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National Disability Insurance Agency

Partners in the Community Program - Market Engagement Feedback Summary Report

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Contents

1. Executive Summary

During October to December 2021, the National Disability Insurance Agency (NDIA or Agency) conducted market engagement activities for the Partners in the Community (PITC or Partner) program.

The intent of PITC program market engagement activities was to inform the market, facilitate feedback and generate discussion about the future PITC program, ahead of a proposed sourcing activity in early 2022.

We published a [PITC program market engagement paper](#) to provide an overview of the future Partner program, and asked for feedback from organisations who may be interested in partnering with the NDIA through the PITC program, and the broader sector.

We sought feedback about the future PITC program, focusing on the:

- extension of PITC Partner support into some remote communities;
- ways to improve the delivery of services for specialist cohorts;
- proposed funding model to support flexible response to Participant needs; and
- other general feedback relating to the paper and PITC program.

We hosted 22 online feedback sessions across Australia with close to 300 attendees. Sessions were held with current Partners, the broader disability sector, organisations interested in partnering with the NDIA through the PITC program, and state and territory governments.

In addition to our online engagement sessions, we asked the market to provide feedback via a written feedback form. When the feedback form closed on 23 November 2021, we had received 36 submissions from organisations across a number of sectors.

Feedback received about the potential expansion of the PITC program indicated a moderate to high level of interest in delivering services in some remote areas, but noted the barriers to accessing services in remote regions and cautioned against moving the existing PITC program model into all remote areas, given the requirement for a community-by-community approach.

It was generally agreed that building the capacity of Partner organisations to support specific customer cohorts appropriately will lead to a better customer and Participant experience. Existing Partners expressed support for training and recruitment options to increase specialisation, with some disability sector organisations preferring subcontracting or referral models.

We heard from organisations that there was support for the proposed funding model, however, that more granular information would be required to support appropriate costing of services. Feedback about potential barriers to adoption of the revised model focused on workforce challenges that may arise from a variable payment component.

The feedback collected through market engagement activities may be used to inform the NDIA's future sourcing approach for, and the development of, the PITC program.

2. Purpose

This paper provides an overview of the market engagement activities held during October to December 2021, the feedback we received about proposed improvements to the PITC program, and additional feedback received throughout the process.

The NDIA is planning for, and considering options for, the future delivery of PITC services ahead of a proposed sourcing activity in 2022.

The information in this paper is shared to provide an overview of the key themes and feedback we heard through PITC program market engagement, and does not represent a confirmed NDIA position for the future program.

The feedback received through the survey and engagement sessions may be considered in the development of the future PITC program.

3. Background

The NDIA is a corporate Commonwealth entity, whose role is to implement the National Disability Insurance Scheme (NDIS or Scheme).

Our purpose is to support individuals with a significant and permanent disability to be more independent, and engage more socially and economically, while delivering a financially sustainable Scheme that builds genuinely connected and engaged communities and stakeholders.

One of the ways the NDIA implements the Scheme at a local community level is through the PITC program. We do this by partnering with suitably experienced and qualified organisations with strong local knowledge and understanding of the needs of people with disability and children with developmental delay (including developmental concerns).

Partners deliver Early Childhood (EC) and Local Area Coordination (LAC) services on behalf of the NDIA, which includes linking people with disability to the NDIS, and to community and mainstream services.

Partners are the primary contact for more than 70 per cent of all NDIS Participants, with a core focus of connecting Participants and non-Participants with NDIS supports, local community and mainstream supports, and building individual and community capacity.

To provide a sense of the scale of the PITC program, there are currently over 480,000 NDIS Participants, of whom more than 70 per cent, or 336,000, are supported by Partners. Funding awarded to Partners to deliver the program in FY 2019/20 was approximately $525 million.

As the NDIS continues to mature and evolve, the NDIA seeks to work collaboratively with its Partners to improve services to meet Participant needs and support the long-term sustainability of the NDIS.

