inclusiondesignlab

driving up quality

in disability support organisations

2

inclusion melbourne

Inclusion Melbourne is a community support organisation that has worked with people with an intellectual disability for more than 65 years.

Unlike other activity support day services, Inclusion Melbourne does not operate a centre and doesn't ask people to select activities from a list, follow a group schedule or stay in a centre. Instead, Inclusion Melbourne supports people to live a fulfilled life, to participate in community activities based on individual needs, wants and interests, and supports developing meaningful friendships within the local community. In other words, Inclusion Melbourne offers fully personalised support in the community.

Inclusion Melbourne's vision is to provide people with the opportunity to live in an inclusive community and to take their place in society as respected citizens.

inclusion designlab

Inclusion Designlab is Inclusion Melbourne's engine room for research, innovation, communications and policy.

Our vision is to bring together people with a disability, community organisations, and the world's leading disability researchers to develop cutting-edge models of practice, choice and citizenship that shatter glass ceilings and promote a more inclusive Australia.

We do this by developing, trialling, and implementing new systems of support and communicating our insights through a range of publications and media. We are also significant contributors to public policy and government inquiries.

The products and services created by Inclusion Designlab contribute to the continuous development of the disability sector through evidence based practice, accessible materials, and vital training for families and collegiate organisations.

contents

meet the contributors

professor christine bigby

Director of the Living with Disability Research Centre at La Trobe University and Chair of Academic Board

Professor Christine Bigby has established herself internationally as an advocate and researcher for the social inclusion of adults with intellectual disability. She has published six books and more than 100 peer reviewed journal articles on effective policy, program and practice in disability support services. Much of her research has focused on culture and staff practice in supported accommodation services. Bigby's research has also included topics such as the history of self-advocacy, participatory research, strategies to support social participation, and the capacity of disability and mainstream services to support healthy ageing for people with lifelong disability.

Professor Bigby is highly respected in her field as a Board Member of the Australasian Society for Intellectual Disability (ASID) and past Chair of the Special Interest Group on Ageing and Intellectual Disability of the International Association for the Scientific Study of Intellectual and Developmental Disability (IASSID). She is also a Fellow of IASSIDD, and life member of the Australian Association of Social Workers. Bigby's commitment to the field is highlighted by the Round Table on Intellectual Disability Policy that she convenes annually at La Trobe University.

tim flowers

Partner at Saward Dawson Accountants

Tim Flowers has been a partner with Saward Dawson Accountants for eight years. He has extensive experience with all facets of enterprise management, assurance and governance and is particularly well acquainted with the pressures caused by NDIS transition. Tim has been involved with the DHS Disability Price Review project as a consultant to National Disability Services as well as acting as lead partner on numerous disability, community health, employment and training engagements. He has served as a committee member on NDS Victoria's Disability Services Transition Plan committee and a key note speaker on NDS Victoria's change challenge series.

Saward Dawson Chartered Accountants is a long established firm with extensive experience in the provision of costing, pricing, enterprise redesign, audit and related assurance services to the disability support sector. Their desire to make a difference in the community is reflected in their well-established relationships with many not-for-profit organisations such as charities, churches and other philanthropic groups. Their expertise in compliance and corporate governance has improved the efficiency of community organisations so that more funding reaches their final users.

the NDIS and your organisation

The National Disability Insurance Scheme (NDIS) is an insurance scheme that offers all Australians with disability access to the support required to live fulfilling lives as equal citizens and community members. The Scheme is managed by the National Disability Insurance Agency (NDIA) and funded by the Federal and State governments. People who sign up to the NDIS are known as participants and commence their engagement by developing a support plan with the assistance of a planner. Unlike Australia's previous disability funding systems, in which an often insufficient amount of funding was distributed to support organisations, the NDIS will see funds go directly to participants in order to purchase reasonable and necessary supports.

The NDIS will therefore offer people with a disability increased choice and control via self-management of their support funding and the ability to shop around for the most suitable supports. The scheme will establish a new partnership and transactional relationship between people with a disability and disability support organisations. More than ever, disability support organisations will need to function as enterprises – businesses – that exist in a free market environment and accordingly will need to offer value for money and have firm boundaries around their core business and strategic planning. This is a significant challenge for the hundreds of small to medium sized charitable organisations that form the current support system.

The NDIS website is **www.ndis.gov.au** and the My Access Checker for prospective participants can be found at: **https://www.ndis.gov.au/ndis-access-checklist**

quality and the NDIS

Quality in disability support organisations is the discipline of identifying, implementing, measuring and reviewing the practices, processes and operational components that will lead to the best outputs and outcomes for people with a disability, create the most efficient operating environment, and maximise long-term sustainability of operations.

> Organisational culture can often appear to value quality, however quality is often confused with:
>
> ▶ **Compliance**
> Ensuring that operations demonstrate a number of set characteristics at a given point in time.
>
> ▶ **Outcomes only**
> Positive results for stakeholders, even if those results are not repeatable and occur haphazardly.
>
> ▶ **Impressive systems**
> A well-ordered collection of policies and procedures, templates, forms and rules.

Pursuing quality requires a willingness to critically examine, in detail, the practices of the organisation and the lives of the people it supports. Adopting a quality mindset enables the honest pursuit of the following questions

A quality mindset asks some of the following questions:

▶ What does it take to achieve good quality outcomes? How can we maintain these?

▶ What is our practice model? Is it consistent across the organisation?

▶ How do we train people?
  › Do we use a set of considerations? A manual? A practice model? Hands on? Observation?

▶ How do we keep abreast of the advancements in knowledge in the sector?

▶ Do we have strong relationships with industry, government and academia?

▶ Do we communicate with our stakeholders appropriately? Do our stakeholders include the people we support or their families or advocates or all three?

▶ What is good organisational culture? What does it look like?

▶ Which factors work well in service delivery? Which factors in combination? How can we learn about this?

▶ Which variables are the most important? Which are less important? How do they interact?

▶ How do we embed practice frameworks such as Active Support and Positive Behaviour Support into our organisation?

