Providers could share calendars and appointments with each other to make sure participants have not booked a service at the same time. Providers could meet monthly to collaborate and work together (face to face or telephone meetings). Providers could also pool funds to train staff to save on costs and collaborate more efficiently together.
- **Develop a list of all providers**: Develop a list of providers who deliver services [redacted] and distribute the list to community members. We suggest that this will encourage participants to engage with multiple service providers and encourage service providers to deliver services jointly.

3. Fly-in-fly-out is not a long-term solution

Summary of the challenge

The fly-in, fly-out nature of services provided [redacted] is not a long-term solution to meeting community needs. Providers suggested that there is enough work for certain providers to be permanent [redacted] However, providers cannot live [redacted] due to high costs, lack of accommodation and staffing resources.

Potential ideas to address transient challenges

- **Build local capability:** train local community members [redacted] to deliver services. Develop 'train the trainer' opportunities, where current staff undertake training and maximise learnings Also establish ongoing training opportunities [redacted] for providers and community members.
- **Telehealth:** the delivery of Telehealth services is achievable [redacted]. The lack of services could be addressed by distributing health-related services and information electronically [redacted] Providing consistent internet access across [redacted] will require more intensive between stakeholders outside DSS and NDIA.
- **Invest in accommodation**: invest in long term accommodation for providers [redacted] to allow for permanent services and assist with building relationships with providers and community members.

4. Limited respite options

Summary of the challenge

There is currently no respite centre [redacted] despite strong demand for a respite centre. The community would like a respite centre, to provide care givers the opportunity for temporary rest from their caregiving duties. A respite centre would need to be built [redacted] and qualified staff would be required to work at the centre.

Potential ideas to address respite challenges

- **Letter of support**: NDIA could provide a letter of support for a respite centre to be established [redacted] and provide this letter to the [redacted]. The letter of support from an authority like the NDIA could help influence the [redacted] to invest in the development of a respite centre.

5. Early childhood diagnosis

Summary of the challenge

Diagnosing and tailoring pathways for children (0 to 6 years) is a big challenge [redacted] Early intervention is often not achievable, where children [redacted] are being identified when they are aged 7 and above and outside the range. There is a need to advocate for access to adequate and timely early childhood intervention supports for families and their children.

Potential ideas to address early intervention challenges

- **Raise the age limit and reduce the time taken from diagnosis to plan approval**: raise the age limit for children [redacted] and reduce the time taken from diagnosis to plan approval for children

- **Develop education material:** publish education materials and establish more forums to educate community members and parents on how to navigate the support system for young children [redacted]

7.1.3 Interview with participants

As part of the visit to [redacted], EY also met with several NDIS participants. A BBQ was held in the mall which enabled people to drop by for food, have an informal and private conversation if they wished and provide their personal perspectives on accessing and interacting with the NDIS.

Their stories are shared below and highlights:

- The limited access to services [redacted], which results in participants having to travel to [redacted] or receive intermittent access to services which inhibits the achievement of outcomes
- The limited infrastructure [redacted] such as footpaths, housing, transport and private spaces for meeting with providers when they do fly-in to [redacted] to receive services – privacy is very important to community but is currently difficult to achieve
- The limited information and support available to participants, their family and carers to understand the NDIS, advocate for their needs and seek the services that will best meet their needs.

[redacted]	
Background	[redacted] is 59 and has not accessed the NDIS or aged care support. [redacted] is on Newstart and walks 2 hours into the mall center [redacted] to report on CDP and go to the hospital
Needs	[redacted] has high blood pressure, diabetes and vision issues. [redacted] is in and out of hospital, but doctors have not spoken to her about the NDIS. [redacted] has no transport to get to the hospital and often walks in the middle of the road to get a lift to the hospital. [redacted] home has many stairs and [redacted] has had many issues getting to the bathroom in time. [redacted] lives alone and has left her stove gas on accidently several times which is a real concern for her. [redacted] does not know anything about the NDIS but needs support to live a better life

[redacted]	
Background	[redacted] has a son who was just diagnosed with autism. Her son's occupational therapist keeps changing and her son needs more support.
Needs	[redacted] would like to know more about getting resources at home to help support her son but has not had much assistance from the NDIA or other support in the community

[redacted]	
Background	[redacted] has a 10-year-old son registered under the NDIS who has cerebral palsy
Needs	There is no support [redacted] for [redacted] son and doctors have told [redacted] that he needs to move to [redacted] to support his son. [redacted] has 4 other children and a wife who do not want to leave [redacted] as [redacted] is their home and they have family support [redacted]. [redacted] has had no support or funding to travel with his family to [redacted] to get his son to appointments. The cost of living is so expensive [redacted] and looking after a big family means money is limited and [redacted] cannot pay for his son to go to doctor appointments in [redacted]

[redacted]	
	[redacted] would like his son to go to college but because of the lack of support he does not think his son will be able to go. [redacted] also needs to get modifications to his house to support his son but does not know the process for this

[redacted]	
Background	[redacted] is 57 years old and has a son and a brother registered under the NDIS.
Needs	There is a lot of paper work involved with the NDIS and literacy issues makes it difficult for [redacted] and her family to understand. [redacted] does not have a good understanding of the NDIS and what it means for her son and brother. [redacted] believes that there are other family members who may have a disability and would like more information on how the NDIS can support her family with services. [redacted] has attempted to contact the NDIA previously to ask for assistance but found the conversation difficult and has not received any follow up calls or information from the NDIA. There is no information available for [redacted] to easily access and no doctors available. When [redacted] can see a doctor, she will be given a prescription, but the medicine will not be available [redacted] for many weeks

7.2 [redacted]

7.2.1 Challenges

The key challenges identified were the shortage of disability support workers, the lack of funding for travel costs, and the lack of suitable infrastructure to effectively deliver services.

The following table documents the range of challenges discussed in varying lengths.

Table 24: Key challenges faced by [redacted] providers

Key challenge	Description
Mainstream interface	► Barriers between government agencies: Department, agencies and industry are not working together. Integrated services are not being provided to remote regions ► Lack of communication about roles and responsibilities: lack of understanding of Local Area Coordinator roles and responsibilities
Workforce	► Local workforce: Community want people that are local as they currently don't find it personalised. Workers prefer to pursue other industries in which the conditions, training, and pay are better. The workers who decide to pursue disability support work are overworked and burn out as there is an insufficient amount of staff to deliver services required. This exacerbates the workforce shortage and burn-out effect. ► Difficult to attract and retain appropriately skilled and trained staff: continuous training is required for staff to meet growing demand for services. Staff cannot be trained quickly enough to keep up with the demand for services, which is leaving them feeling overwhelmed and burnt out. ► Limited to award rates: as an employer, providers are limited by certain award rates for their staff. This results in issues when staff are required to travel long distances to visit a participant. Staff are required to be paid for this time under awards, but this is not reflected in the participants' plan.
Travel	► Travel is costly and time-consuming: travel distances to participants are costly and exhausting when time is wasted by the non-attendance of a participant (e.g. often due to community cultural reasons) and plans not completed or out of date. Also leads to transient workforce and difficulties retaining staff ► Lack of clarity around claiming travel costs: participant is not being advised or have limited understanding of the travel costs and the consequences of missing a service. Providers are seen as 'debt collectors' when they request payment for travel under plans. This strains the relationship that providers have with participants, undermining quality service delivery.
Provider viability	► Insufficient prices for services: high cost to deliver services and difficulties with the NDIA price guide. The cost to deliver services exceeds the allocation under the Modified Monash Model. ► Delays in payment: some providers are waiting 14-15 months for payments to be made. Results in providers exiting the market as they are unable to manage their cash flow.
Participants	► Lack of NDIA presence and communication: there is a lack of NDIA presence in the region adding to the lack of understanding of the NDIS. More visibility of the NDIA is required in rural and remote communities. There is a lack of direction from NDIS transition officers on streamlined services resulting in a lack of confidence with the NDIS. ► Lack of participant understanding: Limited communication and resources to educate the participant and community about how plans work towards goals and lack of information about choice and control Participant understanding of the NDIS and how it can best support individual needs is poor. Participants lack a strong understanding of plans and managing funds. This impacts providers ability to allocate time to provide quality services ► Culturally misunderstanding of disability: limited understanding of the term 'disability' and what that means culturally. There are limited Cultural resources to help support and translate mainstream knowledge and understanding of disability into a cultural context to shift attitudes and behaviours. ► Lack of culturally appropriate services: there is lack of culturally appropriate services for Aboriginal and Torres Strait Islander participants. There is no appropriate NDIS literature for Aboriginal and Torres Strait Islander participants. Aboriginal and Torres Strait people struggle with accessing the online portal and there is no interpreter service.
Plans	► Limited amount of Support Coordination is included in plans: a plan valued at $100,000 may only have one hour of Support Coordination included in the plan

Table 24: Key challenges faced by Townsville providers

Key challenge	Description
	► Lack of communication about participants plans: providers need to access participant plans in a timely manner before meeting with a participant

Source: Workshop output dated 22nd August 2019

7.2.2 Potential ideas to address challenges

1. Travel

Summary of the challenge

Lack of knowledge and understanding of the travel costs for providers to service participants. Participants often do not know that travel costs may be claimed as an associated cost under a plan. Travel costs also goes against the purpose and intent of the NDIS and the ability for participants to have 'choice and control'. Some providers are currently being viewed as a 'debt collector' when it comes to claiming travel costs from a participant.

Potential ideas to address challenges

- Co-design culturally appropriate educational material to be developed on travel costs and provided to participants
- Consider maintenance of vehicle costs as part of travel costs especially when providers are travelling to very remote areas and long distances. Develop Transport Guidelines for providers delivering services more flexibly to meet the needs of the provider.
- Consider contractor opportunities so local people in regional communities could drive outcomes and coordinate services at the grass roots level, including market facilitation and market deepening

2. Provider payments

Summary of the challenge

Providers are spending a lot of time and resources to request payments for services provided. In some instances, payments are taking up to 18 months to be processed and payments need to be made in a timely manner. This is resulting in providers exiting the market as it is not financially viable for them to remain.

Potential ideas to address challenges

- Establish a dedicated provider hotline at the NDIA to assist with provider issues including provider payment concerns
- Undertake an audit or exit meeting with providers who are exiting the NDIA to understand why they left the scheme

3. Improving understanding of the NDIS

Summary of the challenge

There is a lack of knowledge and understanding of the NDIS and offerings from participants and community. Some potential participants do not understand how to access services under the Scheme. We suggest that this also undermines competition amongst providers to improve the quality of service delivery as the participants are not aware of all service offerings available.

Potential ideas to address challenges

- **Develop culturally appropriate resources:** for Aboriginal participants to help participants and community develop a better understanding of the NDIS and the term 'disability'. This is imperative to build respectful trusting relationships with the provider as participants and community need to be fully informed before discussing plans to meet their needs and goals. Resources can cover:
  - What is the NDIS?

- What services are offered?
- What is a provider?
- How can a provider support you?
- What are plans? What are you paying for?
- What choice and control do I have?

4. Workforce

Attracting and retention of the local workforce is challenging. There is a shortage of skilled workers and no incentives to encourage students to work or study in the sector. Providers suggested that this undermining the ability of the workforce to deliver community engagement for participants.

Potential ideas to address challenges

- Connect the University sector and Government to investigate opportunities to reduce student loans such as HECS and provide other incentives to students to study and work in this sector
- Reduce the 12-month requirement for students to obtain work experience. It is difficult in regional areas to provide this support with providers who have limited resources, staff and time
- Implement incentive programs for students to obtain work experience in remote and regional locations
- Collaborate across agencies and the sector (e.g. NDIA, Aboriginal Health Organisations, Universities and Government) to create long term alliances and continuity of services in remote and regional areas

7.3 [redacted]

7.3.1 Challenges

Transport and travel, non-billable costs, workforce and market gaps were all key challenges raised by providers in [redacted]

Table 25: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Transport and travel	► Travel and accommodation are not sufficiently included in some NDIS packages. can access through health - but this requires approval from local providers (creating administrative burden and delayed services, and in some cases disagreement); example of a client in [redacted] on the NDIS requiring medical treatment related to their disability in [redacted] - currently the work around is to use Queensland health funded transport, however this requires negotiation with local providers to get travel and accommodation costs. Not all providers understand the NDIS well enough to know if this is appropriate ► Queensland Patient travel - Queensland Health will pay for those in remote areas to travel for medical treatment. This treatment must be recommended by the health system (need a GP or health professional to recommend). This could require approval from a health professional in the destination rather than the location of the individual. This also creates some confusion. Queensland Patient Travel might pay for a support worker to travel with a client, however might not pay for a support worker to stay with the client during their stay. ► Distance is not adequately factored into pricing - example: Client A - sees OT when they travel to remote location. This requires a follow up with a specialist - this could be a large distance (6-7 hours). This could be for a 25 min consultation. This could result in Providers paying for travel and not getting appropriately paid for their time and expense.
Out-of-scope work	► Service providers can be picking up Support Coordination for some clients which may or may not be funded ► Some service providers are picking up a range of supports that may not form part of the service plan - e.g. "I got a call from a client with a bloody nose". Other examples: getting a provider that has been an advocate to find housing or asking for support for mosquito bites received in the home. ► Once you have a client's trust, this can lead to clients relying on Providers for a range of other issues, which can take a great deal of time that isn't covered in pricing.
System	► Office of Public Guardian (OPG) process: OPG should be able to make a phone call to resolve the approval process. Example - young person on chemically restricted practice - under the OPG, service provider must apply to OPG for permission to deliver services (otherwise they may be breaking the law). Once the permission is achieved, this needs to be included in the care plan.

Key challenge	Description as per service provider
Workforce	► **Workforce pool is shallow**, and it is risky to put on full-time staff when there is uncertainty on demand. Some successful providers in thin markets offer a range of different services to accommodate for fluctuations in demand. ► **Competition with other industries:** mining in [redacted] pays well for those with a low skill base – many providers claimed seeing a significant uptick in the number of applications for jobs when there was a downturn in the resources sector ► **Minimal permanent positions offered:** because providers only really can offer casual places, that can dissuade some applicants that would prefer full-time or permanent part-time roles. The driver for Providers being not able to put on permanent part-time staff is mostly related to the uncertainty of demand. Small numbers of clients mean that if clients move around it can impact greatly on the business. ► **Support coordination is a skill-set that is learned over time** – this requires consistency in packages so that staff know how to do their job (not having to re-learn) ► **Accommodation for support workers:** In remote areas it is difficult to find accommodation for support workers even outside the home (but in the same location) ► **Local workforce:** some staff can be unreliable in terms of long-term planning and turning up to work on time, and some do not want to work long hours, creating challenges to find enough staff to cover needs ► **In-home supports:** example given where a client might be cared for at home, risk of sexual abuse, with no accommodation options other than aged care. Provider looking to handing the package over to the aged care facility for full-time care to ensure the patient safety (for a someone who is around 40 years of age). Workforce challenges make it difficult to put a worker in the home.
Engagement	► **Participant understanding and support:** there can be a lack of understanding from clients on what they might be able to get from the NDIS. This can pose a challenge for providers in accessing demand because clients don't understand what they could provide (because the clients are used to services they could get under previous arrangements); a number of clients do not understand the concept of a plan, e.g. not understanding that they cannot save any unspent funds, and they do not have the support there to help them improve their understanding ► **Shame or social concerns:** shame can come in either due to the nature of the disability, e.g. psychosocial is a disability that has barriers to access due to shame or social concerns, or it can arise due to a family feeling ashamed if not providing care, which can impact on care plans ► **Participant trust:** clients might want certain support workers around and involved in discussions with planners or other providers, due to the trust built up with them ► **Community trust:** gaining community trust can be challenging and requires time – significant coordination is required to get a community to turn up to information sessions etc. ► **Cultural understanding:** this can be very difficult- requires additional support (through community organisations or counterparts) to get the most out of the service plans (and then to ensure adequate service delivery) – so that service providers aren't having to provide services that aren't funded
Integration with mainstream services	► **Educating other services:** it isn't the provider's role to educate other services such as health practitioners or clients on how to apply for a package, yet this is often what happens ► **Barriers to access:** from a social equity and social justice perspective many participants are not able to prove their eligibility due to system barriers such as agents like GPs who may not understand to refer clients to NDIS packages ► **Health service boundary:** there has been a lot of push back from the health services where services might be close to NDIS services. Similarly, an example was given where a client with critical pain could not access disability support because it was deemed medical rather than disability

Key challenge	Description as per service provider
Demand	► Individual information: NDIA won't release information on individual clients, making service provision difficult ► Demand mapping doesn't help all services – two issues with the map: ► Postcode wasn't appropriate – some postcodes are spread over large geographical areas. It doesn't drill down to the community centers ► The funding doesn't split out the services (could be one person with a range of support that is locked up by one provider and not applicable to community support). It is total plan funding

Source: Workshop output dated 25th July 2019

7.3.2 Potential ideas to address challenges

A range of potential ideas were discussed by providers. The major points made by providers in these discussions is summarised below. Some of these points involved the testing of ideas with the group to get an understanding of their feedback and initial thoughts.

