



NDIS Quality
and Safeguards
Commission

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Quality and Consumer
Consultation Insights Report:
Choice

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Exercising choice is important to me

Authentic choice is crucial in ensuring a diverse and responsive market. The NDIS represents a fundamental change to the way people with disability connect and receive supports. The NDIS was designed for participants to exercise choice to access individualised quality supports from a marketplace of providers.

Choice of the way supports are engaged, designed and delivered is a key element of the NDIS, however the consultation highlighted that exercising choice in the NDIS can be more challenging in reality.

Key Insights

Exercising choice is important to me

- Participants felt that smaller agencies could be more receptive to choice and providing a more tailored, participant centred approach to service delivery.
- Participants shared inconsistencies with independent support workers reliability however when it works it can provide participants with value for money support, and more choice and control – particularly in aligning values and experience to the participants’ needs.
- Participants shared experiences of choice being limited by receiving noticeably different pricing for services and poorer value for money supports compared to non-NDIS participants.
- In areas with thin markets, such as remote and regional locations, choice is impacted by critical workforce shortages. Participants shared they knew they were not receiving quality services but felt they did not have other options and therefore could not uphold their rights.

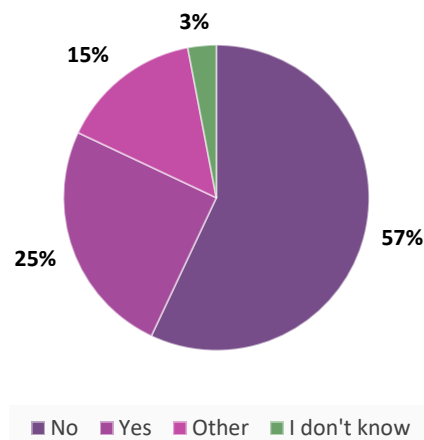
Provider definition

In this report, we have used the word ‘provider’ as a general description of any person or entity delivering NDIS services and supports to participants. We encountered a variety of service relationships and observed them to be varied (and sometimes complex). When participants told us about a ‘provider’ of services, this included workers considered as an employee; contractors; sub-contractors; casual employees; organisations; or sole proprietors.

More definitions and terms used in this report can be found [here](#).

Majority (57%) of participants who completed our survey reported they did not find it easy to find providers who could deliver services

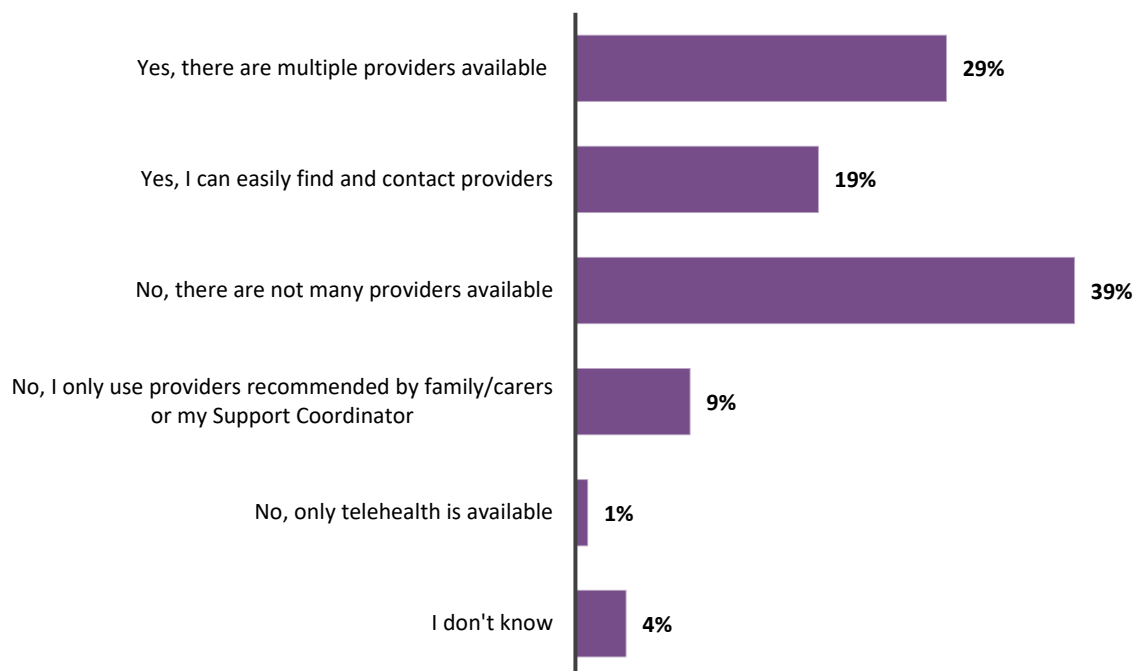
Do you find it easy to find providers to deliver services?