Better quality of life outcomes are evident when the following elements are present:

Necessary conditions with adequate resources

Accommodation
Small sizes, located in typical housing dispersed throughout regular neighbourhoods.

Day services
Personalised approaches with strong community linkages.

All service types
Strong practice model and coaching

Values

A mission that puts quality of life of service-users at the core of all its actions

➜ Coherence of organisational values and policies

➜ Organisational leadership policies and procedures

➜ Observable implementation of a practice model

Culture that is congruent with the formal mission of the organisation

➜ Informal cultures in supported accommodation and support delivery that are contradictory to the formal mission of the organisation will prevent quality outcomes from occurring over the mid to long term.

Strong knowledge of service user characteristics

➜ Strong knowledge of the context, skills, interests, background and disadvantageous attributes of the lives of people supported by your organisation

Staff and managerial working practices

➜ Reflect organisational practice model and values

➜ Receive attention and training

➜ A practice model must be supported by practice leadership, practice coaching and observation.

culture in disability services

Characteristics of high quality services

➔ Power holders reflect the values of the organisation

➔ People supported by the organisation are included as equal citizens within their supported environments. This might look like staff eating meals alongside the people being supported and talking together as peers. The only focus on disability and impairment is for the purpose of providing better support.

➔ Work practices that centre on the person

➔ Work practices that focus on supporting the choices of the person

➔ Open and discursive culture between staff with a focus on how to provide the best support

➔ Practices that prioritise community inclusion as led by the choices of the supported person

➔ Staff become leaders to the outside world so that people in the community can learn about inclusion and person-centred support

➔ All staff understand the everyday, lifestyle and lifelong choices of the person being supported and seek to help the person achieve and action these

VS

Characteristics of poor quality services

➔ Power holders in the organisation do not reflect the values of the organisation

➔ Poor inter-personal communication between staff

➔ Work practices that centre on staff and staff convenience

➔ Work practices that centre on tasks

➔ Work practices that centre on resource availability rather than individual choice

➔ Culture that sees people with intellectual disability as inherently different, with clear separation between staff and the people being supported

➔ Language and practices that define community inclusion in terms of community presence, rather than active, sustained and relationship oriented participation

➔ Haphazard approach to addressing the choices and goals of the person

Friend, support worker, relationship?

Strong relationships between staff and service users form an inherent part of good practice. This is challenging in a professional context, however it is nonetheless a vital part of quality service that needs to be navigated.

Some questions for your organisation:

▸ Are we just support staff to the people we support or are we something more?

▸ What does it mean to be in a friendship with the people we support?

▸ How do we acknowledge the relationships that exist?

▸ What if we are the only true friends a person with disability has?

▸ How do we leverage our relationships with the people we support to help them build additional relationships in the community?

▸ How do we acknowledge this then move toward a broader network of friends and natural supports?

choice and quality support

Organisations that thrive in the National Disability Insurance Scheme environment will be able to clearly articulate the outcomes they can deliver for people with disability and employ a consistent practice model.

1 ▶ Know the people you support

Ensuring that you know and understand the person well is the cornerstone of good service delivery. Refer to the guide, *7 Approaches to connect with your community* to learn how to develop a more complete picture of people with disability who have limited networks.

2 ▶ Understand choice making and how to support choice

Refer to booklet 1 of the *It's My Choice!* toolkit to learn about the Principles of Choice.

Utilise the *It's My Choice! Video and Discussion Guide, and Guide for Service Providers* to support employees to gain a greater understanding & be able to support people with intellectual disability to learn more about making choices.

All versions: Resources available at
**www.inclusiondesignlab.org.au/choice**

3 ❯ Examine and review any unacceptable limitations to choice within the organisation

Personal experiences may be limited by money or experience. Nobody is completely free to choose and pursue any choice they wish. However, what is important is whether the limitations people experience are reasonable or not. (See *Principle of Choice 6.)*

Based on arguments of discrimination and social justice, limitation on experience should be no greater for a person with a disability than it is for others, and limitations on experiences should be no different in form or measure to community 'norms'.

Acknowledging and supporting dignity of risk will enable organisations to better support people to achieve their goals.
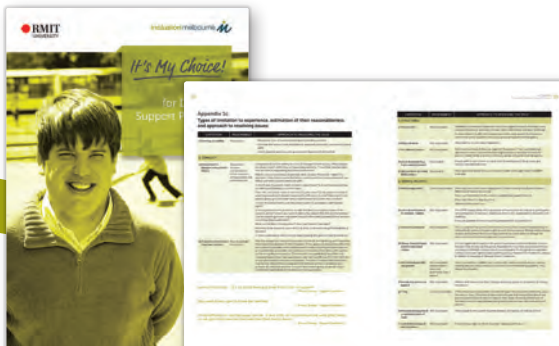
4 ❯ Implement personal approaches to planning for great outcomes

1 ❯ + 2 ❯ + 3 ❯

Understanding the goals and choices - and the supports required to attain these - is central to the NDIS planning process. Doing this research in advance will lead to a more streamlined engagement with the Scheme.

practice and service design

Is your model complete?

Support organisations may have highly person centred practice models that include Person Centred Active Support and Positive Behaviour Support, however if one or two of the following elements are missing, poor outcomes - such as isolation and a lack of meaningful inclusion - may still occur. This is evidenced by the fact that well-designed services operating within old program models can often deliver better practice and better outcomes than poorly-designed services operating according to newer, more dynamic personalised community-based support models.

3

Quality documents and processes ☑

- ☐ Policies and procedures

- ☐ Articulated and documented practice model

- ☐ Practice coaching system

- ☐ Feedback processes

- ☐ Communication of practice model at all levels of the organisation

- ☐ Position descriptions reflect practice model

- ☐ Observation and monitoring system

- ☐ Practice-focussed internal auditing

- ☐ Family engagement that includes communication of practice model and easy to understand quality indicators

- ☐ Collaboration between staff and families in designing supports

- ☐ Analysis of practice-based outcome data by third parties

- ☐ Staff are trained in understanding their role in driving quality and recording meaningful practice data

1

Management

- Does management understand the practice model? Does the board of directors?
- Which practices are prioritised?
- Is the support model contextualised to each person supported by the organisation?
- Does every support shift, involve a shift plan and clear guidelines for consistent approaches?
- Have appropriate combinations of staff, shift lengths and shadow shift requirements considered?
- Has the organisation had an in-depth conversation about observation? (See NDIS Readiness publication #1 for more about observation)
- Do staff job descriptions include content relating to practice?
- Has the practice framework been made explicit to all organisational stakeholders?