1. Models to manage demand risk

- Providers started by considering 'block funding' services in remote locations without services, to facilitate and improve understanding of demand. The conversation then moved to other models with the goal of addressing the challenge of demand risk. If this is reduced through funding certainty this would allow the provider time to prove demand. One model proposed was to give providers 'block funding' to get started and then provide an opportunity to transition off block funding to NDIS packages (once demand is known). Some providers stated they won't go to remote areas without such funding certainty.

2. Pooling funds

- Participants pool funds to pay for services (or a service provider) to travel to remote locations. If this is adopted broadly – so that it allows for non-specialist services as well as specialist services - this could help resolve service gaps. Example of Troubled Families program in the UK.
- Pooled funding through a case manager would be brilliant.

3. Base funding – with top-up/or commission model

- Funding from the government to put a service in an area with a base payment. The top-up payment aligned with the current NDIS funding approach. To address the question of who to fund could put out a tender for the service. The one concern with this being how much of an administrative burden a tender process would be on providers.
- Funding for the travel component alone could resolve some issues.
- There should be a focus on building capacity. If there was funding provided – it should have a requirement to build capacity to serve by local people.

How would we set the price for a [redacted] service?

- Would need to contact the community to ask who they want to work with. Providers could deliver in [redacted] due to delivery through other services. Community participation would also indicate the level of "choice of control". Some clients are beginning to look at alternative providers to get a different service (more hours). An example given of a [redacted] client choosing a provider in [redacted] because they have the technology to support access to that service.
- When a service is started there is an expectation on the service to know about other government funded services, which would need to be kept in mind when implementing new services.

There needs to be funding to educate clients and unlock demand

- One challenge is that there might be a range of need that isn't identified. It takes significant effort to locate the demand and educate clients. No-one seems to be funded for this. More time for linkages program and community education. Community connectors aren't involved in the planning. ILC people on the ground do this work. Need someone that works with the individuals to identify their needs and steps them through the services.
- People don't like change – want to keep one provider, rather than introduce competition. There is no provider funded to manage the whole of client needs (to support with Centrelink and medical services). A lot of people need to get to crisis point before they reach out for help – appropriate services should be provided before they reach this point.

What about programs that promote recruitment of staff?

- Remote areas can be a feeding ground for graduates, yet it is difficult to maintain professional development in remote communities. Access to professional gatherings is a challenge – how do we offer training, growth opportunities in remote locations with some professions requiring oversight as part of accreditation – which can make it difficult to achieve compliance.
- Experience in remote locations are a good opportunity for professionals to apply a transdisciplinary approach and learn more wholistic approaches. It's hard to find the passion required to deliver services in this environment (high caseload, high pressure), so there needs to be a focus on upskilling local people to support the professionals in these regions.

De-regulated price?

- When you have areas that are extremely remote, such as [redacted] and [redacted], you don't have much industry and only a small amount of tourism. These places are not attractive to many people. Providers are concerned that this context could lend itself to price gouging because thin markets tend to be monopolistic. There are some providers that aren't in it for the clients (in it for the money) which could lead to clients being taken advantage (especially with some individuals that have cognitive impairments).

7.4 [redacted]

7.4.1 Challenges

Shortages of qualified staff and non-billable costs were the key challenges raised by providers in [redacted]

Table26: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Workforce	► Shortage of qualified staff: it is particularly challenging to get qualified staff in [redacted], even for an organisation with 750 staff across the state; mental health skills in particular are lacking ► Salaries not competitive with other sectors: it is difficult for providers to pay more than QLD Health for allied health workers ► A lack of clarity around the distinction between Health and Disability roles makes it difficult to recruit staff ► Access to training is expensive – maintaining and increasing qualifications is important; accommodation and flights can be prohibitive when training is held in [redacted] or Brisbane, but sometimes a webinar is not suitable ► Many staff will only accept a permanent job: if you can't give staff full time hours they won't accept a job – flow-on impact, if lose a client, could lose staff and therefore lose the next client too ► Lack of whole of organisation capacity to support some groups, including Aboriginal and Torres Strait Islander people, and people with more extreme challenging behaviours ► The demand map doesn't show utilisation, which is what some providers suggested would help with recruitment decisions
Provider viability	► Registration and audit costs can be a barrier to entry, some providers considering not registering because it costs approximately $15,000, and $50,000 to do an audit - several psychologists do not have enough NDIS participants to make it viable to register (instead opting for alternatives such as self-managed participants), while most Aboriginal organisations cannot afford to register due to lack of scale ► There is no recognition of other accreditation processes, such as those required to become a health service, meaning a possible duplication of efforts and expenses ► Cash flow issues occur when providers don't get paid for approximately 40 days after invoicing ► Very few Aboriginal organisations are registered: one Aboriginal medical practice stated that the only reason it can register as an NDIS provider is because it is government funded and derives independent funding from Medicare, whereas other small Aboriginal organisations do not get this and so cannot cross-subsidise ► Large number of stakeholders creates additional administration costs: under the previous system providers claimed to just deal with the DSS, but now have several stakeholders (plan managers, support coordinators etc.) leading to a significant increase in non-billable work ► Access to participant plans is difficult meaning an allied health provider will often have to expend significant amount of time to access plans ► Poor guidance received: several providers claimed not to use the 'NDIS hotline' because they would often need to guide the staff on the other end, so they contact local teams instead; providers also believe advice sought often varies in quality
Planning and Support Coordination	► Planners are inconsistent: examples of providers being unaware of new price guide changes and of inconsistency between plans across regions ► Plans sometimes missing a very clear place for a support coordinator – instead providers will play a quasi-Support Coordination role for free or push clients back to the LAC (the latter not always possible in Rockhampton) ► The quality of Support Coordination is not always there – providers believe quality sometimes varies and even if a support coordinator has received a certificate III or IV, they're not necessarily 'good quality'

Key challenge	Description as per service provider
Participants	► The timeliness of trying to get someone onto a plan is an issue ► It is difficult to get Aboriginal people to engage and often a whole family might need to be tested – keeps providers busy and puts pressure on doctors to identify who might be eligible ► Often a parent might have had an intellectual disability, creating further challenges in getting a child the support required

Source: Workshop output dated 1st August 2019

7.4.2 Potential ideas to address challenges

Several potential ideas where discussed by participants. The key points made by providers in these discussions is summaries below.

1. Opening communication channels

Summary of challenge

Resources all currently 'scattered around the place', with many people holding onto and not sharing their resources. There could be some way to bring these resources together and open communication channels.

Potential ideas to address challenges

Form an Allied Health Network for general development and to inform the wider project (a reference group model). This network would engage with many stakeholders.

- Need to shift thinking of providers and stakeholders by providing more/better opportunities to clinicians in the NDIS space (through the network), similar to the communities for children model.
- This model would help to fill the gap that has been left since the decline in number of network meetings and provider discussions. The network would allow easier transmission of capacity information – for example, if it was known that an OT was working part time and had capacity, then a provider could use this info and create a viable position for them. This would represent a more flexible approach to service delivery.

Implementation considerations

- Block funded project in four phases – resourcing, planning, project planning and implementation – employ a project officer and examine something like why allied health professionals aren't coming to the region.

2. Attracting and retaining staff

Summary of the challenge

Difficulties in attracting and retaining staff in the region.

Potential ideas to address challenges

- The region and sector should be marketed to potential workers Australia-wide. Need to teach smaller providers how to promote themselves, while also assisting with resources. Council should get more involved by putting adds in the paper etc; NDIA would need to be equitable, but Councils can look after this region specifically. Local government should also have a role in bringing people into the region.
- The health and community services sector is the second biggest employer in the region, and about to overtake mining, which should be translated to the wider public. Rebranding is required – people need to know the large variety of roles and career opportunities in the sector (e.g. management, accounting, drivers, home maintenance, sport and recreation). A flexible lifestyle could be used to attract workers.

3. University partnerships and students

Summary of challenge

More needs to be done to attract and retain students, and we currently don't link up much with universities.

Potential ideas to address challenges

- Partnerships between industry and education (e.g. student placements) should be further encouraged and supported. Need to link students to industry, through for example scholarships. Could attract more therapists by increasing the number of places at university and creating ways to entice high school students to study in the field. There could be opportunities to work with [redacted] – if providers don't have their own OT, is there an opportunity for students to set up a practice at a university?
- One possible approach is creating a placement for a student that spans across a few different providers – examples of a graduate student spending half a day with a provider and half a day in an aged care place.
- Could utilise training spaces at universities (e.g. [redacted] has a training space for staff) – perhaps you can access lecturers to do training for staff during semester breaks.

Summary of the Idea

- Providing accommodation for students is one of the difficulties – we have a centre and therapist to provider supervision, but for small organisations they don't have this to attract students, so universities could possibly provide assistance here.

4. Other ideas suggested

- NDIA funds to cover transport for therapists from afar (Brisbane to [redacted] for example)
- Block fund allied health – create hard incentives and invest in a network
- Promote greater plan management to engage with therapists who aren't NDIS registered
- Any compulsory training should be funded by the federal government.

7.5 Brisbane

7.5.1 Challenges

Conversation in Brisbane was focused predominantly on non-billable costs, workforce issues, participant engagement, planner understanding and regulatory barriers.

Table27: Key challenges faced by Brisbane service providers

Key challenge	Description as per service provider
Workforce	▸ Disability sector is competing with other sectors: aged care in particular, where a similar skill set is required ▸ Motivation issues – many workers 'feel like a commodity' ▸ Recruitment for forensic, psychosocial and complex supports were called out by providers as particularly difficult fields to recruit staff for, leading to challenges in operating as a specialist provider (providers believe there is a decline in the number of specialist providers) ▸ Getting the right staff who are compatible is often a challenge for providers – even if staff are available, they are not always suitably qualified
Provider viability	▸ Managing demand risk is difficult: providers gave the example in the forensic area, of exerting effort to recruit someone suitable for a particular client, whose leave subsequently gets revoked, meaning the staff member no longer has that piece of work ▸ Training cannot be funded adequately under current pricing levels ▸ Providers believe pricing is not adequate for certain activities and groups, including for those who require a lot of 'phone time' and those with complex plans (high plan management costs) ▸ Complex supports in non-rural areas close to small towns have similar characteristics to 'rural' areas but currently inadequately funded due to classification reasons ▸ Providers find it difficult to enter new markets due to the risks involved ▸ Some providers are not up to speed with admin/invoicing ▸ Collaboration has decreased, including fewer providers attending 'roundtables' and meetings due to utilisation requirements ▸ Community work and development is becoming more challenging: many providers do community work that is unfunded but adds to community vibrancy and the quality of life for those with a disability
Participant understanding and engagement	▸ The Temporary Transformation Payment (TTP) is confusing for participants, who aren't sure how it works and how to incorporate into choice of supports ▸ Large number of participants are still coming onto to NDIS even though the market place is still not ready for these numbers, impacting on quality of supports ▸ Knowledge base of participants: lack of support for and understanding by participants of how plans work, with consequences for providers in terms of extra administrative costs ▸ Participants vary in their levels of understanding: some participants are savvy and able to navigate the new system, while some are less savvy and at risk of 'being taken for a ride'
Planner understanding	▸ Planners sometimes lack an understanding of participant needs or services that can be provided, leading to poor quality participant plans – funding required for behavior support was brought up as one example where there has been poor understanding by planners ▸ Planners are inconsistent in their levels of knowledge ▸ LACs are caught up in work and unable to get into communities and see what is needed (e.g. locating and linking up with AMSs) ▸ Support coordination should be in everyone's plans: several participants when they get something new in their plan will have no idea where to start – this is a whole new world for participants and one of the biggest issues is they don't know how to start the conversations

Key challenge	Description as per service provider
Regulation and red tape	► Level of reporting for restrictive practices: lack of understanding and clarity around funding, reporting and responsibilities, which providers say aren't always consistent ► Quality and safeguards reporting requirements lead to high administrative costs for providers ► Audit costs and requirements: providers claim uncertainty around audit costs are creating a barrier for many organisations to re-register ► Complexities in the system and different legislation are forcing some small organisations to pull out and others to refuse participants (only take on 'easy' participants)
Service gaps	► Lack of providers for very complex need participants (multiple disability and health issues) ► There is a lack of specialist disability accommodation ► Lack of clerical support, particularly OTs and speech therapists

Source: Workshop output dated 19th August 2019

7.5.2 Potential ideas to address challenges

Several potential ideas were discussed by participants. The key points made by providers in these discussions is summarised below.

1. Community designed market facilitation

Summary of challenge

No services in some areas due to lack of incentive for provider entry.

Potential ideas to address challenges

- Encouraging providers through grants to enter certain locations or areas, co-designed with the community in very vulnerable locations (work collectively with those who know the markets and the gaps).
- One person/group who knows an area well puts out tenders for the market. Need to contract so that providers are encouraged to submit a response to the tender (i.e. offer some form of certainty) but also need strict enough contract arrangements to ensure providers will deliver.

  Bespoke implementation depending on the particular market – sometimes a very targeted tender and sometimes a broader one. Process would sit with local government and community and a non-service-provider would be the lead contractor. Each community could vary quite significantly in its approach.

2. Support coordination portal/app

Summary of challenge

Current lack of visibility around capacity of workers and services being offered.

Potential ideas to address challenges

- An easy-to-use app allowing providers to go down to the detail of their capacity for different services. This would provide evidence based and peer-reviewed information as a true and accurate view of who has capacity, allowing providers to better match up to provide services.

3. Top-up funding for registered providers

Summary of challenge

Registered providers believe they are not on an even playing field due to costs associated with being registered.

Description of idea:

- A top-up for non-billable costs for registered providers. Registered providers are currently viewed as being at a disadvantage due to registration costs.
- Rather than have the TTP applied to the price guide, it should be applied outside the plan and direct to the provider, since it impacts on the consumer decision. Registered providers could use these funds against staff training, unbillable phone calls etc. Different loadings might be required depending on market (location or cohort – e.g. forensic or Aboriginal cohorts).

8. Tasmania

8. Tasmania

8.1 [redacted]

8.1.1 Challenges

The key challenges identified were the shortage of disability support workers, the lack of funding for travel costs, and the costs of complying with Scheme. The following table documents the range of challenges discussed in varying lengths.