Those who selected the 'other' option spoke about the difficulty finding quality supports in general, and raised concerns around accessibility issues, limited choice and lack of skills.

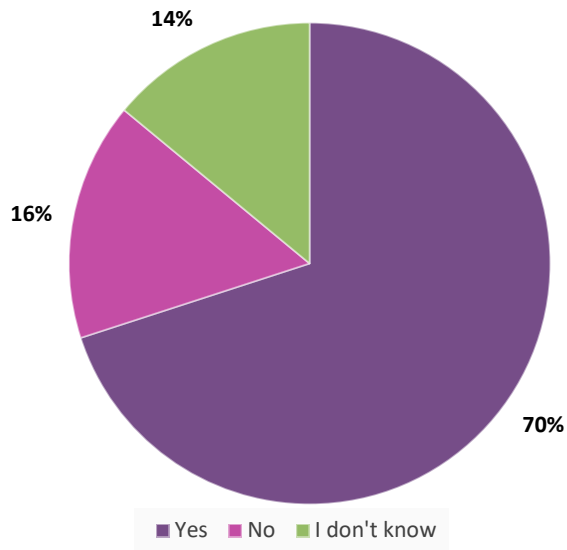
While in some areas participants had many providers available, a significant amount still found choice was limited.

Do you feel you have much choice in providers?



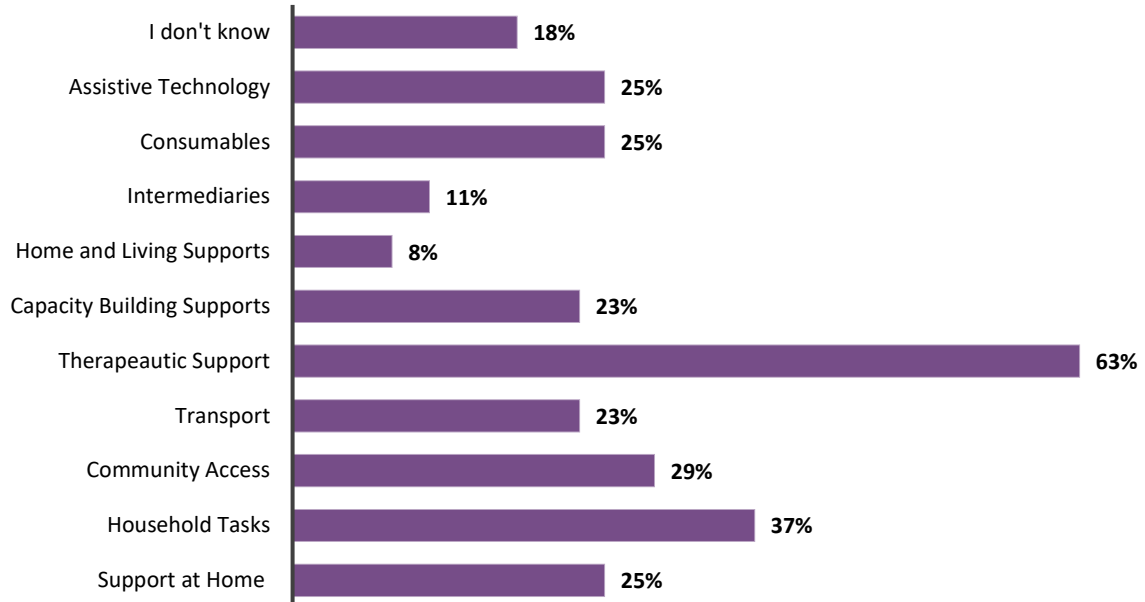
Participants also noticed choice was limited with large discrepancies of pricing in services and supports between NDIS and non-NDIS consumers.

Have you noticed a provider charging different prices for NDIS participants versus non-NDIS participants?



Survey respondents said pricing differentiation was occurring most commonly (63%) in therapeutic supports.

What types of services or products have you noticed price differences in?



Market competition does not necessarily mean greater choice and control.

NDIS markets should promote and enhance participant choice and control over the supports and services they receive. Participants reported that more competition in the market did not automatically translate into more choice and control.

“At the moment, the system is not working for participants because the supports and services are being allowed to do what they want and they are controlling the narrative.”

