The Impact of NDIS pricing on Ballarat Disability Providers

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We need to firstly understand the policy making environment in order to influence the NDIS/NDA funding knowing who has the power to make decisions and changes is key, develop a well-defined understanding of the issues in order to create a clear unified solution and then advocate and lobby for new NDIS prices and a new Multi Enterprise Agreement. Gaining the attention of policymakers is complex, being able to simplicity present the problem and solution can ease any confusion around the issues raised (Cullerton et al., 2016).

We need a proficient and successful NDIS market for disability support services that include:

1. Quality frameworks for services
2. Financially viable for all three stakeholder groups
3. Training and development for service provider employees
4. Fair and effective enterprise agreement for service provider employees
5. Transparent pricing and calculations
6. Education/advocacy for clients with a disability

Our advocacy project will try to achieve these six key areas through a communication strategy that involves social media, talking with politicians, writing journal articles, talking at conferences and supporting other service providers and advocacy groups to join in.

Look at his through the stages of the critical reflection model- deconstruct, confront, theorise, and think otherwise (Ramachandran, 2017), each stage of the model has an intention.

The four stages look at a critical evaluation of the issue and advocacy strategy. The first two stages look at the meanings and discourses in applying the solution (Henderson & Noble, 2015). The final two staged assist in reconstructing through thinking about other evidence and possibilities on similar and differing topics (Thomas, 1999).

The four stages assist in critically rethinking and reflecting academically whilst working through the possible issues and concerns with the implementation (Gur-Ze'ev, Masschelein & Blake, 2001).

To deconstruct the issues and practices including problems of practice within this stage we try to understand the various perspectives that exist (Bartesaghi et al., 2018). This requires pulling apart analysis of what has or might happen in practice, especially practice that is taken for granted or have become normalised.

Prior to the National Disability Insurance Scheme (NDIS), the disability sector had a different structure with three main groups of stakeholders, the customer who pays the bills (government agencies such as the Department of Health and Human Services), consumers who require the services, people with a disability (PWD) and the service providers who design and provide services for the consumers. The NDIS saw changes in many areas, mainly in the government role from the customer who paid the bills for the consumers, to the regulator and policy maker causing several perspective changes (DSS, 2012 & NDIA, 2019). The following table outlines the stakeholders as they are presently and their relevant perspectives and goals.
The government perspective of the NDIS is focused on the best possible services for PWD with the least expense and maintaining that Australia wide (DHHS, 2016, & NDIA, 2018). The client perspectives include a service that supports their individual needs, quality of life improvement and freedom to choose and make informed decisions (NDIA, 2019 & DHHS, 2016). Service providers want to look after their employees through training, development, ethical and safe working conditions, to stay financially viable and provide the best possible cost-effective services to PWD (Foster, 2019 & Hubbard, 2019 & Jaworski et al., 2018). With three differing perspectives and goals it is difficult to come together and design the best and most sustainable disability sector.

The confronting stage looks at the three perspectives (Government, Provider and Client) and confronts the assumptions underlining practice including an examination of the historical, social and cultural contexts involved (Loja et al., 2013).

**Government**

The NDIS changes in the role of the government becoming the regulator and policy maker created several issues as the government agencies, who had been included within the sector by paying for services, are now creating the policies, procedures and outlining new funding structures. The government looks for the most cost-effective way to provide acceptable services to the majority of PWD, however there are many individuals requiring more that just acceptable services, and many organisations that provide higher quality care outside of the current funding allocations (Sowa et al., 2018).

**Quality frameworks for services**

The NDIS need to have a set quality framework for standard of service. As many providers are cutting services, due to lack of funding and issues with financial sustainability, services are dropping in quality. There are several surveys that show since the NDIS rollout, services and quality of supports has dropped (Aubusson, 2018; Malbnon et al., 2019; Henning-Smith et al., 2018; Little, 2018). Laragy (2018) surveyed NDIS participants and determined the level of people satisfied with their plans, and the support they received. That the percentage of people satisfied with the NDIA planning process has dropped over the recent year. The individual data that was gathered has been placed in the following chart that shows the decline and a need for a quality framework for services, coordination of services, support plans and education material.