Table 28: Key challenges faced by [redacted] service providers

Key challenge	Description as per service provider
Complex Care	► **Investment in staff training is not worthwhile:** the high cost of training staff means that organisations have a large investment in their complex care staff. As there is a shortage of staff in this field and the work is difficult, the turnover rate is high. The high turnover combined with the high staff turnover means that the investment in training complex care staff is not always profitable – hence there is an undersupply of providers in the market who offer complex care services. ► **Emergency/crisis response funding for participants:** providers were unaware of funding for emergency and/or crisis response for people with complex care needs. Consequently, providers often do not get paid for the services they have delivered (as it wasn't within a participant's plan) and/or providers have decided not to provide the service due to the lack of clarity of who will pay.
Travel	► **Tasmania's dispersed population:** makes delivery of services in rural and remote areas financially difficult due to price, distance travelled and low economies of scale. This is unlikely to improve over time due to the low population density across the state. ► **Participants are seeking privacy:** due to the small population, participants are seeking services by providers from other regions and towns to enable privacy. Due to the close-knit communities, participants often feel they have limited privacy from local providers who may employ local staff which have family and /or community connections. Consequently, providers are travelling longer distances to service participants in other regions and towns, of which this travel cost is not adequately covered by the current NDIS unit price.
Plan managers	► **Shortage of NDIS planners:** this leads to delays in participants entering the Scheme and affects the potential revenue and profitability of providers. At one point in the region there were only two planners in the region, which providers believe is not adequate to address the demand.
NDIS Policy and Complexity	► **Cost to comply with the Quality & Safeguard Commission is high:** this represents an additional cost to business which provider feel is not adequately reflected in the NDIS unit price. ► **NDIS claims/payment portal is time consuming:** There is considerable cost in navigating the NDIS claims portal and receiving payment which places financial pressure on providers. ► **Self-managed participants lack capability to manage budgets:** this results in participants booking services that extend beyond their allocated plan budgets and providers delivering services without payment.

Source: Workshop output dated 23rd July 2019

8.1.2 Potential ideas to address challenges

1. Pricing

Summary of the challenge

Current prices for travel and care plans are insufficient to cover providers' costs and ensure long-term provider viability. The pricing in participants' plans only covers the duration of service delivery and does not account for the additional cost of travelling to the location – both in terms of staff time and money. A price loading has been applied for travel, but this is insufficient as it does not always ensure that all participants in a regional area receive services.

Potential ideas to address pricing challenges

- **Change the pricing system:** the NDIS pricing and travel loadings only accounts for the distance from a major regional centre. An alternate approach would be to consider the population of the town and its distance from a major regional centre in deciding the travel loading. This will provide a financial incentive to deliver services in small towns where thin markets may otherwise develop.
- **Add more transport loading:** create a transport loading based on a quotable packages approach, which allows providers to compete on an annual basis to support broader service provision. The Agency could put out a tender offer for a defined set of services, and providers could quote to provide services in that market over a defined period. The agency would then assess these responses and award the services to one or two service providers.

2. Allied Health

Summary of the challenge

There is a shortage of Allied Health providers which is limiting the capacity of providers to deliver services and limiting participants utilising their plans.

Potential ideas to address Allied Health challenges

- **Offer relocation grants:** offer metropolitan Allied Health providers grants to relocate to rural and remote areas. Allied Health providers need to be enticed to work in Tasmania. Offering a grant may cover some of their relocation costs and encourage more providers into the market. Government may also consider subsidised wages, flights home, and a relocation bonus.
- **Offer bonded scholarships for Allied Health graduates**: To encourage more Allied Health workers to Tasmania, the government may waive their HECS/HELP fees if they contribute to service provision in rural and remote areas immediately following their graduation.
- **Claim student placements against income:** NDIS to provide an allowance to cover the costs of student placements. Providers would be encouraged to host more students on placements, opening the door for these students to stay on as permanent staff and addressing shortages.

3. Workforce

Summary of the challenge

There are shortages of qualified disability support workers and specialists. As a result, some participants are without some services and the ability of providers to expand and achieve economies of scale is limited. The shortage of workers places added pressure on existing workers, leading to staff burnout and high turnover ultimately exacerbating the problem.

- **Set up a targeted apprentice and trainee grant:** Similar to the *Targeted Apprentice and Trainee Grant for Small Business*, the fund would provide subsidies to small providers looking to engage in quality training for their staff. The fund currently covers the construction, tourism, hospitality and manufacturing industries. Employers in eligible target industries who are not eligible to claim the Payroll Tax Rebate (Apprentices, Trainees and Youth Employees), can apply for a subsidy of up to $5,000 for each apprentice or trainee they employ as a new worker. This would expand the capacity of providers in general and smaller providers specifically who can offer places for new workers and increase the size of their business.

8.2 Hobart

8.2.1 Challenges

The key challenges identified were the high cost of travel, the shortage of support coordinators and plan managers, and the shortage of Allied Health professionals.

The following table documents the range of challenges discussed in varying lengths.

Table 29: Key challenges faced by Melbourne service providers

Key challenge	Description as per service provider
Travel	► **Cost of travel is not sufficiently covered in participant plans:** this is particularly an issue in Tasmania which has the most dispersed population amongst all the states in the country. Providers are often delivering services outside of metro areas, which incurs time and financial costs. Providers argued that they should be compensated for this additional effort instead of only being compensated for the time they are allocated to deliver services. ► **Modified Monash Model (MMM) is not appropriate for Tasmania:** the MMM only accounts for distance from a service point and not the density of participants in a geographic area. Some areas are thin markets and not profitable to provide services in, despite being relatively close to a regional centre. ► **Lack of public transport:** results in challenges for participants, their families & carers being able to access services which require travel to a regional centre for specialised services such as speech pathology, psychology etc.
Support coordination and planning	► **Shortage of specialist support coordinators:** this leading to some participants being mistakenly deemed ineligible for certain services. This is constraining the size of the market and preventing providers from achieving economies of scale. ► **Shortage of skilled plan managers:** resulting in some services not getting included in the participants' plans, despite obvious need e.g. SDA. ► **Plans lack an appropriate allowance for Support Coordination:** this results in providers delivering Support Coordination without payment or with insufficient payment to cover the cost of the service. One-hour of service is considered not adequate to meet the needs of participants.
Specialist Disability Accommodation (SDA)	► **Shortage of high-quality SDA housing:** there is some interest from investors to fund the construction of new SDA, however there is still a challenge in getting SDA within a participant's plan, despite the obvious need. This is resulting in limited demand for SDA and in-correct signals to the market.
Workforce	► **Shortage of registered training professionals:** finding and organising a qualified training professional is difficulty. In addition, the financial and monetary cost of providing training is not directly covered by the revenue earned from participants' plans. These additional costs mean that providers have a limited ability to improve the quality of service delivery. ► **Shortage of suitably qualified workers:** there are shortages of qualified disability support workers and specialists. As a result, some participants are without some services and the ability of providers to expand and achieve economies of scale is limited. The shortage of workers puts additional pressure on existing workers, leading to staff burnout and high turnover ultimately exacerbating the problem. ► **Attracting workers to rural areas is time-consuming, costly, and difficult:** the problem is heightened for Allied Health Professionals and complex care.
Allied Health Professionals	► **Attraction and retention of Allied Health Professionals:** there is a national shortage of AHPs, and a greater problem for Tasmania due to the lack of tertiary courses in allied health. School leavers move to mainland Australia to go to attend allied health courses and are unlikely to return to Tasmania once they have graduated. This is resulting in a chronic shortage of AHP in Tasmania and existing providers unable to meet demand.
Agency Processes	► **Administrative processes and red-tape:** are confusing and time consuming which adds cost to doing business which is not covered by the existing unit price. This discourages new service providers from entering the market.

Source: Workshop output dated 25th July 2019

8.2.2 Potential ideas to address challenges

1. Travel

Summary of the challenge

Providers are often required to travel to service participants but are unable to cover the opportunity cost and expense of travelling within the plan allowance. Travelling incurs additional costs – notably staff time – which is not considered in the price loading or allowance.

Ideas to Address travel challenges

Pricing adjustments: currently, NDIS prices are based on the Modified Monash Model and only account for the distance from a major regional centre. However, thin markets can develop in areas with low population densities which is not related to the distance from a regional centre. Hence, providers propose that prices are based on the number of participants in the area as well as the distance from a regional centre. Introducing a price loading for the density of participants will account for the fixed costs of travel associated with servicing only one or two participants in a region.

[Note: the existing MMM accounts for both geography and population, however providers believe that the MMM does not adequately reflect the context of Tasmania].

2. Workforce

Summary of the challenge

Providers are unable to attract suitably skilled staff, particularly Allied Health professionals. Consequently, they are unable to deliver some services or are limited in the number of services they can provide, resulting in unmet demand.

Ideas to address workforce challenges

- **Develop a peer workforce**: some participants are interested in giving back to others by running their own mentor programs. The participants would assist others in the Scheme with social inclusion and other outcomes. The program could be overseen by a carer, and the mentee could be allocated hours in their plan for this purpose. This program would assist both the mentor and mentee and could be an effective skills-transfer if executed correctly. Providers noted that they knew of participants on both sides of this transfer who would benefit, and that there had been some mini-trials of the program with some success. The main obstacle to the success of this program was resources, particularly staff time to coordinate and oversee the program.
- **Provide new pathways for workers to upskill**: one provider had a pathway which employed a level-one employee and supported them (allowing time-off etc.) to achieve Certificate 3 qualifications. Under this arrangement, employees receive short-and long-term employment and get up-skilled thereby gaining hands-on work experience while getting paid.

3. Choice and control

Summary of the challenge

The concept of choice and control for participants is not a realistic objective in regional and remote areas. Providers have been forced to be selective in servicing participants as it is not financially viable to deliver all types of services to all participants in all locations under the current pricing model. As a result, some services are unavailable, only delivered by one service provider, or only available in certain forms – this undermines the Scheme's ideal of having choice and control for participants.

Ideas to address choice and control challenges

- **Block funding for peak bodies:** the agency could provide block funding to peak bodies or establish a separate organisation to work with providers. Roles of this organisation include managing participants' expectations about service delivery, reducing the workload of planners, and ensuring better outcomes for providers.

- **Communication:** providers need to have certainty about what is to be expected in a free market. The NDIA might facilitate communication by offering more open lines of communication to providers, including a clear point of contact for providers to the agency.

4. Collaboration

Summary of the challenge

Collaboration involves the cooperation between providers, either in sharing resources, service delivery, or knowledge. Collaboration can be beneficial for providers and participants, but currently there is no coordinating body or understanding of who is willing and able to collaborate. Often providers are unsure about what is legally permitted, and what is considered anti-competitive. Collaboration could deliver more services more efficiently if done correctly.

Ideas to address collaboration challenges

- **NDIA develops and releases a service supply map**: Providers are unaware of the services that are offered in areas across the state. A service supply map would show, in detail, which providers are providing services, and where. A detailed service map would allow other providers to identify areas of commercial opportunity and encourage collaboration between providers – knowing which providers are providing services in which areas enables providers to link up and share resources to delivery services together. This can assist in reducing costs.
- **Create an unmet needs register**: Currently providers are not aware of the unmet need within community. Providers suggest developing a system/tool to link participants with providers, providers with providers, and participants with participants. This system would be similar to an '*Airtasker* or *Hire Up*' model – requests would be sent by a party and fulfilled by another (depending on the situation). NDIS could develop this marketplace which would make the market more efficient in delivering services and grow the size of the market.

9. Workshop attendees

The tables below document the workshop attendees for each location.

Table 25: Western Australian workshop attendees

[redacted] workshop attendees			
Name	Organisation	Name	Organisation
[redacted]			
[redacted]		[redacted]	
[redacted]			[redacted]
[redacted]			
[redacted]			
[redacted]		[redacted]	DSS
[redacted]		[redacted]	NDIA
[redacted]	[redacted]	[redacted]	BLCW
[redacted] workshop attendees			
Name	Organisation	Name	Organisation
[redacted]			
[redacted]			
[redacted]		[redacted]	BLCW
[redacted]		[redacted]	NDIA
[redacted]	[redacted]		
Perth workshop attendees			
Name	Organisation	Name	Organisation
[redacted]			Dept of Communities
[redacted]			
[redacted]		[redacted]	BLCW
[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	NDIA	[redacted]	

[redacted] workshop attendees			
Name	Organisation	Name	Organisation
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			
[redacted]			
[redacted]			
[redacted]	[redacted]	[redacted]	NDIA
[redacted]		[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	
Andrea Rickard			

Table 26: South Australian workshop attendees

[redacted] workshop attendees			
Name	Organisation	Name	Organisation
[redacted]			
[redacted]	SA Government	[redacted]	
[redacted]			
[redacted]		[redacted]	BLCW
[redacted]	NDIA	[redacted]	[redacted]
[redacted]		[redacted]	
[redacted]			
Adelaide workshop attendees			
Name	Organisation	Name	Organisation
[redacted]			
[redacted]			
[redacted]			
[redacted]			
[redacted]			
[redacted]			
[redacted]			
[redacted]	NDIA	[redacted]	DSS
[redacted]	BLCW	[redacted]	[redacted]
[redacted]		[redacted]	

[redacted] workshop attendees			
Name	Organisation	Name	Organisation
[redacted]	Country Health Connect	[redacted]	
[redacted]		[redacted]	
[redacted]		[redacted]	
[redacted]		[redacted]	
[redacted]		[redacted]	
[redacted]	NDIA	[redacted]	
[redacted]		[redacted]	BLCW
		[redacted]	

[redacted] workshop attendees			
Name	Organisation	Name	Organisation
[redacted]		[redacted]	
[redacted]		[redacted]	
[redacted]		[redacted]	NDIA
[redacted]		[redacted]	NDIA
[redacted]			NDIA
[redacted]			DSS
[redacted]			BLCW
			DHS SA
			DHS SA
			[redacted]
			[redacted]

Table 27: Northern Territory workshop attendees

[redacted] roundtable attendees			
Name	Organisation	Name	Organisation
[redacted]		[redacted]	
[redacted]		[redacted]	
[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]	NDIS - LAC
[redacted]	[redacted]	[redacted]	
[redacted]		[redacted]	
[redacted]	Maningrida College	[redacted]	
[redacted]		[redacted]	
[redacted]	NDIA	[redacted]	

Darwin workshop attendees			
Name	Organisation	Name	Organisation
[redacted]		[redacted]	NDIA
[redacted]		[redacted]	
[redacted]		[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]			[redacted]
[redacted]			
[redacted]			Office of the Public Guardian
[redacted]		[redacted]	NDS
[redacted]		[redacted]	BLCW
[redacted]	DSS	[redacted]	
[redacted]	[redacted]	[redacted]	NDIA
[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]	

[redacted]one-on-ones			
Name	Organisation	Name	Organisation
[redacted]	BLCW	*Various*	[redacted]
[redacted]	NDIA	*Site visit*	[redacted]
[redacted]	[redacted]	[redacted]	Barkly Regional Council
[redacted]	[redacted]	[redacted]	

[redacted]workshop attendees			
Name	Organisation	Name	Organisation
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	NT Disability Services	[redacted]	[redacted]
[redacted]		*Representative*	[redacted]
[redacted]		[redacted]	NDIA
[redacted]		[redacted]	NDIA
[redacted]		[redacted]	
[redacted]			

Table 28: Australian Capital Territory workshop attendees

Canberra workshop attendees			
Name	Organisation	Name	Organisation
[redacted]		[redacted]	
[redacted]			
[redacted]			NDIA
Mary Connolly	DSS	[redacted]	
[redacted]			
[redacted]		[redacted]	BLCW

Complex Support Needs (Canberra) workshop attendees			
Name	Organisation	Name	Organisation
[redacted]		[redacted]	
[redacted]			
[redacted]			
[redacted]			
[redacted]		[redacted]	ACT Government - Office for Disability
[redacted]		[redacted]	DSS
[redacted]		[redacted]	DSS
[redacted]		[redacted]	DSS
[redacted]		[redacted]	
[redacted]			
[redacted]			