2

Practice leadership

- Research shows 5 strong elements of practice leadership: coaching, modelling, teamwork, supervision, and a focus on outcomes.
- Sometimes, practice leaders have a dedicated role. Other times, team leaders or coordinators are endowed with this role.
- Are your practice leaders empowered to make change when necessary?

4

Partnerships

- Understanding advancements in practice and research is vital, yet organisations are not formally required to engage with such literature. Continual learning is required if not evidence-based techniques are to be trialled and implemented by your organisation.
- Do you do research with universities and academia?
- Do you read current literature? Can you influence the accessibility of this material?
- Do you have quality partnerships with leading organisations?

5

Communications

- Do your communications processes include distilled content about practice?
- Do your communications demonstrate examples of what inclusion and good practice look like with real examples?
- Do your communications reflect the diversity of the people you support and outcomes in your service?

a new disability market

The NDIA is able to continually improve through operating as a true insurance scheme:

▸ By using rich data to make continual actuarial assessments of costs and effectiveness

▸ By using data analysis to improve cost control and streamline processes

▸ By measuring and seeking to minimise the cost of supporting someone over their lifetime rather than just twelve months

The NDIA is creating an organisation that will quietly exist in the background of people's lives in the way Medicare has done. That is, aiming to be efficient, trusted and unobtrusive.

Many organisations are not adequately aware of how the emerging disability support market will behave. With funds provided directly to participants, and with planning occurring in partnership between participants and the planners, a competitive marketplace will be created as consumers seek to find the best possible products and gain the best outcomes at the most reasonable price.

	Past	Present	Future	Organisational implications and suggested change focus
Funding mechanism and agency	State Government block funding	State Government individualised funding	Individual via entitlement based federal NDIA funding	Retaining and winning "right" client work and maintaining healthy client relationships
Funding application	Controlled by service providers	Portable, very low volatility	Controlled by individual, higher volatility	Scenario planning
Funding measurement	Support Needs Assessment (SNA) measured by State Government	SNA measured by State Government	Funding measured by clinicians and audited	Effectiveness measures and quality
Service delivery focus	Support hours and safety	Support hours and quality framework	Service effectiveness and actuarial savings	Understand and deliver agreed evidence based supports
Unique value proposition (UVP)	Not important	Important	Crucial	Understand and develop UVP, market and deliver effectively
Cashflow and credit risk	Not important	Important	Crucial	Implement business rules and effective measurement
Understanding individual performance	Not relevant	Important	Crucial	Understand individual performance and accountability measures
Funding specialised capital assets	Hybrid capital funding models	Hybrid capital funding models	Private capital funding	Explore ownership and financing models and return requirements
Importance of strategic planning	Important	More important	Crucial	Shaping the future starts with tone at the top

Table from Despott, N, Flowers, T, Leighton, D (2013), Individualised Supports: Pricing and Costing Strategies for Disability Support Providers, Inclusion Melbourne/Saward Dawson: Melbourne, used with permission.

an efficient price

The NDIS currently develops price lists for all supports. Participants' plans are developed and funds provided with a focus on value for money relative to benefits achieved and cost of alternatives, specifically targeting supports that will allow the attainment of the person's goals.

A transitional price of $38.78 per hour for supports was introduced during the launch period. In the coming years, this will be lowered to an efficient price. This is based on the Modern Award and will be indexed annually.

The NDIS marketplace will see some organisations charging less than the efficient price or other listed prices. The efficient price is a benchmark that providers of support will need to operate within.

For many providers, the efficient price is much lower than the current hourly price for 1:1 supports. Organisations need to understand and review their costs so as to determine if they can operate services without losing money.

In future years it is expected that the NDIS will convert to a true marketplace with providers setting their own prices, subject to market forces and demand.

Traditional services compared to the new NDIS funding model
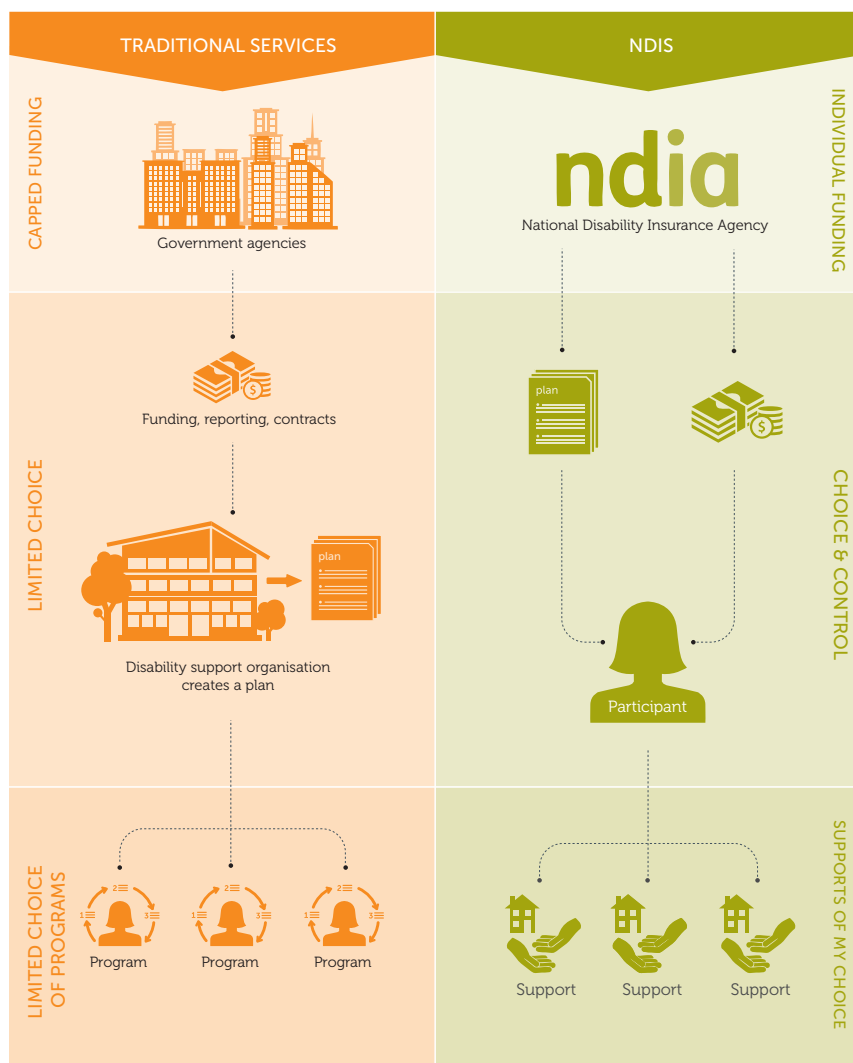
an organisational self assessment