4. How we received your feedback

On 15 October 2021, we released a [PITC program market engagement paper](#) to the market via the NDIS website. The paper provided an overview of the proposed future Partner program, and sought feedback from current Partners, the broader disability sector and other organisations interested in partnering with the NDIA through the PITC program.

Organisations were given the opportunity to provide their feedback through:

- Online feedback sessions; and
- Written submissions via our online feedback form.

4.1 Online feedback sessions

The **online feedback sessions** were held during October to December 2021 and tailored to separate audiences.

Online feedback sessions included:

- six sessions for current Partners, attended by 116 representatives;
- seven sessions for prospective Partners, attended by 117 representatives[1];
- one broad introduction session for prospective Partners to provide an overview of the NDIA, NDIS and PITC program;
- seven sessions with state and territory government representatives; and
- one session specifically for the disability sector.

Prospective Partner organisations came from a range of sectors, including early childhood, disability employment, recruitment, support coordination and disability services.

4.2 Online submissions

The **online feedback form** was open from 15 October 2021 to 23 November 2021.

A total of **36 responses** were received by the closing date:

- seventeen responses were from current Partners; and
- nineteen responses were from various organisations within the healthcare, disability, community and early childhood sectors.

The majority of respondents confirmed their organisation type either as a not-for-profit organisation, and/or an NDIS registered provider of supports.

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[1] Note that 32 of these representatives were from existing Partner organisations.

5. What you told us

A thorough analysis of the feedback received via the online feedback form and the online feedback sessions was conducted. The feedback we received was consistent for some topics and varied for others.

For each key focus area, we have grouped the feedback received into the following areas:

- Overview;
- What we engaged on, including the specific questions we asked; and
- Summary of feedback, including key themes, considerations, barriers and additional information.

In this summary of feedback, we have drawn key points from both the online feedback sessions and online feedback form responses.

A copy of the online feedback form questions and responses is available at **Attachment A**.

5.1 Expanding PITC program to some remote communities

Overview

The NDIA is committed to ensuring all Australians can access the NDIS, regardless of where they live. The PITC program is currently offered in 72 service areas across Australia, generally excluding those areas classified as greater than 50 per cent remote or very remote (MM6 and MM7 classification).

This focus topic aimed to explore the opportunity to expand the delivery of the PITC program into some remote areas.

What we engaged on

Through the market engagement activities, we were interested to understand:

- Options to expand PITC service delivery into some remote communities;
- Potential challenges in the delivery of services into some remote communities, and how we can mitigate these in our program design; and
- Interest and capacity to deliver PITC services in some remote areas.

To facilitate discussion at the online feedback sessions, we asked:

1. Are there specific functions of the program you think would be more beneficial than others in remote communities and why?
2. How would you prioritise the specific functions of the PITC program?
3. What are some of the barriers you anticipate in delivering services to remote communities?
4. How could the NDIA better understand and assist organisations in overcoming these barriers?

5. In relation to the provision of EC services, where EC or allied health professionals are required to deliver services, are there additional challenges for organisational capacity and capability to be considered?
6. What strategies should the NDIA consider in the context of the PITC program to build market connections with local providers in order to develop thin markets?
7. What strategies should the NDIA consider to facilitate collaborative relationships in remote communities to support the delivery of the PITC program?
8. What are the existing models of service delivery in remote communities that we could leverage or learn from?

Summary of feedback

The most common feedback we received throughout the online feedback sessions was to consider a flexible PITC program model that allows services to be tailored to meet the needs of local remote communities and to respond to barriers people with disability face in these areas.

Attendees noted the need to focus on building the capacity of existing providers and community members in remote communities.

Feedback received through online feedback form responses indicated there was a moderate to high level of interest in delivering PITC services in some remote communities, and those organisations with well-established networks within these communities felt confident they could deliver these services.

A. Key themes and important considerations from the feedback received:

- In the online feedback sessions we heard that people with disability in remote and very remote communities face **a number of barriers** in accessing services and engaging with the NDIS. These will need to be addressed via **community capacity building and engagement** before expanding the PITC program into these areas.