Table 29: New South Wales workshop attendees

[redacted] workshop attendees			
Name	Organisation	Name	Organisation
[redacted]		[redacted]	BLCW
[redacted]		[redacted]	
[redacted]			
[redacted]			
[redacted]			
[redacted]	[redacted]		NDIA
[redacted]			
[redacted]			
[redacted]			
[redacted]			
[redacted]			

[redacted] workshop attendees

Name	Organisation	Name	Organisation
[redacted]		[redacted]	
[redacted]			[redacted]
[redacted]	[redacted]		
[redacted]		[redacted]	
[redacted]		[redacted]	Broken Hill City Council
[redacted]	[redacted]	[redacted]	NDIA
[redacted]			
[redacted]			

Sydney workshop attendees

Name	Organisation	Name	Organisation
[redacted]			
[redacted]			
[redacted]	DSS - Community Grants Hub	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	
[redacted]			
[redacted]	BLCW	[redacted]	[redacted]
[redacted]			
[redacted]			NDIA
[redacted]	[Not a registered provider]	[redacted]	
[redacted]	[Not a registered provider]	[redacted]	[redacted]
[redacted]			

Aboriginal and Torres Strait Island people (Sydney) workshop attendees

Name	Organisation	Name	Organisation
[redacted]	[redacted]	[redacted]	BLCW
[redacted]		[redacted]	NDIA
[redacted]			NDIA
[redacted]			
[redacted]			
[redacted]	DSS		

Table 30: Queensland workshop attendees

[redacted] workshop attendees			
Name	Organisation	Name	Organisation
[redacted]	[redacted]	[redacted]	BLCW
Marianna Masiorski	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	NDIA
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted] workshop attendees			
Name	Organisation	Name	Organisation
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	QLD Health | Birribi
[redacted]	[redacted]	[redacted]	BLCW
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted] workshop attendees			
Name	Organisation	Name	Organisation
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	NDIA	[redacted]	[redacted]
[redacted] workshop attendees			
Name	Organisation	Name	Organisation
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	Department of Education	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
Name	Organisation	Name	Organisation

			NDIA
Brisbane workshop attendees			
Name	Organisation	Name	Organisation
	DSS		
	DSS		
	NDIA		BLCW

Table 31: Tasmanian workshop attendees

[redacted] workshop attendees			
Name	Organisation	Name	Organisation
			NDIA
			NDIA
	DSS		
Hobart workshop attendees			
Name	Organisation	Name	Organisation
	BLCW		NDIA
	Tasmania State Government		

Appendix B

Written Submissions Summary

1. Table of contents

2. Providers

Respondents in this category include:

- Sole providers
- Providers with more than one employee (organisations)
- Advocacy bodies
- Provider peak bodies
- Government actors
- Other groups, including worker unions, academic organisations and legal firms.

Some submissions contained multiple challenges or solutions. This analysis has aggregated all challenges and solutions and assessed them collectively.

2.1 Key challenges identified by providers

Providers identified a range of challenges in operating in the NDIS. The challenges can be grouped into six key themes:

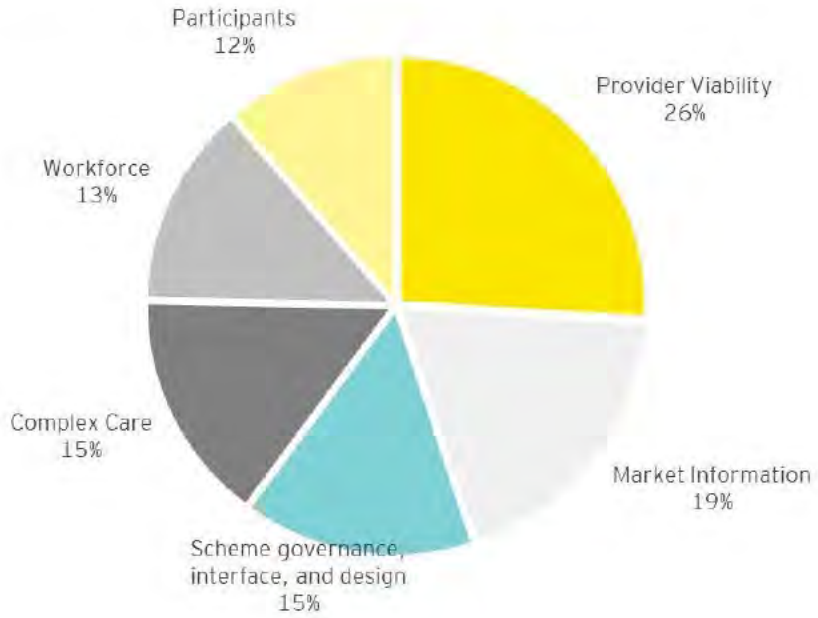
1. **Provider viability:** respondents identified travel costs and insufficient prices in participants' plans as challenges impacting on the financial viability of providers.
2. **Market information**: respondents identified they had difficulty accessing market information about the supply and demand for services in some regions which prevented them from making informed decisions about service expansion.
3. **Scheme governance, interface, and design**: respondents identified complex processes, lack of market facilitation, Scheme design, and the lack of a 'provider of last resort' as challenges impacting on providers' ability to deliver services effectively or cost-efficiently.
4. **Complex Care**: respondents identified Support Co-ordination, pricing, attracting and retaining skilled workers, and the interface with mainstream services as challenges in delivering services to complex care participants.
5. **Workforce**: respondents identified they experienced problems attracting, retaining, training and developing staff.
6. **Participants**: respondents identified participants had difficulty understanding the Scheme and accessing culturally appropriate services which contributed to thin markets in some region.

Overview of key challenges

Provider viability was the most commonly cited challenge (26% of all responses). Respondents identified the lack of market information as the second most common challenge (19% of all responses). Respondents identified Scheme governance, interface, and design (15% of responses) as another common issue.

Respondents also identified challenges in delivering complex care (15% of responses) and attracting, training, developing, and retaining workforce (13% of responses). 12% of responses identified problems with participants' understanding or access to the Scheme.

Figure 3 Overview of challenges identified by providers and associated stakeholders (55 responses)



2.1.1 Provider viability

There were two key challenges identified that impact on provider viability:

1. **Pricing:** respondents identified pricing[2] is insufficient to cover their operating costs. While the recent price increases by the NDIS are a step in the right direction, many respondents still believe the current prices fell short of the ideal price. The NDS conducted a survey and found that 58% of providers are worried that they would not be able to provide services at current prices.
2. **Travel costs:** respondents identified travel costs are prohibiting them from profitably delivering services in some rural and remote areas. Respondents identified the 60-minute travel allowance did not cover all participants. Respondents used the example of specialist care providers (e.g. guide-dog providers) who may only have a handful of locations in a state. These providers must regularly travel over the 60-minute allowance, undermining their long-term viability.

"Transport and travel payments is a major feasibility issue in rural and remote WA – it is reported by providers as one of the major factors in their decision not to enter rural and remote psychosocial provision."

Testimony from a WA provider advocacy body

"At present, there is no mechanism to know how much funding in a participants plan has been allocated for provider travel, leading to negotiations or tensions around the division of services and travel funding."

A national provider of specialised support services

Case Study – Travel Costs (from written submissions)

We provide services to a client in [redacted], in regional Queensland. We have only one client with an NDIS package in this location. It is a 5 hour round trip for therapists to travel to appointments with this client from our nearest office in [redacted], however, because of the way in which [redacted] is classified under the MMM model, we are only able to bill for 45 minutes of that travel time.

There are no other providers in the area so the client is at considerable risk of not receiving services. We have trialled a range of options – from seeking to deliver multiple services per visit, to dual service provision with multiple providers – there is no combination of approaching break

[2] 4% of submissions were received after 31 July 2019

even with our costs. The costs of providing services considerably outweigh the expenses we incur in delivering them.

2.1.2 Market Information

There were two key challenges identified by respondents regarding market information:

- **Lack of information about demand:** respondents identified there is insufficient information to identify areas of unmet need, restricting the ability of providers to expand and become profitable.
- **Lack of information about supply:** respondents identified there is not enough information about which providers are providing what services, and where they are providing these services. Respondents identified this has restricted the ability of providers to collaborate to deliver services and identify potential gaps in servicing needs.

"No one knows what the market is... particularly in rural and remote areas, so it is next to impossible to plan for it."

Submission from a Tasmanian provider operating in regional areas

"At present [the] data and market insights provided by the Agency verge on non-existent or irrelevant and must be improved."

Submission from a national provider

2.1.3 Scheme governance, interface, and design

The following were identified as common challenges:

- **Complex Scheme processes:** respondents identified the processes and Scheme compliance requirements. These are difficult to understand and costly to implement. Many providers cited additional complexities in the delivering of services under the Scheme compared to other programs such as home care and workers compensation. Challenges associated with these processes are categorised under 'provider viability' (see 'red tape and administrative obligations').
- **Lack of market facilitation:** respondents identified they are challenged by the lack of market facilitation, finding it difficult to identify areas of unmet need, establish relationships with community organisations, or set-up joint service delivery.
- **Scheme design:** respondents identified the design of the Scheme is inherently flawed and unable to deliver appropriate outcomes – specifically, the 'choice and control' approach is inappropriate to deliver quality outcomes for participants.
- **Provider of last resort:** respondents identified the lack of a provider of last resort forces providers to deliver services below cost, or risk the participant not receiving services.

"The current registration requirements for providers of support co-ordination services is contributing to the current gap between the supports that people need and the services they receive. This is because the process and costs to register are creating an unnecessary obstacle for qualified professionals who already have accreditation for conducting this work. The registration process is causing difficulties for them entering the NDIS workforce, due to the onerous requirements in several jurisdictions for certification."

A submission from a national healthcare workers' union

2.1.4 Complex Care

The following were identified as common challenges to delivering services to participants with complex needs:

- **Support Coordination:** respondents identified two key issues in relation to Support Coordination for complex care participants:
    1. Respondents identified some Support Coordinators did not have the knowledge of the system required to effectively manage services for complex care participants.
    2. Respondents identified that insufficient time is allocation in some plans for Support Coordination for complex care participants.
- **Interface with mainstream services:** respondents identified the Scheme does not comfortably fit with the provision of other services, particularly health and education. Responses noted that these agencies are siloed and do not communicate effectively with each other.

- **Workforce:** respondents identified there is a shortage of workers capable of delivering services to complex care participants. Respondents also noted that staff who work with complex care participants are more likely to burn-out and leave the organisation due to the high stress environment created by the needs of some participants.
- **Pricing system:** respondents identified that the current pricing doesn't adequately consider the skills, experience and qualifications of staff required to appropriate care for participants with complex care needs. Consequently, it is difficult to attract and retain staff and leads to sub-optimal outcomes for participants. Respondents noted that this disincentivised taking on complex care participants.

2.1.5 Workforce

The following were identified as common challenges:

1. **Attracting and retaining qualified staff:** respondents identified an inability to attract and retain suitably skilled workers as a key issue in delivering quality services and meeting demand. The shortage of Allied Health staff was identified by respondents as a significant issue.
2. **Training and developing staff:** respondents identified the limited availability of disability training courses as a challenge which is contributing to the lack of supply of qualified workers. There is additional monetary and time cost of training staff, which is not covered by the current NDIS price.

"New allied health graduates [are] unwilling to work in rural areas in the absence of appropriate professional mentoring and support"

A provider who operates in regional and remote areas.

Case Study – Attraction and retention of qualified staff (from written submissions)

Living alone with significant support (Regional)

[redacted] lives with Motor Neuron, which has advanced to the stage where the provider supports her in all aspects of her daily living. The provider also provides a HACC medication prompt service to [redacted] son [redacted] who experiences psycho-social disability. The provider is funded to support [redacted] for 63 hours per week and [redacted] 7 hours per week. All staff members working with [redacted] are paid at [Certificate] Level 3.

The support team working with [redacted] and [redacted] report that the supports are complex due to family dynamics, cultural and environmental factors. The supports are also physically demanding and fast paced. These factors can have an impact on staff working in the home. As a result there is significant planning required for the ongoing development of the roster to ensure that the team do not experience burn-out, and the team leader provides the team with high levels of support. Despite this, the team experiences high levels of turnover, which has financial and service cover related issues. At present Provider is managing two worker's compensation matters for [redacted] team; one for stress and one due to manual handling, which might have been avoided if the funding covered two team members for certain tasks.

Due to the support needs of [redacted], the optimal team size (allowing for leave cover and turnover) is 10-14 staff members. At 1/10/18 [redacted] team had seven team members. By March 2019, four of those have left the team, three new support workers for the team didn't work out and four new support workers have commenced on the team.

Provider implemented strategies to minimize staff turnover, by recruiting specifically for [redacted] Provider hosted an '[redacted] specific' recruitment workshop, providing candidates with de-identified specific details of the support. Following this, [redacted] meets potential new staff to ascertain a potential match.

When new staff commence at the provider there are a number of induction trainings [courses] that they are required to complete (total 5 hours). In addition, there are a number of training costs associated with preparing staff members to work with [redacted] including Dysphasia, Medication Prompting, Nurse Consultancy, General manual handling and [redacted] Specific Manual

Handling (including the use of specific equipment). Each of the training sessions runs for 1-2 hours, except manual handling which runs for 6 hours. The provider's staff must also have refresher sessions every 12 months.

Due to the constant changes to the team structure, the complexities of the service and availability of staff, the after-hours team find it challenging to cover the service when support staff call in sick. They rely heavily on the team leader, who can spend anywhere up to 6 hours a week, outside of business hours coordinating the service.

Annual costs outside of direct support costs are estimated at over $60,000, comprising training, recruitment, buddy shifts, meetings, and after-hours coordination.

2.1.6 Participants

The following were identified as common challenges in servicing participants:

- **Understanding and engagement:** respondents believe participants have limited understanding of their plans, what services are available to them, and how the Scheme is intended to work. Respondents did not identify which aspects of the Scheme are confusing for participants. Respondents identified many participants from CALD backgrounds had trouble understanding the Scheme, especially if they had immigrated from a country with few state-funded social services. Respondents identified several implications of limited participant understanding: 1. restricts the size of the market; 2. prevents some participants from accessing services and 3. results in low plan utilisation.
- **Culturally appropriate services:** respondents identified participants have difficulty finding culturally appropriate services. Respondents noted that this prevented some participants from entering the Scheme, contributing to the presence of thin markets in [redacted] specifically.
- **Eligibility:** respondents identified participant ineligibility (particularly outdated service assessment criteria and inappropriate policies for rare diseases) as a key issue preventing some participants from accessing services under the Scheme.

"Planners and other NDIA staff often lack the skills to work with people with a disability from CALD backgrounds. This often results in people from CALD backgrounds receiving lower levels of disability support."

A provider operating in the CALD community in NSW and Queensland

Case Study – Participant understanding and engagement (from written submissions)

Despite having two members with disability in her family, she [potential participant] was completely unaware of the NDIS. By chance she met a Linker who was doing outreach and spoke her first language and requested domestic assistance.

However, knowing of the Scheme's existence did not make it any easier for her. She had difficulty understanding the NDIS, the forms, the funding, which left her confused. She eventually overcame most of this confusion when the Linker invited her to an NDIS workshop conducted in her first language, which helped with a submission and her son's application for the Scheme.

The mother's personal NDIS application was rejected, however her son's application was approved. She continued to be overwhelmed by the preparation required in the Scheme. She was stressed by rumours in her community that the planning meeting was the decisive factor on whether you received adequate funding, little funding or no funding; this was compounded by her mental health issues and her limited English language.

She eventually addressed this through her Linker who requested a meeting with a support organisation to help role play the planning process, accompanied by the Linker, as a confidence booster. She engaged in a planning meeting with an NDIS Local Area Coordination provider feeling confident and tried her best to communicate her son's needs through an interpreter.