The following pages feature questions for discussion within your organisation. Use these to develop a 100 day action plan for getting your organisation ready for the new NDIS marketplace. Consider the following three questions as you work through the pages:

▸ What does our current project and change management framework look like?

▸ How thoroughly do we plan, do, study and act?

▸ How do we get more disciplined about creating intelligent and rapid change in the lead up to, and during, the NDIS rollout?

1. Purpose

2. Efficiency

3. Inclusion/exclusions

4. Effectiveness

5. Systems

6. Working capital and cashflow

7. Participant engagements

8. Competitive positioning

9. Market convergence

10. Workforce

Start

Plan continuous improvement

Define the system

Standardise improvement

ACT

Assess current situation

PLAN

Study the results

STUDY

DO

Analyse causes

Try out improvement theory

questions for your organisation

1. purpose

- If market failure is no longer our "reason for being" then what is our purpose?

- Are we the best organisation to deliver and strengthen human rights in a contestable market?

- What are the key products, locations we will focus on supporting?

- What is your model of support?
  - Which model of accommodation?
  - Which type of home care?

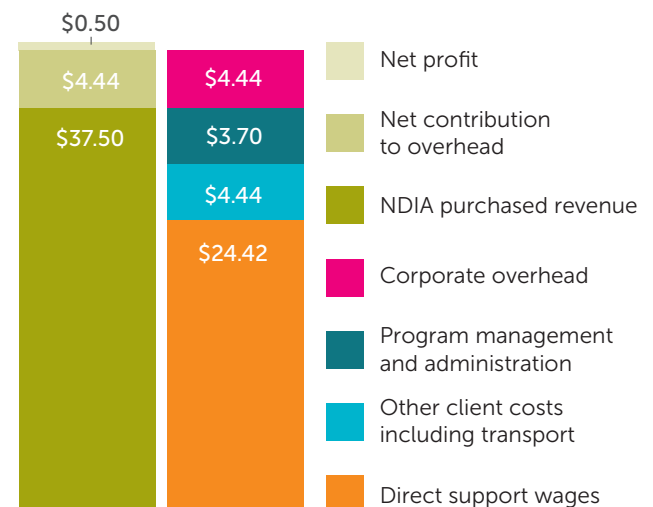|	CURRENT STATE		FUTURE STATE
Price	Nominal government based price	→	Efficient market setting price
Workforce	Undisciplined workforce mix	→	Disciplined and considered workforce mix
Staff	Undisciplined client facing time	→	Disciplined client facing time
Management approach	Undisciplined management spans	→	Disciplined management spans setting great *tone at the top*
Resource planning	Accidental use of infrastructure	→	Designed and optimised use of organisational infrastructure
Corporate overhead	Overhead black box	→	Disciplined core which underpins human rights
Quality system	Improvement by accident	→	Continuous improvement
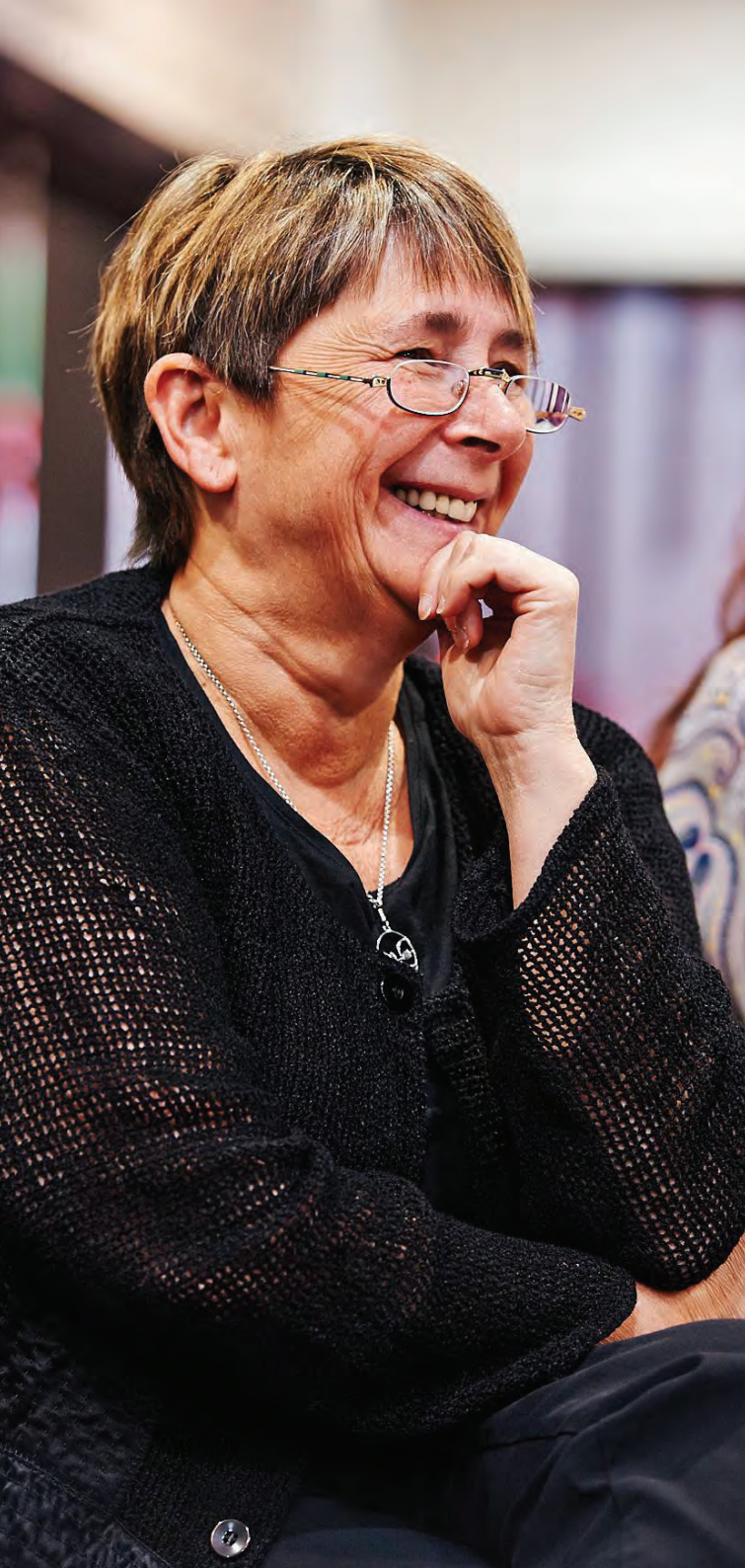
2. efficiency