- We also heard that the **cost and time** associated with establishing service delivery in remote areas is considerable. **Building trust** and **establishing and maintaining** meaningful, long-term relationships within remote and very remote communities results in a slower uptake of the NDIS when compared to metro areas, and therefore it will be critical to leverage established relationships with existing service providers.

An attendee said:

"I do think of the importance of a really place-based approach when we talk about support for remote communities…. I would suggest to build trust and to build that local knowledge of the diversity and the strength in remote communities…"

- Through the online feedback form responses, the majority of organisations indicated a **moderate to high level of interest** in delivering PITC services in some remote communities.

- While feedback received through online feedback sessions highlighted the **need for greater support and connection** to the NDIS in remote areas, attendees cautioned

against simply moving the existing PITC model into all remote areas, given the requirement for a **community-by-community approach**.

- We also heard the model used to deliver services in remote and very remote areas needs to be **adaptable** to be tailored to meet the needs of each local remote community - a 'one size fits all' approach is not appropriate.

An attendee said:

"Moving the current PITC program into a remote community where there are so many things to consider at the local level, without changes, would not set the program up for success"

Another attendee said:

"It will not be a one size fits all (approach) because every community is so unique and amazing. But unique brings a different set of challenges…"

- The importance of a **physical presence** within remote and very remote areas was highlighted as being more beneficial and fit for purpose when compared to models that would heavily rely upon fly-in, fly-out service delivery.

- A **hybrid model** was also discussed and considered to be a potential viable option for the delivery of Partner services in remote and very remote communities.

- When considering which specific functions of the program would be most beneficial in remote communities, we heard that **community capacity building** and **community engagement** were considered the most important.

An attendee said:

"Community capacity building is really hard to track… but it can really produce amazing outcomes."

- The **competitive labour market** was cited as a significant barrier throughout online feedback sessions, and the **cost and time** associated with establishing service delivery in remote areas is considerable.

- We heard that working alongside organisations who are **already embedded** in remote and very remote communities, and who have built trust within communities, could be a viable way to begin the delivery of PITC services in remote and very remote areas.

- Organisations that currently deliver services in remote and very remote areas emphasised that a **relationship-based, culturally sensitive** approach is of the upmost importance when working with Aboriginal and Torres Strait Islander communities - communities who make up much of the population in remote and very remote areas.

- A large number of organisations who provided feedback via the online feedback form submissions indicated that they have **well-established networks** in remote communities or **some networks and connections** to build from.

- Organisations with well-established networks, existing relationships and a physical presence within these communities **felt confident** they could deliver Partner services in remote and very remote areas, and provided this feedback through online feedback form submissions and online feedback sessions.

B. Identified barriers in the delivery of PITC services in remote and very remote areas:

- Attendees at the online feedback sessions told us that customers and Participants in remote and very remote areas face **a number of barriers in gaining access to the Scheme.** Such barriers may include social and economic disadvantage, the need for travel to obtain services, costs associated with travel, and family dynamics, amongst other things. Such barriers need to be considered in the delivery of services in remote and very remote areas.

- Attendees highlighted that **knowledge of the NDIS** in remote and very remote communities is lacking, and that there may be people living within these communities who require the NDIS, yet do not know how to test for eligibility or seek support. The Agency would need to invest significantly in **culturally sensitive** promotion of the NDIS in remote and very remote communities to build awareness and encourage uptake.

- The use of existing **Agency language** such as "goals" and "aspirations" may not make sense within remote and very remote areas, particularly within Aboriginal and Torres Strait Islander communities.

- Due to **thin provider markets** within remote and very remote areas, we heard that plan under-utilisation is of great concern, and is likely to be a barrier in the successful delivery of PITC services in remote and very remote areas.

An attendee said:

"You can do a lot of community engagement, you can build awareness of the Scheme, but for many people (in remote communities) they have a plan but are unable to spend that money."

- We heard that current **conflict of interest** guiding principles may prove to be a barrier in the delivery of services in remote and very remote areas, and may need to be revisited in some instances, particularly in areas with thin provider markets.