Unfortunately, she felt the meeting with the provider was too short to communicate her son's needs. More time is needed for meetings when using an interpreter, but her Local Area

Coordination provider was unwilling to be flexible or allocate more time. Afterwards, when she received her son's plan it led to more questions, but she did not know where to find answers.

For example, how does she help her son use the funds? Why were the funds at the given amount? Why was her own plan rejected? Eventually, she felt she had to contact her Linker again.

The Linker connected her to a disability advocacy organisation to advocate for a review of funding for her son, and an appeal for her own rejected package.

2.2 Potential solutions identified by providers

Respondents were encouraged to offer potential solutions to the challenges they outlined as part of the written submission process. The following were identified as potential solutions:

1. **Targeted funding:** respondents advocated for additional grants, transitional and specialist funding. Targeted funding initiatives are one-off or recurrent grants offered for a specific purpose, as distinct from higher prices which advocate for an increase in the funding allocated for services across all participants' plans to support service delivery.
2. **Market facilitation:** respondents identified a range of solutions to enable competitive markets which can be grouped under 'market facilitation'. These solutions include:
    i. giving participants information about the service options or providers available to them
    ii. matching supply and demand through electronic platforms
    iii. alternative business and service models such as supply partnerships, place-based collaboration, sharing infrastructure and establishing co-operatives
3. **Alternative commissioning models:** This includes options that involve direct commissioning or government provision of services.
4. **Higher prices:** respondents advocated for higher prices for service delivery in all participants' plans across all service delivery types. The higher prices would cover audit costs, quality and safeguarding compliance costs, staff development, and travel costs.
5. **Collaboration:** respondents advocated for solutions which involved the NDIA working with providers to facilitate co-operation amongst themselves or with the community organisations to deliver solutions. Respondents also advocated for a wrap-around service model for complex care participants.

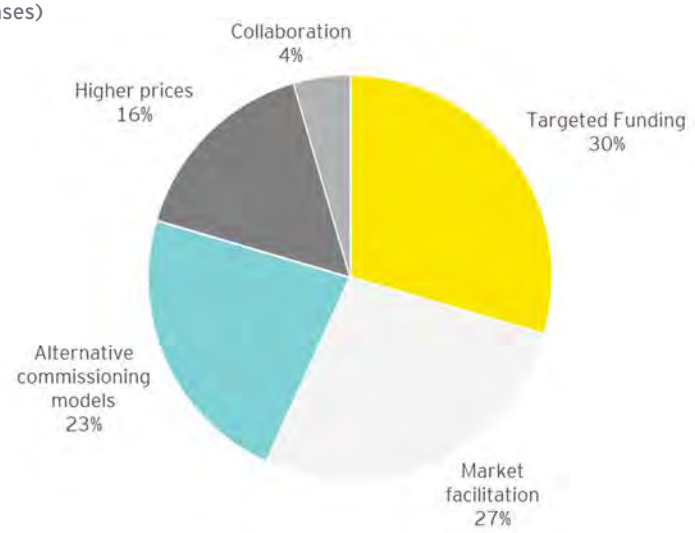
Summary of findings

The most common response was more targeted funding (30% of respondents). Within this category, respondents commonly advocated for funding to cover audit or staff training costs. Respondents also advocated for market facilitation (30% of respondents' suggestions). Respondents often advocated for NDIA involvement to match unmet needs with suppliers, or suppliers with the pool of available workers.

Approximately 23% of respondents advocated for alternative commissioning models, in particular a return to the former block funding model or the introduction of direct commissioning.

Respondents also advocated for higher prices (16% of submissions). This suggestion was common with participants in rural and remote areas. A small proportion of respondents advocated for more collaboration between providers (4% of submissions).

Figure 4 - Overview of potential solutions identified by providers and associated stakeholders (55 responses)



2.2.1 Targeted funding

Respondents identified targeted funding as a potential solution which includes the following:

- **Grants:** respondents advocated for once-off or temporary funding for providers to develop new types of service delivery (e.g. Telehealth). We suggest that these grants could be used to cover the costs of existing providers expanding into new markets (geographic or care-type markets). Respondents also advocated for innovation grants to encourage research and development. We suggest that this may help lower the cost of service delivery in the long-term.
- **Transitional funding:** respondents advocated for transitional funding to encourage new providers to into the Scheme. We suggest that this transitional funding may encourage more providers to explore entering the Scheme and may be used to cover the additional quality safeguarding compliance costs.
- **Specialist loading:** respondents advocated for additional funding for providers operating in thin markets. We suggest that this loading may be applied in addition to the travel loading to cover 'special circumstances' markets (e.g. Aboriginal and Torres Strait Islander communities, rural and remote regions).

2.2.2 Market facilitation

Respondents identified a range of solutions that can be categorised as market facilitation and includes the following:

- **Identifying participants with unmet needs:** respondents advocated for the NDIA to intervene to identify participants with unmet needs and match them with appropriate providers. We suggest that this would reduce the cost of business development for providers and enable more participants to access more services.
- **Matching qualified workers with providers:** respondents advocated for the NDIA to assist with providing training, development, and on-going support for the disability-support workforce. We suggest that this would reduce the cost of attracting workers for providers.
- **Building the capacity of participants to engage with the Scheme:** respondents advocated for the NDIA to improve the capacity of participants to understand service offerings and the Scheme more generally. We suggest that this would encourage competition in the market and improve the quality of service delivery in the long-term.
- **Building the capacity of the community:** respondents advocated for the NDIA to work directly with local communities to improve infrastructure and services to assist providers in delivering higher-quality services.

"Support for the partnering professionals & workforce in local communities on Commonwealth research projects would help identify community needs projects to solve real-life problems. It would provide Universities linkage to keep up-to-date on the constant changes within early childhood education, care & intervention sectors."

A suggestion from a NSW provider of complex needs

2.2.3 Alternative Commissioning models

Respondents identified a range of alternative commissioning models as a potential solution which includes the following

- **Block funding:** respondents advocated for a return to the block funding model, either in isolation or in combination with elements of the 'choice and control' model. Respondents suggested that this would allow them to deliver more services to more participants.
- **Direct commissioning:** respondents advocated for a direct commissioning approach in some communities (specifically Aboriginal and Torres Strait Islander communities). Respondents suggested that this would allow them to deliver more services to more participants.
- **Provider of last resort**: respondents advocated for a 'provider of last resort' to help participants who are not currently receiving services from the market and reflects the concern respondents have that some markets are not financially sustainable.

2.2.4 Higher prices

Respondents identified higher prices as a potential solution to fund the following activities:

- **Train and develop staff:** respondents advocated for higher prices to fund staff training and development. Respondents identified current prices are insufficient to cover these costs.
- **Offset travel costs:** respondents advocated for higher prices for service delivery in regional and remote areas to offset travel costs. Respondents identified current prices are insufficient to cover these costs.
- **Offset audit and compliance costs:** Respondents advocated for higher prices to offset audit and quality and safeguarding compliance costs. Respondents identified current prices are insufficient to cover these costs.

"In areas where there are "thin markets" incentives for accommodation and flights for at least the first few visits may alleviate some of the financial risks and implications of the unknown market. The NDIS may have thought a higher price for rural and remote areas would be enough for providers to deliver outreach services, however it does not compare to cost of flights into these areas. This makes it difficult to justify providing ongoing support if services can make more profit off providing local supports."

A Queensland sole provider's justification for raising prices in regional and remote areas

2.2.5 Collaboration

Respondents identified collaboration as a potential solution which includes the following:

- **Partner with mainstream services to deliver complex care:** respondents advocated for the NDIA to facilitate provider partnerships with mainstream services to deliver services. This response was popular with providers in regional and remote areas, as well as providers from [redacted] Respondents suggested that central service hubs may be utilised to facilitate joint service delivery between NDIS providers and other mainstream services (e.g. health).
- **Co-design initiatives:** respondents advocated for local programs designed in collaboration between providers, participants, and community service organisations. We suggest that the NDIA may facilitate these initiatives by organising workshops, funding, and to help implement the initiatives.
- **Joint service delivery:** respondents advocated for a system in which the NDIA worked with providers to identify opportunities to share resources and deliver services together to minimise delivery costs and expand service offerings. We suggest that the NDIA could combine this solution with identifying areas of unmet need (see: market information) to promote joint service delivery.

"Bringing together multiple human service programs in small rural communities, as suggested in your responses, would be an effective method of strengthening not only supports for NDIS participants, but other human service programs."

Support for the idea of integrating multiple services from a regional NSW provider

3. Participants

Respondents in the participants cohort were concerned with the effect on participants of under-supply of services. 'Respondents' in Section 3 refer to:

- Participants
- Participant's families or carers
- Individuals seeking access to the Scheme
- Peak bodies representing participants, families and carers
- Participant advocacy bodies
- Other respondents concerned with participant outcomes.

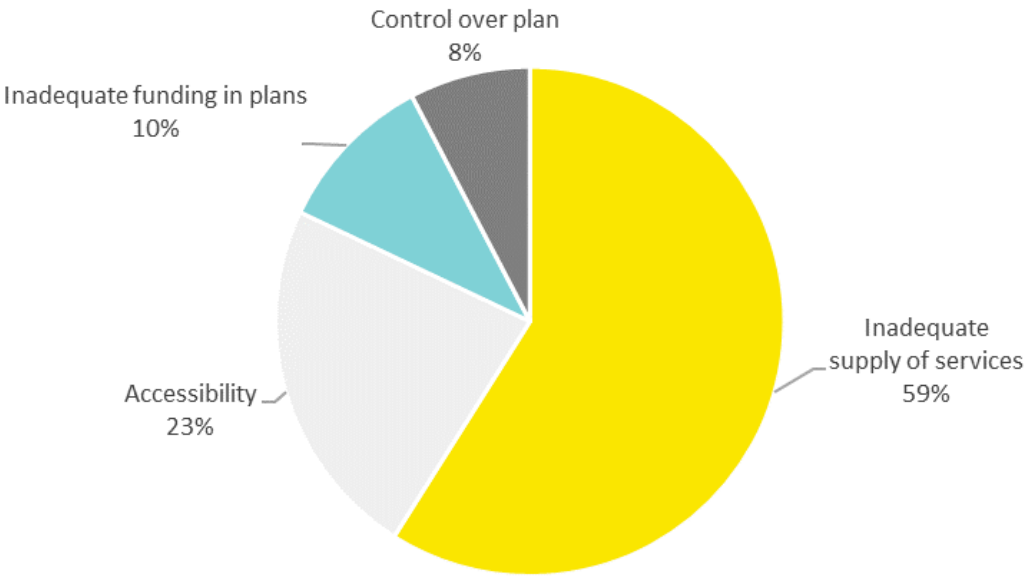
3.1 Key challenges identified by participants

Respondents identified four key challenges in interacting with the Scheme:

- **Inadequate supply of services:** respondents identified there is an insufficient number of providers to service all participants in their area. Respondents from regional and remote areas identified this as a common concern.
- **Accessibility:** respondents identified there are difficulties with participants not understanding the Scheme, being unable to navigate through complex processes, or unable to access services due to living in a remote geographical location.
- **Inadequate funding in plans:** respondents identified there is an inadequate funding for planning and service delivery in some participants' plans.
- **Control over plan:** respondents identified that plans are not always suitable in meeting participants needs and experienced lengthy delays in approving changes to plans which impacted on them receiving services and impacted on their quality of life. Summary of findings

Respondents identified the inadequate supply of services as the most significant challenge (59% of responses). Respondents identified accessing the Scheme as the next most common challenge (23% of challenges identified). Respondents identified the lack of funding in plans (10%) and overall control over the plan (8%) as other challenges.

Figure 7 Overview of the key challenges identified by participants and associated stakeholders (25 responses)



3.1.1 Inadequate supply of services

Respondents identified the inadequate supply of suitably qualified providers to deliver services in their region. Respondents identified the limited supply of providers was predominantly experienced in:

- **Rural and remote areas:** respondents identified participants are unable to receive regular services due to a limited number of providers available in that area.
- **No emergency accommodation or services:** respondents identified the absence of emergency services leaves some participants vulnerable to poor outcomes.
- **Limited mental health services:** respondents identified there are insufficient mental health providers, and some existing providers are not appropriately trained to deliver quality services. Respondents identified this led to some participants receiving fewer services than they require.
- **Limited complex care providers:** respondents identified there are insufficient number of services providers willing and able to deliver services to participants with complex care. Respondents identified this led to some participants receiving fewer services than they require.

"We argue that Aboriginal and Torres Strait Islander people with disability living in urban areas experience the effects of fragmented markets due to a lack of culturally appropriate service options rather than a lack of services. This same argument can apply to those from culturally and linguistically diverse (CALD) backgrounds, people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) and others experiencing disadvantage and marginalisation who have complex support needs."

An academic diversity and inclusion group

"There is a lack of immediate response services, particularly in regional areas, that heightens risk for participants."

A Victorian advocacy body

Case Study – inadequate range of services (from written submissions)

12-year-old [redacted] was born with autism and suffers epilepsy. She lives with her parents on their working farm about 15 kilometres from [redacted]

[redacted] has complex psychological needs, hypersensitive sensory processing disorder and is non-verbal. [redacted] cannot identify who she is or where she lives and requires care and supervision for 24 hours per day due to wandering, self-harm and anxiety symptoms. She also requires physical help to complete all basic activities of daily living, domestic duties, including meal preparation, laundry, cleaning, community access and participation in meaningful activity. [redacted] also requires care from a speech therapist, occupational therapist, psychologist, dietician and physiotherapist.

[redacted] parents are juggling providing continuous care and supervision of their daughter while managing their farming business and their own health and aging issues. The parents report feeling burnt out and constantly in fear of not being able to care for their daughter. This isolation and anxiety increased when a long-term carer who had assisted the family could no longer work for them and left the area because the NDIA required all funded carers to have particular qualifications.

After a deeply deficient NDIS planning process that left [redacted] with a NDIS plan which fell far short of her reasonable and necessary supports, [redacted] parents obtained independent evidence and launched an appeal with the help of our firm. The NDIS conceded the appeal and [redacted] plan was adjusted to include an increase of over 400% in funding on the first NDIS plan.

This new plan includes funding to employ carers to help [redacted]. However, [redacted] parents now struggle to find suitably qualified and experienced staff to care for their daughter's complex needs. Over the past 9 months, [redacted] mother has interviewed more than 20 people to fill a carer position without success. The applicants are either untrained or uninterested in work which cannot pay the same wages as the nearby mines. Some applicants also refused to work for the family because it would require self-transport to the farm which is located about 15 kilometres from the nearest regional centre ([redacted] plan does not include funding for transport for carers).

[redacted] parents have subsequently turned to a local service provider to help them find staff and while they now have two potential part-time carers with the required certificates of training, these people have no experience working in the disability sector and are requiring weeks of training. The

consequent disruption and sensory overload is proving particularly distressing for [redacted]. The family is also paying transport costs for the two workers out of their private savings and say that the service provider reports that it is also experiencing great difficulty in competing with the high wages of the local area mines.

[redacted] parents are now extremely concerned that if they are unable to find enough suitable carers and use the funding they have been allocated within the designated time frame that these funds will be removed from [redacted] plan. This is a common issue experienced by clients in thin markets, but particularly for those in rural, regional and remote areas who have high care needs which they should be funded for, but risk losing that funding because the services are not available to them locally to utilise this.

3.1.2 Accessibility

The following were identified as common challenges participants experience in accessing supports:

- **Lack of participant understanding:** respondents identified many participants do not understand the operation of the Scheme, and there are inadequate resources to walk them through the process. Respondents identified this led to participants not receiving all services that they require.
- **Excessive complexity of the Scheme:** respondents identified that the Scheme is difficult and time-consuming to navigate. Respondents identified this led to participants receiving some, but not all services.
- **Geographic location:** respondents identified cannot travel to an appropriate outlet to be assessed are unable to have mobile services come to them to be assessed. Respondents identified this led to participants not receiving all services that they require.