▶ What needs to change in our organisation in order to deliver services within scheduled prices?

▶ What type of support workforce is needed?

▶ How efficient do they need to be?

▶ What supervisory staff are needed?

▶ What infrastructure is needed?

▶ How do we optimise infrastructure holding costs?

▶ How do we optimise our overhead?
  › What's in our corporate overhead?
  › How much of this optimises human rights per dollar?
  › How do we plan to improve efficiency?
  › Who is responsible for achie ving this?

Efficient and reasonable post deregulation price and efficient execution

Efficient marginal business

$0.50	
$4.44	$4.44	Net profit
		Net contribution to overhead
$37.50	$3.70	NDIA purchased revenue
	$4.44	Corporate overhead
	$24.42	Program management and administration
		Other client costs including transport
		Direct support wages

How much profit is enough?

In moving into a contestable market with both charitable and commercial providers, not for profit organisations must ensure that they can deliver supports well into the future. This means operating within a budget and planning to achieve a surplus in most years so as to enable the organisation to grow and be able to continue to support people into the future.

FINANCIAL METRIC	RAMSAY HEALTHCARE^	PULSE HEALTH^	G8 HEALTHCARE^	NOT FOR PROFIT AGED CARE AVERAGE~	FOR PROFIT AGED CARE AVERAGE~	CANADIAN DISABILITY SUPPLIERS#
Net profit margin	6.41%	5.60%	11.31%	4.50%	10.50%	4.10%
Return on assets employed	7.02%	5.53%	8.27%	3.30%	7.70%	N/A
Return on equity	16.96%	13.91%	12.76%	9.54%	22.26%	N/A

Data sources:

^Data sourced from Thomson Reuters based on 2013 annual data

~ Data sourced from inaugral report on funding and financing of aged are sector 30 June 2013

Data sourced from "large" disability organisations in Canada – Group 624120 results for 2011
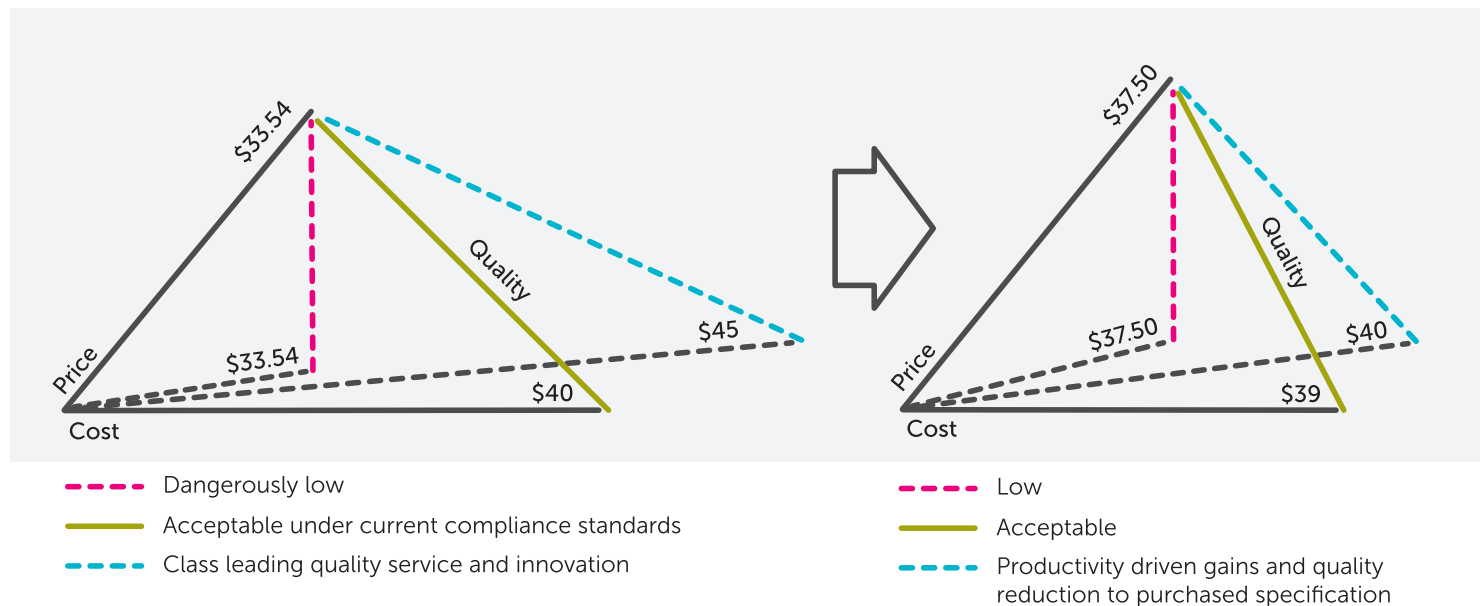
Reflect on the table above.