Participants shared that the rapid expansion of the NDIS market has seen many new entrants including registered and unregistered providers, sole traders, and profile-based platforms such as a mobile application or website where participants and providers create a “profile” to connect. Some participants shared that providers can sometimes lack the requisite training and experience to meet the complex needs of participants. This knowledge gap can inadvertently compromise the quality of services, leaving participants dissatisfied or inadequately supported.

“There are many new 'providers' on the scene, particularly support workers and Support Coordinators - independent and part of companies that need significantly more training and experience.”

Participants told us while digital tools such as apps or website-based platforms enhanced accessibility and convenience; they come with their own challenges. Participants shared experiences of some providers, affiliated with these platforms, not being as motivated to deliver quality services. Some participants shared this may be because a portion of their earnings is appropriated by the app, or there is a profit motive that could potentially reduce the quality of service.

“Support workers did not work as hard when the provider or app (e.g. Mable, Hire Up) was taking a percentage of the hourly rate. I looked for private support workers instead for this reason.”

Participants felt that the providers with less experience were unfamiliar with the nuances of the NDIS market. Participants shared experiences of providers often opting to charge the highest Price Limits set out in the NDIS Pricing Arrangements and Price Limits (previously the NDIS Price Guide), without a justified reason for such a price. There were concerns from participants that this might alienate participants who seek value for money and impact services that are more appropriately priced in relation to their quality.

“New pop up services and independents are making it worse, demanding capped rates, and they have no real idea about 24/7 disability support.”

In February 2023, NDIS Commission launched its Own Motion Inquiry into Platform Providers Operating in the NDIS Market (the Inquiry). The Inquiry examined how Platform Providers function in the NDIS market and the findings spoke to the themes found in this consultation report. You can read the findings from the Inquiry [here](#).

Provider size and the impact to choice

Some participants told us they look at provider size to give an indication of quality and how much choice they will have in supports. Providers can be large companies, small not-for-profits, sole traders, or any other type of business. Participants shared experiences of larger organisations

possessing the infrastructure and resources to enhance service delivery and therefore be a more beneficial choice. While other participants shared experience of larger providers focusing their efforts towards maximising funding rather than participant support needs which can compromise the quality of services and reduce choice for participants. Participants highlighted instances where larger providers have charged more, only to deliver services that fall short of expectations.

“I look for smaller agencies. I find that the larger ones do not care and charge more to do less of a service.”

Participants shared their experience with larger organisations justifying a higher cost due to higher overheads to maintain their organisation. However, while participants reported that they understood this reasoning, they often noticed a lower service quality.

“The bigger the organisation the more overhead they have, the more they charge, the quality is less - they overcharge or charge inappropriately

Participants told us they have experienced unreliability and inflexibility of workers from organisations where there is higher worker turn over and a disconnection between organisation and the people they are providing services to. Participants expressed greater satisfaction with service providers that they are closer to, who are agile, dependability, and a more person-centred approach. Some participants also felt some organisations could be aggressive, and at times, use poor provider practices that took control over supports, instead of working with participants to deliver individualised supports.

“Some of the bigger providers tend to be a bit pushy and like to take control, which is not always about the participant and more about their business.”

Some participants shared they felt the bigger providers wanted them to conform to a predetermined, standardised service model. This 'cookie-cutter' approach overlooked participants' unique needs and circumstances. Some participants noted that they were viewed not as individuals with dreams, aspirations, and needs, but rather as mere representations of their NDIS plans. Participants shared this commodification of participants is dehumanising, and can lead to situations where providers over-promise but under-deliver.

“The bigger the organisation the less you are a person, more a plan.”

Greater participant choice in support design and delivery can improve support quality

Participants shared with us that quality of supports is felt most acutely with providers that can offer a more personalised service where participants feel seen, respected and valued as consumers of services. Participants identified these behaviours occur more commonly with smaller providers and independent workers. Participants associated quality service with providers and workers who they are able to build trusted relationships, offered personalised experience and a more responsive approach to their needs.

“When choosing, preference is to go with local small businesses as it enables young people to build a more personal connection with their providers.”

Participants also highlighted that smaller providers and independent workers are often more agile in adapting to the daily changing needs and preferences. The ability to be flexible in service delivery meant providers were more willing to find innovative and person-centred supports. As one participant noted:

“I suppose that they (sole traders) tend to have more experience and a lot more flexibility and greater likelihood that you'll be able to work with them in the long term.”

Participants shared that independent support workers, such as those procured through online platforms, are often able to offer their services to a broader range of participants, which means a greater desire to be competitive and build a clientele. One participant spoke of the challenges engaging in the market due to personal circumstances, and that using providers who can meet their flexible needs made this easier:

“I have had to use a lot of independent support workers, it is hard to find people who work well for me. I have difficulty finding suitable agencies.”