"I am 'stuck' due to the difficulty with a) cost of getting assessed and b) location as I am in the country and it seems like I would need to travel to the city to get an assessment."

A potential participant without services

3.1.3 Inadequate funding in plans

Respondents identified the inadequate funding in participants' plans as a key challenge and includes:

- **Limited funding for plan management:** respondents identified there is insufficient funding allocated to plan management. Respondents identified complex care participants as being affected the most which is leading to some participants not receiving the services they need.
- **Funding for advocacy services:** respondents identified some funding should be provided in a participants' plan for advocacy services to cover the cost of representing and advocating for a participant during the planning process and/or that is receiving unsatisfactory services.

3.1.4 Control over plan

The following were challenges experienced by participants in the planning process:

- **Unable to effectively communicate participants' needs:** respondents said participants are challenged by the inability to effectively communicate their care needs or review their plans before being submitted for approval. This results in an insufficient range of services and budget in a participants' plan, which may potentially impact on participant outcomes.
- **Limited responsiveness:** where participants required changes to their plans, respondents identified the extended length of time for plan approvals which impacts on the range and quantity of services in the participants' receive in the interim.

3.2 Potential Solutions

Respondents identified six categories of potential solutions to address challenges participants are experiencing in accessing and receiving services:

1. **Place and participant-based interventions:** respondents advocated for solutions that target improved outcomes for a region, community and/ or participant cohort.

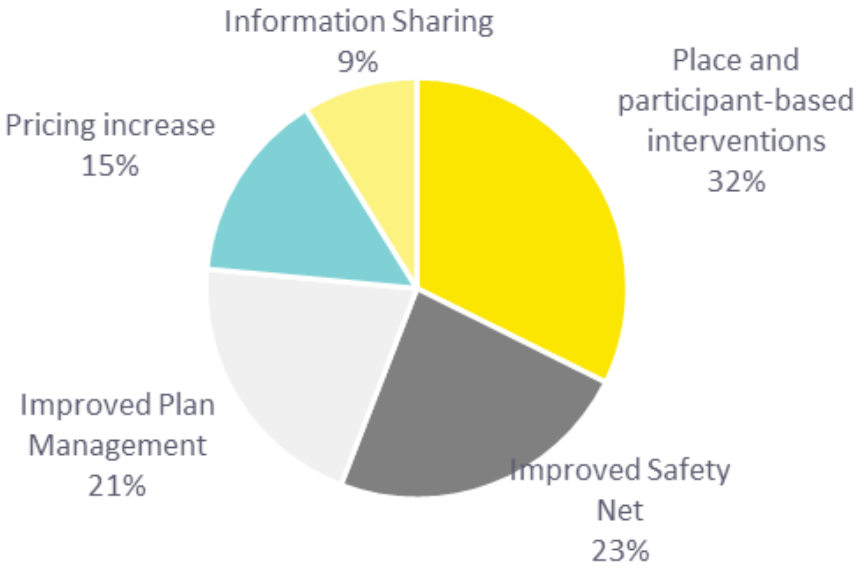
Respondents advocated for an additional assessment time allocation for CALD participants, and culturally appropriate service delivery for [redacted].

2. **Improve safety net:** respondents advocated for emergency services and a provider of last resort for all participants regardless of the presence of privately-owned providers in the market.
3. **Participant involvement in planning meeting:** respondents advocated for participants and their families to have more influence over the allocation of services under the plan by being directly involved in the service planning meeting.
4. **Price increase:** respondents advocated for an increase to the price of services under participants' plans. Respondents did not specify which aspect of plans is under-priced.
5. **Information sharing:** respondents advocated for solutions which improve information for all actors in the market. Respondents advocated for the NDIA to release market data on participants' needs, better communication of how the Scheme is intended to work, and better communication of how to fill out forms and their significance.

The most popular suggestion from respondents was to engage in place and participant-based interventions (32% of participants).

An improved safety net (23%) and improved plan management (21%) were other popular answers amongst respondents. Respondents advocated for pricing increases (15%), and information sharing (9%) were also mentioned.

Figure 8 Overview of the potential solutions identified by participants and associated stakeholders (25 responses)



3.2.1 Place and participant-based interventions

Respondents identified place and participant-based interventions as a potential solution which includes the following:

- **Additional assessment time for CALD participants:** respondents advocated for an additional time for assessments with CALD participants to assist participants with understanding the Scheme due to the language barrier.
- **Improve the model of service delivery for [redacted]:** respondents advocated for a service model which accounts for the specific challenges experienced by [redacted]. Respondents suggested direct commissioning, additional funding and expanding the role of the LAC in the [redacted] to include facilitating services (i.e. connecting participants and providers) and engaging with the local community to opportunities to engage participants in the community.

"More culturally specific NGO (non-government organisations) created, supported and developed to address the needs of the community."

A suggestion from a Queensland [redacted]

3.2.2 Improve safety net

Respondents advocated for a provider of last resort to be implemented to ensure vulnerable participants receive services.

Respondents also advocated for improved clarity in the delivery of emergency services and accommodation, specifically:

1. Who should pay in the event of a participant having to receive emergency services, especially if the service provider has decided to provide emergency services
2. Which organisation (e.g. mainstream health services, providers, advocacy groups) has the responsibility to provide emergency services for participants, and under what circumstances.

"Government should as urgent priority, provide information on the Maintain Critical Supports policy. Having a 'provider of last resort' is an important safety net."

Suggestion from a national government actor

3.2.3 Participant involvement in planning meeting

Respondents identified giving participants and their families more say and control over participants' plans.

Respondents advocated for solutions that encourage more discussion between plan managers, participants, and their families. Respondents did not specify how this may be achieved. Respondents were concerned that participants are not receiving appropriate services as the assessor did not clearly understand their needs – particularly in the case of rare diseases. We suggest that this may improve plan utilisation as well. Respondents advocated for improved plan management with place and participant-based interventions, suggesting that these policies are complementary and may work best if trialled together.

3.2.4 Pricing increases

Respondents advocated for increases to the price allowance in participants' plans.

Respondents suggested that funding in participants' plans is insufficient to encourage service provision for the individual. Respondents suggested higher prices without giving additional information on what the funding could be spent on, or what services to raise prices on.

"The NDIS only recognises the cost of travel for support workers and therapist. Interpreters as a specialist service in a thin market does not provide travel allowance. Currently there is no travel provision for Auslan interpreters, Auslan communicating staff or Teachers of the Deaf."

A participant in the Scheme

3.2.5 Information sharing

Respondents advocated for improved information sharing in three key areas:

1. **Information sharing from the NDIA to the market:** respondents advocated for publishing market data on unmet needs. We suggest that this may encourage more providers into the market and encourage existing providers to expand their current service offering.
2. **Simplify forms and processes:** respondents advocated for a simplifying the process to join and receive services under the Scheme. Respondents did not specify which forms would be improved or removed.
3. **Better communication of the Scheme:** respondents advocated for improved communication about the Scheme to help participants understand and navigate the Scheme. Communications targeted at CALD and [redacted] were mentioned explicitly.

"A mainstream office situated in our community where everybody can access somebody who knows about the NDIS."

A solution offered by a family member of a Queensland participant

"Information made readily available on what condition is eligible and what services are available with that condition."

A solution offered by a family member of a Queensland participant

Appendix D: Analysis of Survey Responses Report

DSS Engage Thin Markets Survey for providers, participants, peak bodies and advocacy bodies

Reliance Restricted

27 February 2020

EY
Building a better working world

Dashboard

Table of contents

1

Survey methodology and design

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1 Survey methodology and design

Survey methodology

Survey design

The DSS Engage NDIS Thin Markets Survey was constructed to elicit the views of NDIS service providers, participants, people with a disability and peak bodies representing participants, in relation to Thin Markets and how they are affecting access to services.

Each survey was designed to be accessible to survey respondents and to capture key insights without requiring a large time burden to complete. The approximate duration for someone filling out the survey was 15-20 minutes from start to completion.

The Provider Survey focused on eliciting the views of providers (or peak bodies representing providers) based on their experiences of:

1. The types of thin markets they operate in
2. The factors influencing their decision to operate in a thin market
3. The potential options for assisting providers to deliver services in thin markets.

The Participant Survey was aimed at getting the views of NDIS participants, people with disability and peak bodies who represent them about:

1. Where thin markets exist
2. What causes them
3. Views on different response options, and
4. Views on provision of services that aren't thin.

The term 'thin markets' was communicated to respondents as relating to markets with service gaps where people's needs are not being met. The gaps were described as being either categorised by place/geography, need type or both, and the gaps specifically drawn on in the surveys were:

1. Rural and remote areas
2. Support types (e.g. specialist supports)
3. Supports for people with complex needs such as (but not limited to) early childhood, behaviour intervention and specialist disability accommodation
4. Support for Aboriginal and Torres Strait Island participants
5. Support for Culturally and Linguistically Diverse (CALD) participants.

DSS Engage was the platform that hosted both the Provider and Participant surveys and respondents were required to agree to the Department of Social Services' Disclaimer and Privacy Policy.

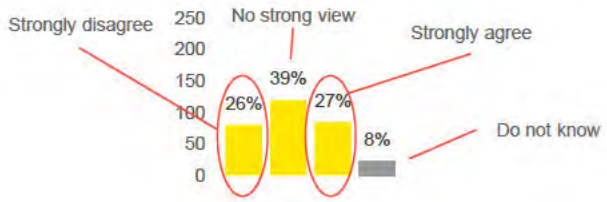
Presentation of results

This reports presents the main findings of the survey in the body of the report, with the detailed results presented in the Appendix.

A common technique used in the survey was a 'ratings scale,' which was designed to elicit a respondent's level of agreement with a proposition on an aspect of thin markets. For example, one proposition put to providers was 'there is sufficient supply of qualified workers to deliver my organisation's services.' Providers were then asked to indicate their level of agreement on a seven-point scale shown below (including an option for 'do not know'):

1	2	3	4	5	6	7
Strongly disagree			Neither disagree or agree			Strongly agree
Don't know / not applicable						

The Appendix attached to this report presents the aggregated responses to each question in full; however, the summary presented in the front section of the report presents aggregates responses even further. A rating of 1 or 2, and of 6 or 7 are classified as 'strong views,' while ratings of 3 to 5 are classified as 'not a strong view.' This allows for easier interpretation of results. An example is shown below:



2

Provider survey

Overview and main findings

2 Provider survey

The Provider Survey comprises 282 respondents, the majority being NDIS registered providers (212), while all major thin market categories and NDIS support types are represented

There were 282 responses received for the Provider Survey, with the largest group being NDIS registered providers (75%), followed by un-registered providers (11%) and peak bodies/advocacies (5%). Most respondents are located in NSW (102) and Victoria (86).

Figure 1: Provider survey respondents [n=282]

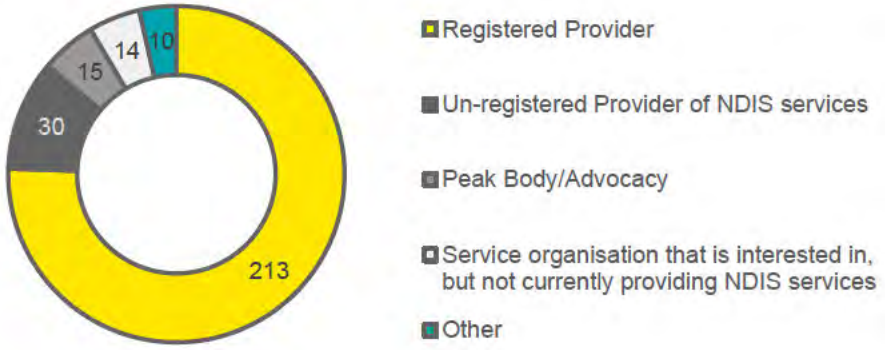
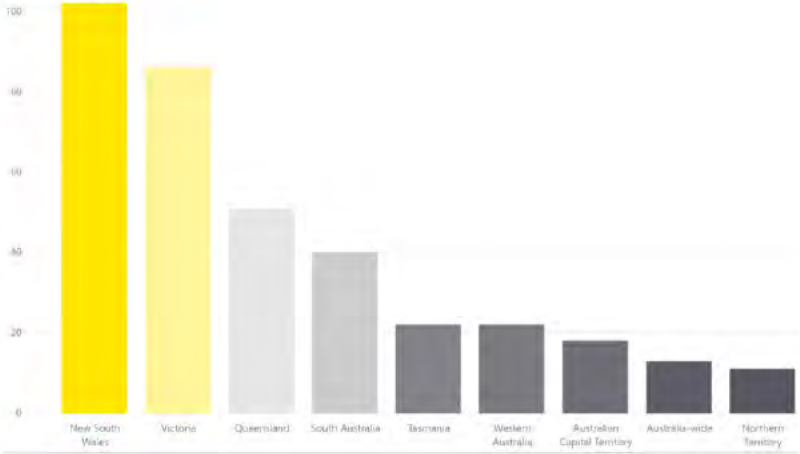


Figure 2: Geographic location of respondents [n=282, multiple answers allowed]



Respondents represent a range of thin market areas, in particular complex support needs, geographically rural/remote areas, and provision of supports for Aboriginal and Torres Strait Island participants and Culturally and Linguistically Diverse participants. Respondents also focus on a number of different support types, with the main categories represented being daily living and social and community participation (both core and capacity building).

Figure 3: Thin markets represented by respondents [n=282]

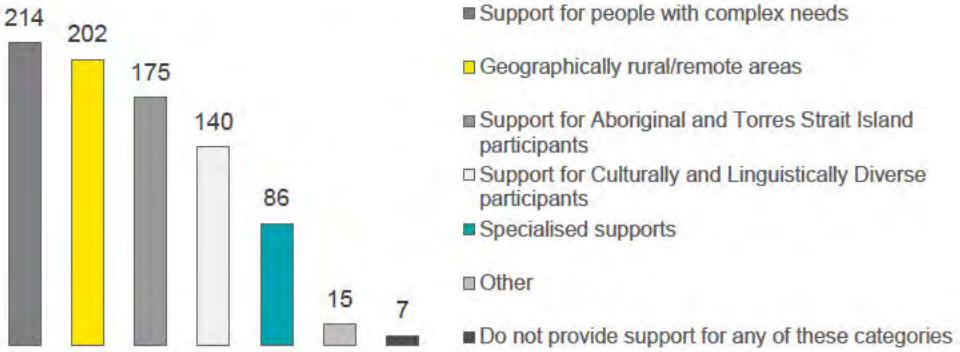
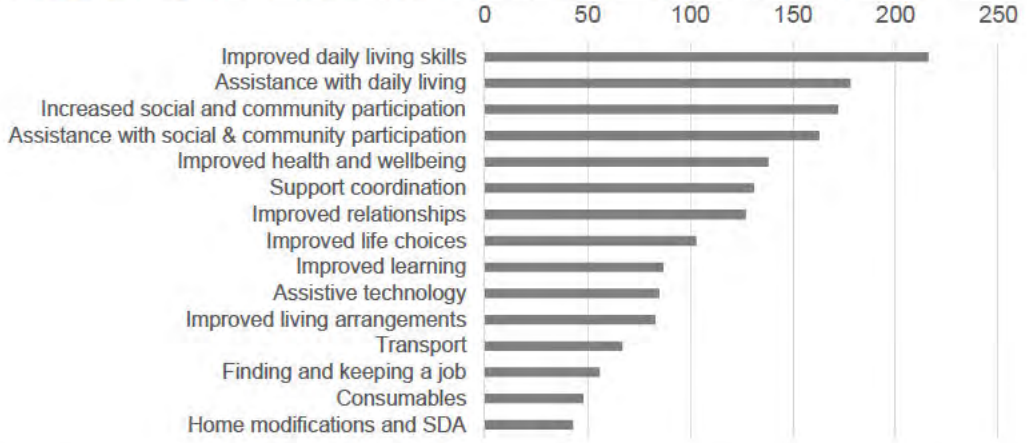


Figure 4: Support types represented by respondents [n=282, multiple answers allowed]

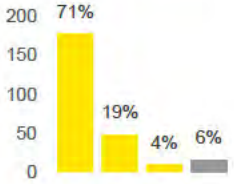


2 Provider survey

Providers strongly believe that external factors such as travel costs, workforce, registration costs and demand information are the biggest challenges they face in operating in thin markets, in comparison to factors internal to their businesses such as capability, attracting clients and utilisation of staff

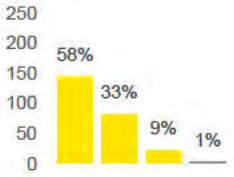
External factors

Providers strongly believe that external factors such as travel costs, workforce, registration costs and demand information are the biggest challenges they face in operating in thin markets.