‣ What kind of net profit margin is our organisation currently returning?

‣ What return does each of the key support types achieve?

‣ How does this look on a risk adjusted basis?

‣ What kind of net returns on assets or equity employed is our current disability enterprise returning?

‣ What would have to change for the organisation to hit a commercial target?

Balancing return and optimal quality outcomes

In pursuing a service model that is accommodated within the unit price, disability support organisations must consider a range of trade-offs in order to deliver on both mission and quality. These illustrations highlight that it is possible to flex a range of variables so as to successfully achieve quality within a specified price.

Cost, price & outcome: some scenarios

In the profit charts below, consider the quality that may be lost given a $39 breakeven.

Left chart:
- $33.54
- Quality
- $45
- Price
- $33.54
- Cost
- $40

Legend:
- – – – – Dangerously low
- ——— Acceptable under current compliance standards
- – – – – Class leading quality service and innovation

Right chart:
- $37.50
- Quality
- $37.50
- $40
- Price
- Cost
- $39

Legend:
- – – – – Low
- ——— Acceptable
- – – – – Productivity driven gains and quality reduction to purchased specification

An organisation can break even at $39, however the quality services may be compromised.

3. understanding inclusions and exclusions

▸ How well do we understand the pricing for supports and their inclusions and exclusions?

▸ What might this mean for our organisation?

▸ Do we understand our current state inclusions and exclusions?

▸ How can we adapt to what is largely a fee-for-service market?

▸ How could we plan for transitioning the people we currently support, including potentially ineligible participants?

	PRE-NDIS		NDIS
Establishing individual service agreements	Not important	→	Crucial
Co-payments	Few co-payments	→	Participant choice of more expensive options (at their expense)
Client cancellation	No-shows within block funding	→	No shows can come out of package in some circumstances, though these will be limited.
Staff travel expenses	Travel excluded	→	Travel arrangements are complex. The NDIS will provide funds for mileage, contracted transport and travel training depending on support needs.
Eligibility	Less consistent eligibility criteria	→	Some ineligible participants identified

4. effectiveness

Understanding what is being delivered to each person being supported and documenting this is the first step in monitoring organisational effectiveness. Once a baseline is established, organisations are better placed to be able to consider issues such as:

▸ How are we doing at identifying, documenting and measuring goal attainment?

▸ How can we improve supports in order to optimise outcomes per dollar of support?

▸ How much evidence do we have to support our design and delivery technique?

▸ How could we get better at this? How can we improve our evidence collection, measurement and evaluation?
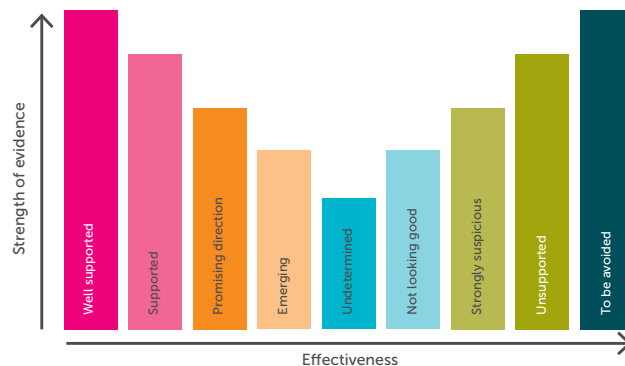
	CURRENT STATE		FUTURE STATE
Individual aspirations	Few goals and aims	→	Goals and aims set externally and monitored
Outcomes measurement	No outcomes measure	→	Buying based on outcome per dollar generated
Evidence based practices	No evidence based practice	→	Evidence based practice. Maintain practice that delivers consistent quality outcomes.

5. management

Moving from an environment where there is a single contractual arrangement and payment to one where there are many requires detailed attention to the recording of multiple service agreements and the ability to track in real time income, expenditure, delivery and performance against budgets. Organisations need to consider items including:

▸ How well adapted are our enterprise management systems to individual unit, output, outcomes and financial measurements?

▸ How could we get better?

▸ Who is assigned to system implementation projects?

CURRENT STATE		FUTURE STATE
Little individual recording of: **Inputs** – Time and attendance and other costs **Outputs** – Satisfaction with client facing time **Outcomes** – Goal and aim achievement	➜	Technology platforms which will improve provider data collation, efficiency, and input/output measurement
Little individual optimisation activity	➜	Focus on optimisation activity

6. working capital and cashflow

One of the biggest financial challenges is in the area of payments and its impact on cash flow and working capital. Whereas traditionally disability support organisations have received regular (monthly) payments, often in advance, under individualised funding these payments will be made after the service has been provided. Often, this means that staff will need to be paid before the income has been received.
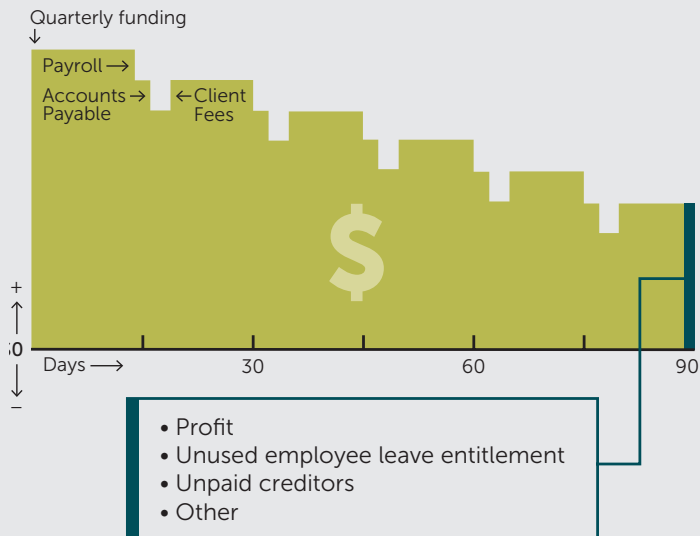
In preparation for transition to individualised funding, organisations have a range of issues to consider including:

▸ How many months of working capital do we hold in the current state?