- **Lack of access to technology**, lack of infrastructure and the vast outback of Australia were cited as further barriers in the delivery of PITC services in remote and very remote areas. A remote and very remote service delivery model that does not solely rely on the use of digital information and communication technologies like telehealth would be required to overcome this barrier.

- Through the online feedback form, organisations highlighted that they currently have the **capability and capacity** to deliver services in remote communities but acknowledged the **challenges** around workforce, operating costs and access.

- With regards to operating costs, the primary **cost drivers** for operating in remote areas were identified as relocation and accommodation costs, salaries and customisation of service model.

C. Opportunity to expand program coverage

- Through the online feedback form responses, there was an **overall moderate to high level of interest** in delivering the PITC program in remote communities, with organisations indicating their **capacity and capability to currently deliver the proposed PITC program** to remote communities.

- Of the remote and very remote localities discussed, organisations indicated the most interest to expand PITC services into **Alice Springs NT**, **Port Lincoln SA** and **Mount Isa QLD** via online feedback form submissions.

- Throughout the online feedback sessions, we heard that **piloting the PITC program** in some remote communities could be a viable way to begin the delivery of PITC services in remote and very remote areas.

- Online feedback form respondents indicated that the NDIA should **further consider demographic data, partnership opportunities, cost and workforce factors** prior to deciding on which areas would be most likely to support and benefit from PITC services.

- Organisations indicated they would consider **partnership agreements** and **direct delivery** to deliver services in remote communities.

- Organisations also indicated that **leveraging on existing remote area service delivery approaches** could facilitate earlier access to services for those who would benefit most from early intervention in remote areas.

An attendee said:

"I would say in principle, yes, we certainly do have some existing connections and I think some capability that we can leverage to support some of our remote communities, particularly those that are close to, or associated with, our existing service areas."

- Organisations who responded to the online feedback form **generally supported** the need to consider the following factors proposed by the NDIA in determining potential suitability for the expansion of the PITC program to remote areas, including:
    - general population and population density;
    - number of persons with a disability (ABS data by region);
    - number of active Participants (NDIS Interactive Data Tool);
    - thin market considerations including number of NDIS registered providers of supports (NDIS Interactive Data Tool);
    - existing community infrastructure (NGOs and other government programs); and
    - proximity to regional and population centres.

5.2 Specialisation

Overview

Our Partners are often the primary touchpoint for Participants, making them the face of the Scheme in many communities. A key design feature of the PITC program is the emphasis on building trusting relationships and getting to know people with disabilities and children with developmental delay (including developmental concerns) in the context of their family, friends, culture and community, and being based in, and connected to, the local community.

Scheme Participants have told us that understanding of their disability is an important part of building a trusted relationship. In response to this feedback, the NDIA is seeking to further diversify the Partner workforce skillset and increase alignment to specific customer cohorts.

While it is recognised that the current PITC program in general offers value-add services for a large proportion of customer cohorts, examples of opportunities for further specialisation include the following cohorts:

- o Culturally and linguistically diverse communities (CALD);
- o People identifying as LGBTIQA+;
- o Specific disability groups;
- o Aboriginal and Torres Strait Islander communities; and
- o Rural and remote communities.

What we engaged on

Through our market engagement activities, we sought to understand the level of interest amongst current and prospective Partners in delivering an increased focus on specialisation for specific cohorts, and how this might be achieved.

To facilitate discussion at the online feedback sessions, we asked:

1. Are there specific cohorts for whom your staff are most readily available to offer specialist services? Are there other cohorts within your communities that we have not yet considered?
2. What are your preferred models for the delivery of services to specialist cohorts, and why?
3. What are some other innovative ways to increase disability or cohort specific knowledge for staff that we might not have considered?
4. How can we facilitate better connections between peak bodies and other organisations with cohort specific knowledge, to improve the way services are delivered?
5. What are some of the barriers you anticipate in delivering services to specialist cohorts?
6. How could the NDIA better understand and assist organisations in overcoming these barriers?
7. What is working well now with respect to the delivery of EC services for children and families within specialist cohorts?
8. What areas for improvement can you identify that would deliver improved outcomes or experience for children and families in specialist cohorts?