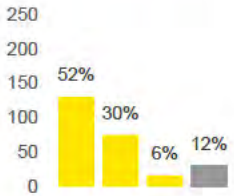
Travel costs* [n=252]

71% of providers strongly believe the costs of travel are not adequately covered by the NDIS price



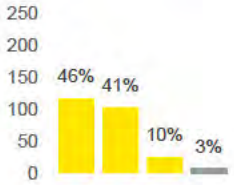
Qualified workforce [n=252]

58% of providers strongly believe that there is a shortage in the supply of qualified workers



Registration costs [n=252]

52% of providers strongly believe the costs associated with being a registered provider, such as registration, compliance and reporting costs, are too high

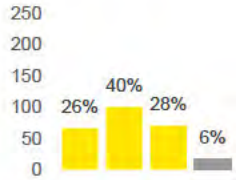


Demand information [n=252]

46% of providers strongly believe there is insufficient information about the number of participants and their support needs

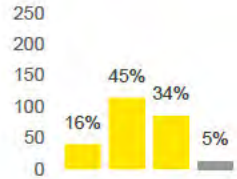
Internal factors

Factors internal to a provider's business exhibited greater variation in responses than external factors. These include challenges such as capability, attracting clients and utilisation of staff.



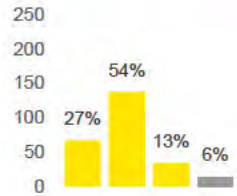
Organisational capabilities [n=252]

40% of providers don't have a strong view on whether their internal system, processes and capabilities are adapted to operate sustainably under the NDIS business environment, and constrain their ability to enter a thin market



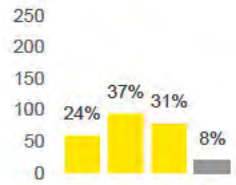
Attracting and retaining clients [n=252]

45% of providers don't have a strong view on whether they are able to attract and retain a sufficient number of clients, while 34% believe strongly that they can



Partnering with other providers/community groups [n=252]

54% of providers don't have a strong view on whether there are adequate opportunities for partnering with other providers and/or community groups which are required to deliver services to clients



Utilisation of direct service staff [n=252]

37% of providers don't have a strong view on whether their direct staff are sufficiently utilised (in line with NDIS assumptions of 95% utilised)

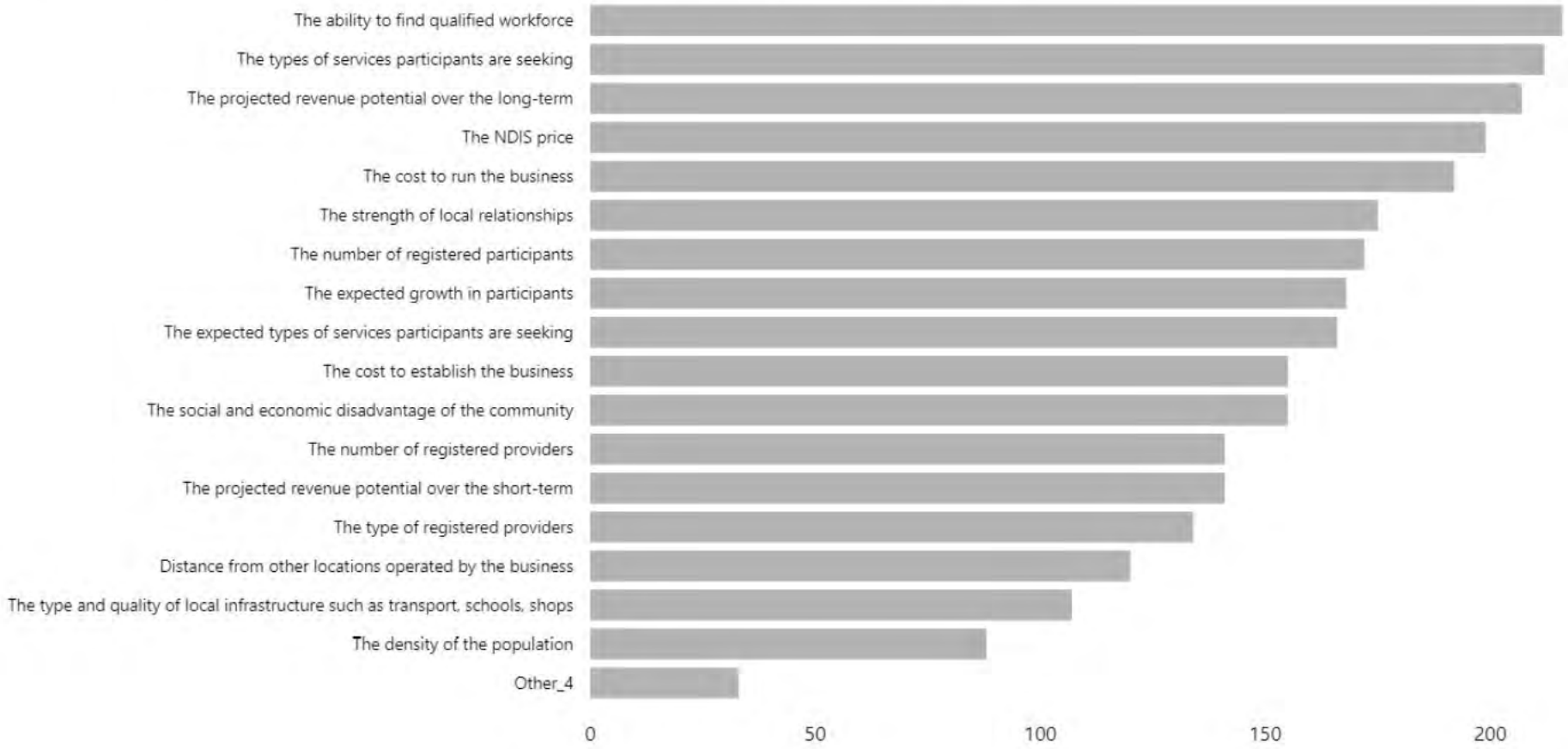
* The 1 July 2019 NDIS price changes occurred during the survey period and it is not known what impact this had on results

2 Provider survey

Workforce, service demand and long-term revenue potential are what providers care about most when deciding whether to enter a thin market

Responses to the question 'what is the most important information your organisation requires to assess the merits of entering a thin market?' yielded workforce, service demand and long-term revenue potential as the most important factors. Respondents were asked to select their top five factors from the list below and rate them 1 (highest) to 5 (lowest). For the purposes of analysis, scoring was conducted by assigning five points to each 1 rating and one point to each 5 rating (and proportionately applied for all ratings).

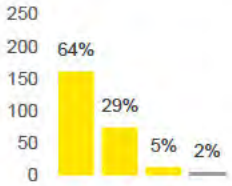
Figure 5: The most important information organisations require to assess the merits of entering a thin market



2 Provider survey

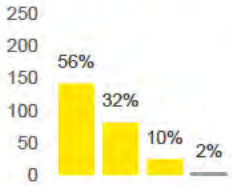
Providers hold the belief that participants lack the knowledge and capacity to understand plans, while also being affected by social and economic disadvantage; they also believe revenues and costs are unsustainable in thin markets

Views on participants:



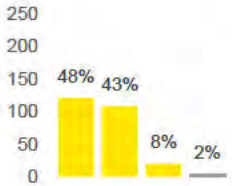
Knowledge and capacity to understand plans [n=252]

64% of providers strongly believe participants do not have the knowledge and capacity to understand their plans and spend their allocated budgets



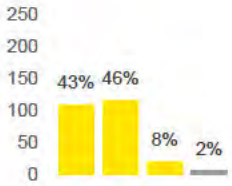
Social and economic disadvantage [n=252]

56% of providers strongly believe the social and economic disadvantage of clients, their families and carers impacts on the ability to deliver services and achieve client outcomes



Plan budget [n=252]

48% of providers strongly believe that their clients' plans do not have sufficient budget to meet their support needs



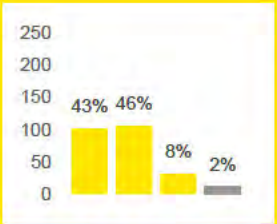
Plan adequacy [n=252]

43% of providers strongly believe their clients' needs are not adequately reflected in their plans

Thin markets ultimately affecting profitability

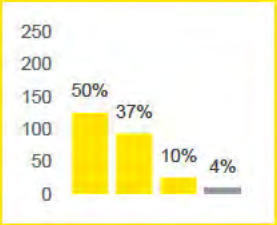
The survey results show that providers believe thin markets are negatively affecting their revenues and costs, with operating costs more affected than revenues

Opportunities to leverage economies of scale are an issue for 31% of providers, but the majority do not see this as the key issue



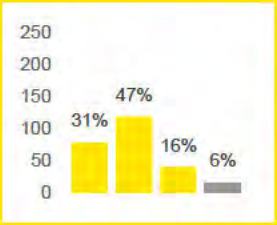
Revenues [n=252]

43% of providers strongly believe that they do not make sufficient revenue operating in a thin market; however, 46% do not have a strong view one way or the other



Operating costs [n=252]

50% of providers strongly believe that operating costs are not sustainable relative to revenue



Economies of scale [n=252]

47% of providers don't have a strong view on whether there are opportunities to increase their economies of scale (i.e. whether there are opportunities to spread costs across a business)

* The 1 July 2019 NDIS price changes occurred during the survey period and it is not known what impact this had on results

3

Participant, peak body and advocacy body survey

Overview and main findings

3 Participant, peak body and advocacy body survey

The Participant Survey comprises 400 respondents, the majority being carers or family members (225) and participants (96), while a range of support types are represented, in particular complex needs supports

49% of respondents are carers or families of people with a disability and 21% are (NDIS eligible) participants. Most organisations represented in the survey operate in Victoria (28), followed by NSW (19) and Australia-wide (15).

Figure 6: Participant survey respondents

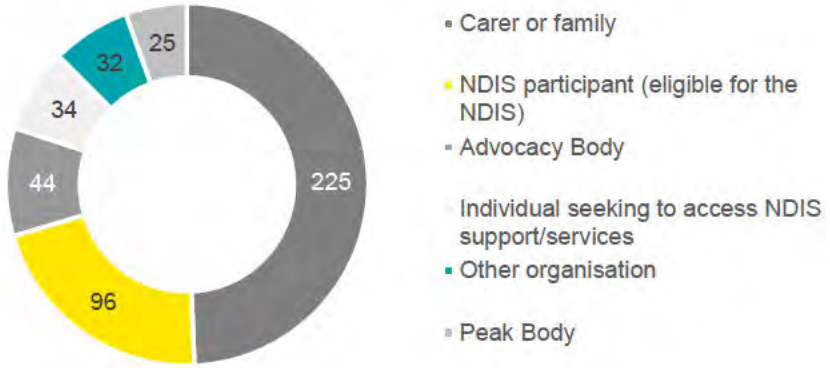
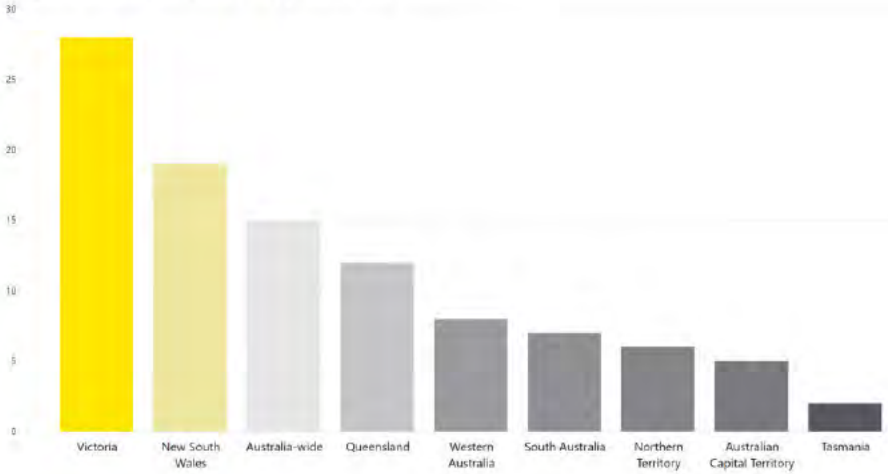
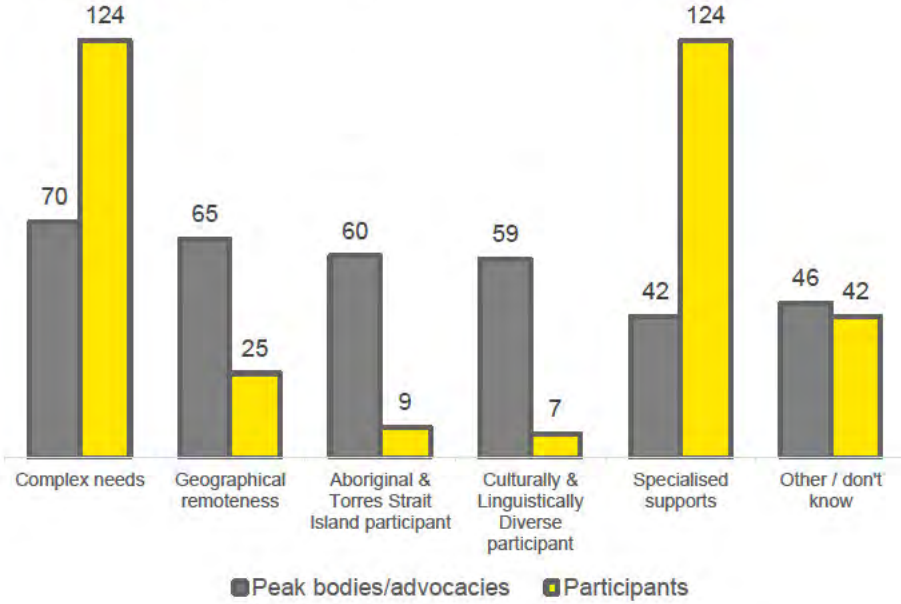


Figure 7: Location of respondents



29% of participants represented are receiving specialised supports (e.g. aids and equipment) and 29% are receiving complex needs supports; Aboriginal and Torres Strait Island participants and Culturally and Linguistically Diverse participants are predominantly represented in the survey by peak bodies and advocacies.