▸ How much of this relates to income in advance?

▸ What needs to be done to build working capital and free cashflow?

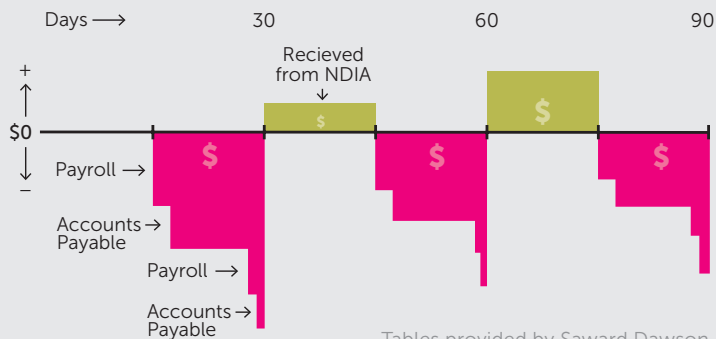| CURRENT STATE		FUTURE STATE
In advance	➜	In arrears
Just enough working capital	➜	Not enough working capital
Less pressure to be disciplined	➜	Discipline is crucial

Current state

Traditional government funding in advance
0 negative cashflow days

Quarterly funding ↓

Payroll →
Accounts → Payable
← Client Fees

$

+
:0
↓
−

Days → 30   60   90

- Profit
- Unused employee leave entitlement
- Unpaid creditors
- Other

Future state

Claim monthly only, pay wages fortnightly
64 negative cashflow days

Days → 30   60   90

+
$0
↓
−

Recieved from NDIA ↓

$ $ $

Payroll →
$
Accounts → Payable

Payroll →

Accounts → Payable

Tables provided by Saward Dawson

7. participant engagement

Preparedness for individualised funding must include understanding your potential future customer pool. Does your organisation know what services the people currently being supported actually want? or the services you deliver that they value? There are a wide range of questions that every organisation will need to consider including:

▸ What work have we done on market depth and participant identification in key locations and products?

▸ How is our business intelligence?

▸ How well do we listen to our clients? Do we know why they choose us rather than others? Are they designing and building the products with us?

▸ How do we plan to get better at participant engagement?

CURRENT STATE		FUTURE STATE
Market depth is irrelevant	→	Market depth and participant identification is key
Business intelligence is irrelevant	→	Business intelligence is a key success driver
Listening and acting is somewhat relevant	→	Listening and acting wisely is crucial

# 8. service offering and competitive positioning

With the advent of individualised funding, people with a disability will be shaping the formation of a mature and diverse marketplace. Organisations must therefore determine what supports to offer and how they are going to position themselves to flourish in the market. In order to do this, organisations will need to understand consumer demand, trends and which parts of the market they wish to operate in. Items to consider include:

▸ Are we able to market our products and reach an audience?

▸ Have we clearly defined our key products?

▸ Do we understand our unique value propositions and barriers to entry by key locations and products?

▸ Do we understand what competitive pricing strategy in key markets may look like in five year's time?

▸ Do we understand game theory and how it may help us understand market interactions?

▸ What's our plan to identify, develop and execute competitive advantages?

CURRENT STATE		FUTURE STATE
Unique value proposition and barriers to entry are irrelevant	→	Unique value proposition and barriers to entry are crucial
Competitive pricing position is irrelevant	→	Competitive pricing position is potentially key
Decisions made by other suppliers have minimal impact	→	Decisions made by participants, NDIA and suppliers impact quickly

- Additional in home support
- Core accommodation
- Assistive technology
- Therapy
- Crisis Support
- Vocational Support
- Community Access
- Recreation
- Education Support
- Respite
- Specialised children's services