Summary of feedback

Through online feedback sessions and online feedback form submissions, we heard that more support for individuals with complex circumstances is required within the PITC program. Building the capacity of Partner organisations to support specific customer cohorts and having a workforce that effectively represents each cohort would assist in the successful delivery of services.

We heard that a competitive labour market to support specialisation is key and there are ongoing challenges in most areas related to this. Existing Partners generally expressed a preference to employ specialists directly and build capacity to support specialist cohorts within the organisation to support a seamless experience for people with disability, while some disability sector organisations preferred subcontracting, partnerships or referral pathways.

A. Key themes and important considerations from the feedback received:

- When asking about specialist communities that we may have not yet considered, we heard that **more support** is required for Participants with complex circumstances, such as those receiving support from **social services** or **out-of-home care** systems, the **homeless population**, those involved with the **justice system**, and those with **psychosocial disability**.

- **Building the capacity** of Partner organisations to support specific customer cohorts appropriately will lead to a better experience and, in turn, better outcomes.

- When exploring preferred models for the delivery of services to specialist cohorts, a service model where PITC organisations **partner with specific disability** groups was discussed.

- You told us that **adapting the model** to address diverse needs rather than a 'one size fits all' approach will enhance the specialisation of PITC services.

- Providing **culturally safe** and relevant supports would result in higher engagement.

- We also heard that developing a **specialist network** and increasing flexibility of service delivery would assist to meet the needs of diverse communities.

- Having a **workforce that is truly representative** of specific cohort(s) aids in the successful delivery of specialised services. You told us that having a specialist(s) within your organisation would also support other staff in the delivery of services.

An attendee said:

"Having a diverse range of staff and working towards that, at both the recruitment and training stages, means that an organisation should be able to cater for diverse cohorts internally without having to refer on, or subcontract, or work across a number of organisations to ensure that services are delivered."

- Discussions around ways to increase disability or cohort specific knowledge for staff revealed that improving **training opportunities** around the needs of specific customer cohorts would be a highly effective and preferred way to enhance PITC services.

An attendee said:

"I think one of the preferred models would be around training and building staff capability. The others require a hand-on to someone else and we know that families and Participants don't like having to retell their story. It also means that those organisations that we're referring on to, or handing over to, have to have the same level of NDIS knowledge as we do."

- Through the online feedback form, the majority of organisations indicated that they have a **high level of interest to apply an increased focus on specialisation across all** PITC program functions.

B. Identified barriers in the delivery of PITC services to specialist cohorts:

- At the online feedback sessions, the concept of grouping customers into a single disability cohort, rather than taking a **holistic approach** to supporting individuals, caused some discomfort among attendees. In particular, the diagnosis and disability type within early childhood should not be at the forefront, but rather the focus should be on the journey for the child and their family, particularity in instances of developmental delay.

An attendee said:

"I would find it very difficult for any of our Participants to fit into only one of those groups… the first thing we look at is multiple disabilities and people who are diagnosed with multiple disabilities across groups, but also the fact that there is a mix of people within those other cohorts as well."

Another attendee said:

"I think if we're trying to pigeonhole people based on a diagnosis, that's going to be a challenge and I think that's going to have a negative impact on people's experience."

- A **competitive labour market** and the difficulty in recruiting staff, particularly specialists, was highlighted as an ongoing concern for Partners.

- **Financial barriers** in the delivery of services to specialist cohorts, including the concept of being able to recognise and reward staff with specialist skills, was also discussed throughout sessions.

An attendee said:

"We are extraordinarily lucky that we attract highly passionate people who are self-learners and become their own subject matter experts, but we can't afford to offer them financial recognition. It's very difficult for us to build specialist expertise…"

- When considering the potential for Partner organisations to partner with specific disability groups, **time and capacity** to utilise this model, as well as **third-party knowledge and understanding** of the Scheme, was highlighted as a potential barrier.