Figure 8: Supports represented

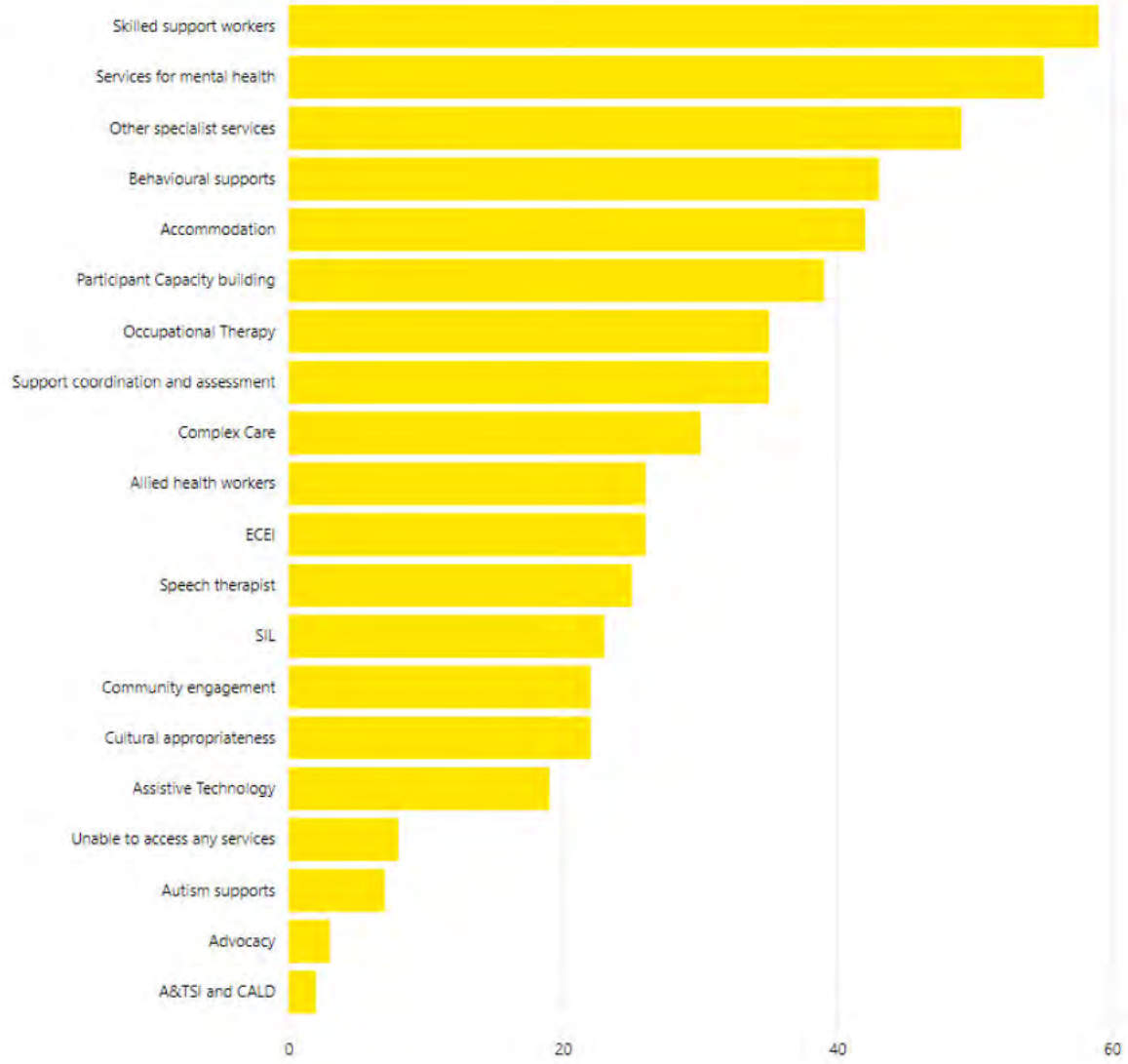


- In the last 12 month, 264 participants represented in survey responses did not have their support needs met because services were not available
- In the next 12 months, 281 participants represented in survey responses are concerned that support needs might not be met because of a lack of availability of supports

3 Participant, peak body and advocacy body survey

Respondents to the survey believe a number of service gaps exist, especially in skilled support workers, services for mental health, other specialist services, behavioural supports and accommodation

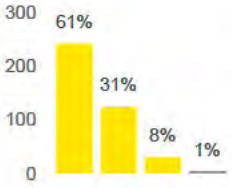
Figure 9: Service gaps



3 Participant, peak body and advocacy body survey

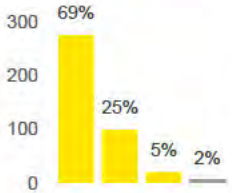
Respondents to the Participant Survey believe that not enough information is being provided to participants to allow them to access and navigate the NDIS, while also suggesting knowledge and capacity to understand and spend plans is low

Knowledge and awareness:



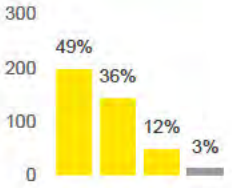
Information to access NDIS [n=400]

61% of respondents strongly believe participants and people living with a disability are not provided with enough information to assist them in accessing the NDIS system/requirements



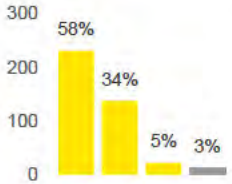
Information to navigate NDIS [n=400]

69% of respondents strongly believe participants and people living with a disability are not provided with enough information to assist them in accessing the NDIS system/requirements



Knowledge and capacity to spend [n=400]

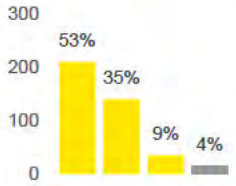
49% of respondents strongly believe participants do not have the knowledge and capacity to spend their allocated budgets in a way that achieves good outcomes for them



Knowledge and capacity to understand plans [n=400]

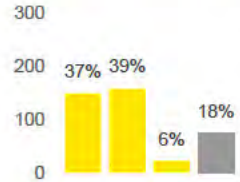
58% of respondents strongly believe participants do not have the knowledge and capacity to understand their NDIS plans

Appropriateness of plans and services:



Plan budgets [n=400]

53% of respondents strongly believe participants' plans do not have sufficient budget to meet their support needs



Cultural appropriateness [n=400]

37% of respondents strongly believe participants are not able to receive their supports and services in a manner which is culturally appropriate (note: this becomes 64% when only those who expressed a strong view one way or the other are included)

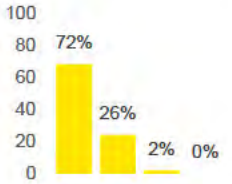
Comparison with Provider responses:

- Providers and participants responded similarly when asked if participants have the knowledge and capacity to understand their plans – 58% of Participants and 64% of Providers strongly disagreed, with the distribution of responses fairly similar
- Providers and participants were also similar in their view that plan budgets are not sufficient to allow them to meet their support needs, with 53% of participants in strong agreement compared to 48% of providers

3 Participant, peak body and advocacy body survey

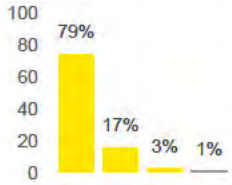
Peak bodies, advocacies bodies and other organisations representing participants believe participants are limited in choice of service provider and level of quality, and are adversely affected by factors such as location and social and economic disadvantage

Peak and advocacy body (and other organisation) beliefs on participant choice and control:



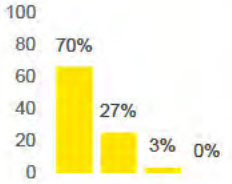
Timeliness of access [n=94]

41% of respondents strongly believe that participants do not have the ability to access service providers who meet their needs in a timely manner



Choice of a diverse selection of services [n=94]

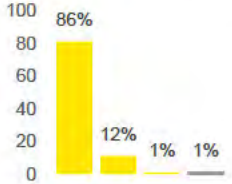
79% of respondents strongly believe that participants do not have the ability to choose from a diverse selection of service providers that meet their needs in a timely manner



Choice of high quality services [n=94]

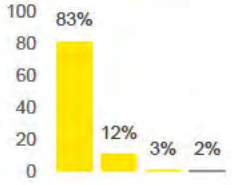
47% of respondents strongly believe participants are not able to choose service providers delivering high quality supports and services

Peak and advocacy body (and other organisation) beliefs on participant external impacts:



Location [n=94]

86% of respondents strongly believe that the location of a participant affects whether they have adequate access to supports and services



Social and economic disadvantage [n=94]

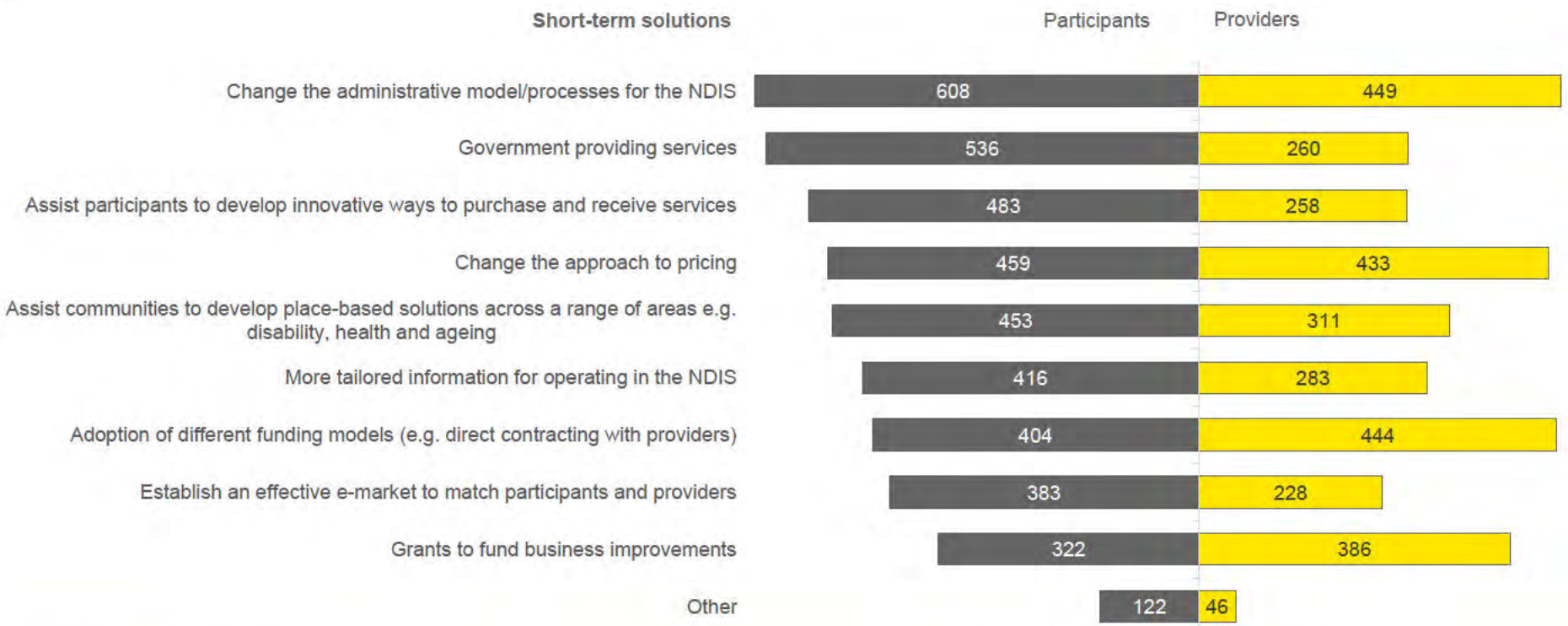
83% of respondents strongly believe that the social and economic disadvantage of participants, their families and carers does not impact on their ability to access supports and services

4

Solutions proposed by providers and participants

4 Solutions proposed by providers and participants

Both providers and participants believe the top priority in the short-term should be changing the administrative model of the NDIS. Providers prefer changes to pricing and funding models, whereas Participants prefer governments to step in or assist in developing innovative purchase methods



Short-term solutions favoured by participants:

1. Change the administrative model/processes for the NDIS
2. Government should provide services
3. Participants should be assisted to develop innovative ways to purchase and receive services

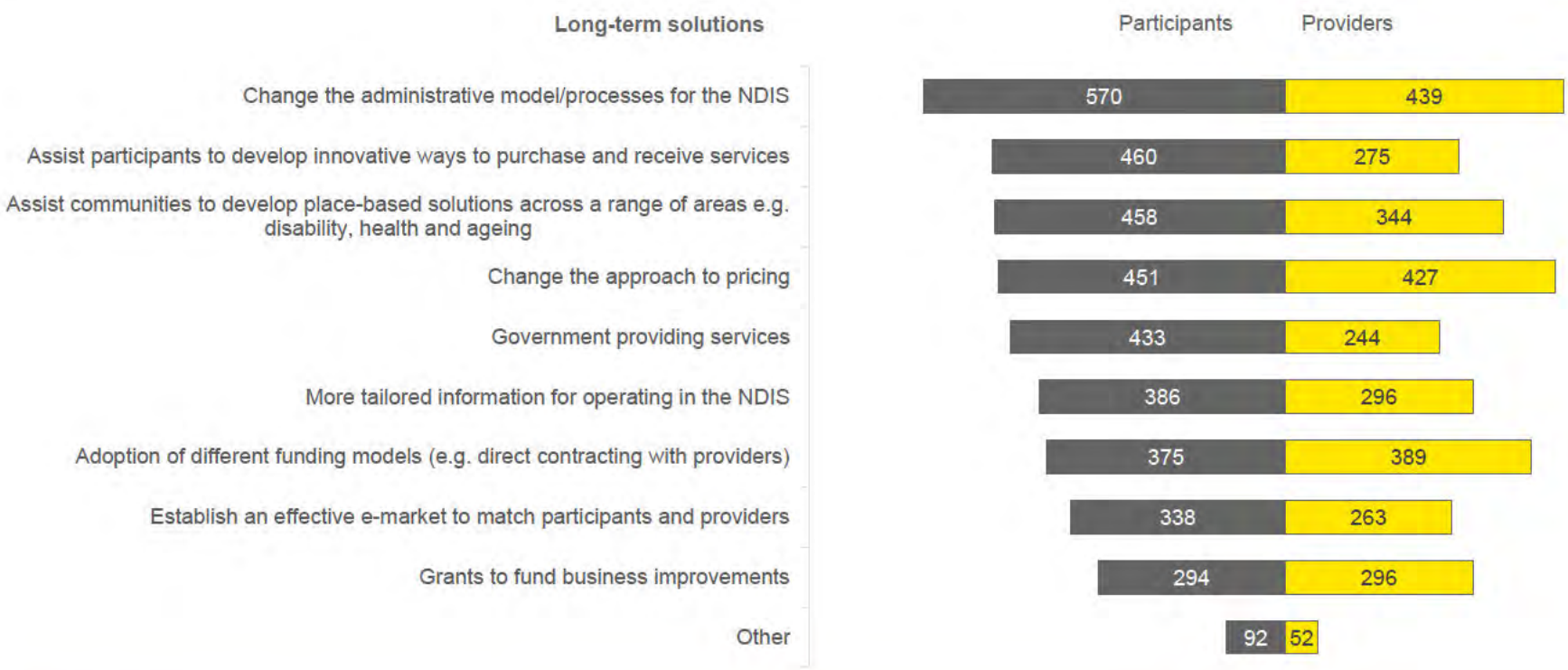
Short-term solutions favoured by providers:

1. Change the administrative model/processes for the NDIS
2. Adopt different funding models
3. Change the approach to pricing

Note on scoring: respondents were asked to rank their preferred three solutions from the list above. Points were assigned commensurately, e.g. first-ranked solutions were awarded three points, and so on. The total scores are provided in the graph above, giving an indication of aggregate preferences.

4 Solutions proposed by providers and participants

Changing the administrative model of the NDIS is still the most-favoured solution in the long-term; however, participants want more focus on place-based solutions rather than temporary government intervention in the long-term



Long-term solutions favoured by participants:

1. Change the administrative model/processes for the NDIS
2. Participants should be assisted to develop innovative ways to purchase and receive services
3. Assist communities to develop place-based solutions across a range of areas, e.g. disability, health and ageing

Long-term solutions favoured by providers:

1. Change the administrative model/processes for the NDIS
2. Change the approach to pricing
3. Adopt different funding models

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