Participants also discussed the benefit of independent workers being able to offer unique or niche services that may not be available through larger providers. This gave participants a higher level of satisfaction and a higher level of choice and control:

“Majority of my providers are sole operators who are known to me. It took a couple of years to find the right ones and now we have an excellent team. They all have different backgrounds and provide excellent support.”



Thin markets mean limited control and higher costs

Participants shared their experiences of limited availability of providers for specific complex needs. Limited availability was also an issue for participants in remote and regional areas, where the number of providers was limited due to population and geographic constraints. This restricted their ability to choose services that aligned with their preferences and needs. Participants told us that in these settings there was little to no pressure on service providers to maintain and improve the quality of their services.

“If it does not cause me harm, it is good. That is how low my bar has become these days due to limited choices.”

Participants told us how existing relationships between participants and providers are often complex. When a participant has choice in theory, there may be limited quality options available. In remote and regional areas where markets are “thin” there may be no option to exit from a provider, as there may be no suitable alternative provider options.

A number of participants also did not like the fact that the support coordinators and service providers were often from the same organisation, as they felt they had nowhere to turn if they had a problem. Participants also told us that thin markets was particularly problematic when seeking support for specialised needs, such as complex medical conditions. It was also hard to find providers who were appropriately trained and culturally competent.

“No choice given to participants therefore results in lack of understanding when not culturally appropriate and language barriers prevent communications.”

Participants were frustrated at the disparities of cost between locations with many providers, where competitive pricing existed, and areas with fewer providers, where prices were high. Participants in remote and regional locations told us that the lack of choice created an additional burden on them. Due to transportation and access issues, participants often had to travel long distances to access services, which was both physically and financially burdensome. This was noted as particularly frustrating as there was not always a guarantee that the service would be available. Participants shared that providers in these settings told them they need to charge higher costs to invest in additional resources, marketing and administration to maintain operations, however they felt this was inefficient in having an impact on their services and supports.

“It is very difficult - I live rural and have not much choice. I am forced to pay exorbitant prices because if I don't I am left without supports.”

Outside of the NDIS, state and territory governments hold responsibility for delivering many of the key mainstream service systems that support all people, including people with disability particularly in the areas of education, health, transport and accommodation. Participants shared frustration with a lack of access to these services and the impact to the availability of providers and on the delivery of their NDIS supports. For example, participants in regional areas talked about a lack of housing availability, which if available for providers to live in, would increase participant’s access to services.

Other participants expressed frustration with assumptions made by governments that there is adequate access to technology (computers, the internet and other material and digital resources) in regions. Participants shared that they felt these assumptions can stifle innovation and in turn limit their capacity to exercise choice and control over supports. In particular, operating with these assumptions can inhibit their involvement in decision-making. As one participant told us:

“There is no postal delivery or office so people do not have copies of their plans or understand how a plan is constructed.”

NDIS and the impact of pricing

Participants shared positive outcomes because of being a participant in the NDIS. However, many participants we spoke with were dissatisfied with their experience, expressing they felt the scheme had moved away from its intent of enabling choice and control and being consumer driven, to instead being driven by business models that focus on profit at the expense of quality:

“Since NDIS, everything cost more and most therapy is not as good as it was.”

Participants shared their experiences with new providers establishing themselves with enthusiasm. However, participants told us their belief that providers see the NDIS as an opportunity to make profit without realising the investment required in administration, insurance, financial management, relevant safety and quality standards, and the time and resources to deliver these effectively. This often meant providers would quickly close down and leave participants having to find other supports. A number of participants in remote and regional areas raised this:

“People in the community see it as a money making machine and there is a lack of education in my community.”

Participants told us that they felt the pricing guides were more detrimental than helpful in realising accountability. Many participants shared they felt unsafe or uncomfortable with the lack of transparency and communication about the prices providers are charging, including charging for unnecessary things. In particular, participants told us they were discontent with having to pay the same or higher rates for providers with limited experience. Participants felt providers had a misunderstanding of the pricing guide and how it should be applied, with many providers telling participants they were obliged to charge the maximum amount:

“The problem with the price guide is that providers will often tell people that is what they have to charge under NDIS rather than that’s the maximum allowed.”