[CHART]

**Financially viable for all three stakeholder groups**

The NDIS also sets the prices for services so organisations cannot increase service costs to cover the funding deficit. The National Disability Insurance Agency (NDIA) (an independent Government agency responsible for implementing the NDIS) have responded with an independent pricing review, stating that organisations need to cut their corporate overheads (NDIA, 2018).

The NDIS funding platform does not cover several components that are required to support service providers deliver services to PWD, the items not funded within the NDIS platform are:

**Provider**

Disability service providers value three main things, quality service to PWD, business sustainability and employees. In relation to services, service providers want to ensure that PWD gain the required special supports and quality services they require, supporting independence, choice, privacy and respect. Services are developed planned with the needs of the clients in mind as well as sound business knowledge. Services providers also need to consider business goals and objectives to ensure that they are financially sustainable, promoting growth and have efficient productive operations. They look at improvements and developments, safe work methods, reduction in finances and productivity.

**Training and development for service provider employees**
Disability Support Workers provide care to people with disabilities to participate in the community, develop friendships, participate in activities, maintain relationships, improve social participation and provide respite for family members (Angley et al., 2002). They “are the backbone of contemporary disability support services and the interface through which disability philosophies and policies are translated into practical action.” (Judd, 2017, p.1109). Employees are the most important asset that a business could have and therefore need to be supported, developed and kept safe whilst at work. Training and development can have a big impact on employees, their productivity, health and wellbeing as well as development. To ensure that productivity remains high and service quality is enhanced, the business needs to recruit, develop and retain skilled and experienced employees.

There is already a major concern with skilled labour and poor employee conditions, lack of training, low pay and entitlements make it almost impossible for employers to have the best skilled DSW’s (HACSU, 2016, & FWC, 2017, & Miller, 2017).

The goal of Victoria’s disability plan is to ensure that people with a disability are assisted to perform daily living activities, ensure that needs are met and have an empathetic support worker (DHHS Vic, 2016). How is this possible when there is no funding for professional development, limited opportunities for employee engagement, no time allocation to complete mandatory paperwork and review support plans and no funding to learn about the client’s specific needs (Thaker, 2009)?

**Fair and effective enterprise agreement for service provider employees**

Many Not-For-Profit disability providers are struggling financially as they operate under long-expired enterprise agreements that contain entitlements that aren’t funded and can’t be absorbed (Miller, 2017 & Hubbard, 2019, & Foster, 2019 & Macdonald et al., 2018). This situation is unsustainable and is creating an unbalanced and insecure disability sector. These issues will lead to poor services, a decline in quality and unfulfilled goals of the people we are service in the disability sector. Employees and disability service organisations should be covered by contemporary fit for purpose enterprise agreements (Macdonald et al., 2018). The NDIS structure and funding is based on modern awards that do not consider the grandfathered agreements that a significant number of employers have. These grandfathered agreements exacerbate the already difficult and limited funding structure of the NDIS whilst in the meantime those organisations who are newer and do not have enterprise agreements gain a major competitive advantage over the existing providers (Marchbank, 2017). This is essential to sector growth, expansion, will assist with recruitment and retention.

**Client**

Previously clients had block funding for all the services that they require, however there were many clients who did not have funding under the previous Department of Health and Human Services. Under the NDIS more people with disabilities have gained funding, however there are still concerns about the funding allocations, levels of service, and what services are available for clients. Based on the levels of complexity with individuals, support costs rise through staff ratios, intensity of supports, duration of care, training and supervision and the safety requirements for the increased risk of injury. These costs cannot be absorbed through NDIA funding, they are separate individual issues that are required to be added to client support plans and funding allocations.