Understanding changes over the lifespan as service opportunities

Withdrawing from vocational support

Aging in place

40 45 50 55 60 65 70 75 80
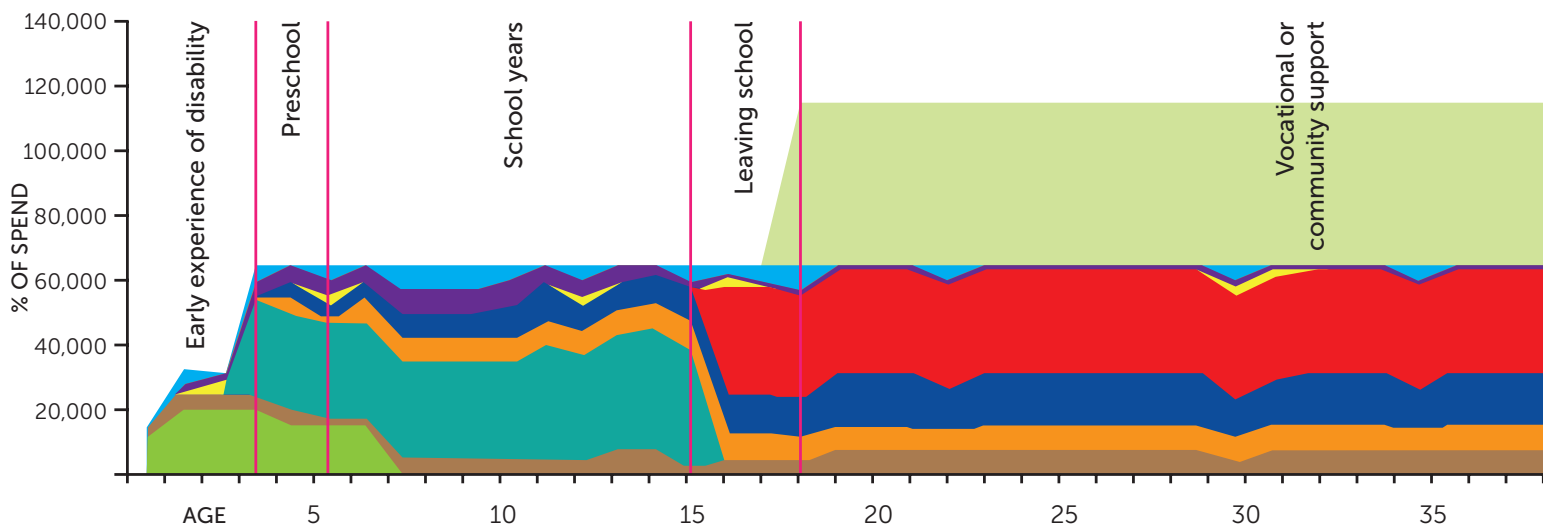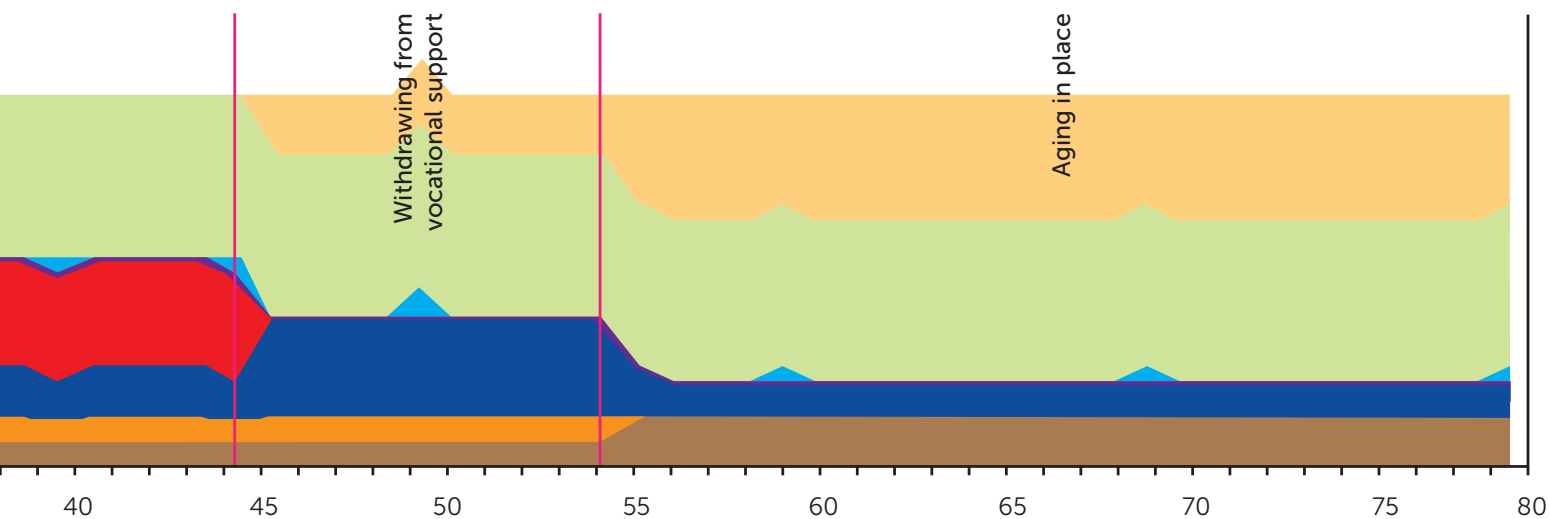
9. market convergence

Implementation of individualised funding in the provision of disability supports and the creation of a market brings this sector in line with many other social supports. This will therefore speed up new entrants from allied sectors; likewise it will make it easier for disability support organisations to enter into other areas. Organisations should therefore consider:

▸ How does the potential convergence of community support markets impact our organisation?

▸ In what ways are we unhelpfully siloed? How can we consider becoming more flexible?

▸ What may location based supports look like in our organisation?

▸ What's our plan to respond to market convergence?

CURRENT STATE		FUTURE STATE
Market heavily siloed	→	Market converging
Organisations heavily siloed	→	Organisational flexibility required
Location based support not relevant	→	Location based support imperative
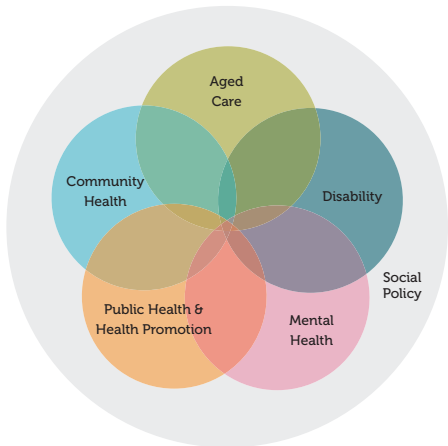
10. workforce

Personalisation of services will require greater skill in delivering and meeting customer expectations. Allied to this is the potential for increasing support provision and at times other than during business hours. All of these factors will impact on an organisation's ability to meet current and future demand. Items to be considered will include:

▸ How is our current productivity?

▸ How does skill development work in our organisation?

▸ Do we have a focus on evidence based excellence?

▸ What qualifications do we require? Disability, social work, policy, public health, a combination?

▸ Does our workforce pattern fit an efficient market reality?

▸ How are we planning to improve?

CURRENT STATE		FUTURE STATE
Poor focus on productivity, skill development and practice	→	Focus on productivity, skill development and excellence
Poor focus on fit with market reality	→	Clear requirement to focus on market reality
Poor focus on right sizing	→	Clear requirement to be at efficient market frontier

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practice leadership in disability support organisations

NDIS Readiness for Disability Support Organisations - Volume 1

choice and control in disability support organisations

NDIS Readiness for Disability Support Organisations - Volume 3

individualised supports

For more information about pricing and costing.

it's my choice! toolkit

Guide to decision making and planning tools for people with disability, families, advocates and organisations.

circles of support

Guide for family carers, friends and advocates who want to start a Circle of Support.

seven approaches

Guide to support people, identify opportunities and connect with their community.

your dental health

A guide to oral hygiene, dental health and the dental system for people with a disability, their families and carers.

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