Overwhelmingly, participants told us of pricing discrepancies existing in the market. 70% of participants completing our survey told us they had noticed price differentiation. Participants are being charged for goods and services at a greater amount than those same goods and services offered to non-NDIS participants. Participants told us this is most frequent with allied health providers and supports, but occurred across multiple areas as indicated in the table below. One participant provided an example of her and her husband both accessing the same physiotherapist but her husband being charged significantly less. As a strategy for avoiding pricing differences, many participants would not disclose being NDIS participants:

“I never say that I am an NDIS participant just to make sure I get the best price to stretch my budget.”

Terms and Definitions

Agency-managed participant: A participant whose NDIS funding is managed by the NDIA. Participants who choose to be Agency-Managed can only access supports and services from registered NDIS providers.

CALD: Refers to any person or group of people that are culturally and linguistically diverse.

Choice and control: A participant has the right to make their own decisions about what is important to them and to decide how they would like to receive their supports and who from.

Complaint: telling the NDIS Commission if you are unhappy with or have a concern about your current NDIS supports or services.

Confidence: a high level of trust. For example, you are confident your provider gives you correct information.

Consumer: see “participant”

Demographic information: Data about the features or characteristics that define an individual or group. For the purpose of the Own Motion Inquiry, this includes data such as location, age and disability type.

Dignity of Risk: is the right to make decisions about yourself and your supports including choosing to take risks.

Empowered: people having power and control over their own lives and confidence to make a decision.

Information: Knowledge provided to you or that you look for in relation to NDIS Supports.

Informed decision-making: have all the information and facts available related to the decision topic

Knowledge: Facts, truths, information provided to you or that you look for.

LGBTQIA+: Refers to a person’s sexual orientation and/or gender identity and is an abbreviation for lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies), and more.

Market: A collection of providers offering products and services to NDIS participants. Also known as NDIS Market.

Misinformation: False or wrong information about the NDIS or NDIS services that is spread by accident or on purpose.

NDIS Market: The NDIS Market is the collective term for all Providers and Services available to NDIS Participants to purchase using their NDIS Plan funding.

NDIS participants: People with disability who receive NDIS funding to access services and supports from registered and unregistered NDIS providers.

Participant: A person who meets the NDIS access requirements.

Peak body: An organisation which represents organisations and members of the community in the disability sector.

Plan-managed participant: A participant whose NDIS Plan is managed by a provider who is registered with the NDIS Commission to deliver Plan Management. Participants who choose a plan management provider can access supports and services from both registered and non-registered providers for most supports.

Registered NDIS provider: A registered NDIS provider is a person or organisation that is registered with the NDIS Commission in accordance with section 73E of the National Disability Insurance Scheme Act 2013. NDIS providers must be registered to deliver some kinds of supports (e.g. implementing regulated restrictive practices in a behaviour support plan). NDIS Providers must be registered to deliver NDIS funded supports and services to participants in the NDIS whose NDIS plan is managed by the National Disability Insurance Agency (NDIA), See “Agency-Managed Participants”.

Registration Process: Registration of NDIS providers is a process that aims to ensure the provision of safe and quality services by requiring providers meet quality and competency standards and engage in additional safeguarding practices such as reportable incidents. These standards are proportionate to the risk associated with the type of service delivery and the scale of the provider.

Registration status: Indicates if an NDIS provider is registered or unregistered. See also: ‘Registered NDIS provider’ and ‘Unregistered NDIS provider’.

Safeguards: An appropriate measure or measures taken to protect participants from unnecessary risks or harm.

Self-managed participant: A participant that manages their own NDIS funding either fully or in part. Participants who choose self-management can access supports and services from both registered and non-registered providers for most supports.

Service types: Refers to groupings by type of services and supports delivered to participants. These are:

- Support at home: such as personal care, meal preparation assistance, medication and/or skill development to increase independence with daily life activities
- Household tasks: such as lawn/yard maintenance, gardening and/or cleaning
- Community access activities: such as travel/transport, appointments, shopping, social activities
- Therapeutic support: such as Occupational Therapy, Speech Therapy, Psychology etc.
- Behaviour Support: such as implementing behaviour support strategies"

Sharp practices: a range of practices involving unfair treatment or taking advantage of people.

Unregistered NDIS provider: A provider of NDIS supports and services that has not been registered with the NDIS Quality and Safeguards Commission.

Worker screening: The NDIS Worker Screening Check is an assessment of whether a person who works, or seeks to work, with people with disability poses a risk to them.

Worker/Support Worker: An individual who deliver’s NDIS funded supports or services to an NDIS participant. A worker may be a NDIS Provider or employed or engaged by a NDIS Provider (registered or unregistered). ‘Workers’ includes but is not limited to employees, sub-contractors, independent contractors and sole traders.