**Transparent pricing and calculations**

The NDIS is legally required to provide “reasonable and necessary supports” to achieve independence for PWD. There is a major conflict of interest here, as the determination of reasonable and necessary supports involves an assessment by the NDIA who also administer and manage the scheme (xxxx). The NDIA use very tight and strict definitions of necessary and reasonable in order to allocate funds to PWD and does not deem education, health knowledge, day to day living costs or informal supports already available by family members and family friends (Phelan & Meighan, 2018). This conflict of interest does not work for the individuals requiring supports, or the providers. Based on the conflict of interest the NDIA have in rolling out and managing the program as well as determining individual funding supports, the calculation needs to
be transparent and consistent for all PWD no matter where they live, their background, level of intelligence and support people.

“Disabled people have lost tens of thousands of dollars from their plans with no evidence their needs have diminished” (Aikman, 2019). During the second review of service agreements many PWD had their funding cut for certain services, such as those they didn’t use, creative programs, hours of one to one support, and PWD that get other government funding such as Newstart (Pollock, 2018). In many instances PWD that live in remote areas and had problems finding services within their service plans, had their funding cut (Aikman, 2019).

The NDIS price calculations need to be more transparent, for both providers and clients. Provider will further understand the funding requirements and align them with relevant cost structures, and for clients, there will be a greater understanding of what is and isn’t included in their service plans.

**Education/advocacy for clients with a disability**

There is a trend that PWD that have the ability or have close family that are well educated, confident, articulate and able to debate the required needs have access to more supports than those who have limited education, knowledge and are unable to articulate their needs (Bickenbach et al., 2017). For those individuals who are less likely to contradict a support plan or know the additional supports available, the need for advocacy is greater than ever. Advice, assistance and support (which is also unfunded) for those disadvantaged families and individuals is required to ensure that the plan and coordination of supports are based on the needs and requirements. The people that can fight for more supports should not be at a greater advantage over those that are unable to articulate their support needs.

**Theorise and Think Otherwise**

To theorise requires broad thinking and looking into the relevant research, evidence and other discourses (Beckett, 2014). In order to achieve a change in policy based on the six key issues we need to make a noise, we need to get the attention of the policy makers. Influencing policy change can be complex, especially for those with restricted influence and means.

In achieving the advocacy project’s goals, it is important to form alliances that are a result of investing in key relationships to enhance influence and support the policy changes (Sabatier & Jenkins-Smith, 1993). Creating a frame, or a cognitive shortcut that allows people to understand the goals of the advocacy project will allow people to become more involved and understand the complex information (Weible et al., 2012 & Price et al., 2005).

In order to gain the best possible chance of success, we need to identify as many people as possible that can advocate for the frame created, this can be done through many avenues. By sharing interviews with people that can provide substantial evidence of the advocacy frame and can provide a relatable story and face (Hadden, 2018). Another theory is to appoint a champion for the cause that can create a frame for the advocacy project that are strategically placed within the policy network and can advocate for the issue (Cullerton et al., 2017 & Cullerton, 2017).

To think otherwise is to challenge to think beyond the frameworks known and looking at the possible multiple perspectives (Macfarlane et al., 2006). The methods outlined for building the advocacy strategies are using a successful frame, magnifying it, and capitalising on personal relationships. Further to this is using social media such as Facebook and Twitter has become more and more important in the role of advocacy (Baumgartner et al., 1998). Other advocacy strategies include viral media campaigns such as using YouTube, advertisements and drumming up local support through fundraising awareness campaigns. Recently Facebook and Twitter has inspired protest activities and is responsible for facilitating a large scale objection to government policies in Brazil, Turkey, Bulgaria and Indonesia (Chalmers & Shotton, 2016). There are varying degrees of thoughts about the role of social media within advocacy, some stating that the benefits are overplayed and failing to mobilise support (Gladwell, 2010 & Morozov, 2009). Recent surveys show that 73% of the internet users in the world use social media (Knautz & Baran, 2016). Within this
current technological world, social media can shape a company’s reputation either negative or positively. Due to this there is an increased concern for creating policies and procedures around social media etiquette or netiquette (Bolton, Katok, & Ockenfels, 2002). Together etiquette (the proper way to behave) and ethics (good and bad behaviours) provide a sound solution to ensure that good judgement and polite behaviour is used effectively when working with social media.

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