5.3 Funding Model

Overview

Historically, the NDIA has funded the PITC program through a grant-based model. This approach relied on Agency forecasts to predict volumes and work effort, with fixed payments made to Partners in advance. As the Scheme matures, there is an opportunity to review and improve the way the program is funded.

Improvements to the funding model are proposed to:

- increase innovation that leads to improved Participant outcomes;
- improve flexibility of service delivery;
- reduce administrative burden for Partners;
- improve operational efficiencies, facilitating program and market sustainability;
- increase transparency of performance; and
- increase the ability of the NDIA to measure improved outcomes for Participants from the program.

Key features of the proposed funding model under consideration for the future PITC program include:

- Funding service provision using a part-fixed, part-variable model.
- Payment terms under a revised funding model may include a shift to payment in arrears.
- Variable funded items may be paid at either of 2 points:
    o upon initiation of service, or
    o upon completion.
- Work items will be costed based on a fee schedule.
- Invoices will include work effort to deliver fixed and variable services, as per verifiable data extracted from the relevant NDIA Business System (which is accessible by both the NDIA and the Partner).

What we engaged on

Through engagement activities, we sought to explore the market's response to a proposed part-fixed, part-variable payment model to support increased flexibility and responsiveness to Participant demand.

To facilitate discussion at the online feedback sessions, we asked:

1. What are the advantages of the proposed funding model?
2. What are the disadvantages of the proposed funding model?
3. Do you consider that the proposed funding model will allow your organisation to flexibly respond to unexpected workflow volumes?
4. Do you anticipate any barriers to adopting the proposed part-fixed, part-variable funding model?
5. How could the funding model be tailored to support the other enhancements discussed, such as specialisation?

6. How should the funding model be adapted when considering PITC Service delivery in some remote areas?
7. What information would you ideally be seeking from the NDIA during a future sourcing event, to help you accurately cost your service model and respond to each program fee item?
8. Any other comments or suggestions?

Summary of feedback

Organisations expressed support for changes to the funding model to increase flexibility to respond to fluctuations in demand. In general, larger organisations were comfortable with the concept of some payment being paid in arrears, while there was feedback raised on behalf of smaller organisations who may encounter cash flow challenges.

Concerns were raised that the inclusion of a variable component may increase complexity of administration or lead to a more transactional relationship, which does not align to the overall intent and principles of the PITC program. There were also concerns that the part-fixed, part-variable funding model may create workforce challenges, and there was consensus on a number of ways that the funding model could be improved.

A. Identified benefits of a part-fixed, part-variable funding model:

- The introduction of a variable component of the funding model was generally well received by organisations. The **flexibility** this model would bring to assist Partners to respond to higher-than-forecast Participant volumes was well supported and seen as an advantage.

- Throughout online feedback sessions, we heard that a part-fixed, part-variable funding model would **better align** with the work that Partners are currently delivering under the PITC program when compared to the current funding model.

- Through the online feedback form submissions, the vast majority of respondents indicated that they were **either more interested, or their interest remained the same**, after reviewing the information about the proposed funding model.

- Larger, more well-established organisations were more accepting of a **payment in arrears versus payment in advance** model and did not express a preference one way or the other.

An attendee said:

"There are cash flow implications, but I think most organisations these days are on top of that, and if they aren't, they should be so that they can manage that particular aspect."

B. Identified concerns of a part-fixed, part-variable funding model:

- A fee-for-service model may incentivise, or be perceived to incentivise, **transactional service delivery** rather than encourage a focus on quality outcomes for people with disability. We heard however, that on a practical level, this may not be the case given Partner focus on, and commitment to, delivery of PITC services using a person-centred

approach. Further, it was agreed that clear Key Performance Indicators and measures would mitigate this risk.

An attendee said:

"It's about Local Area Coordinators and Early Childhood Coordinators building and maintaining relationships with Participants."

- Throughout online feedback sessions, smaller, less-established organisations highlighted the potential impact on **cash flow** from part payment in arrears and suggested this may be a deterrent to participate in the future PITC program. Online feedback form responses, however, indicated organisations were **either more interested, or their interest remained the same**, when considering the proposed funding model.

- We heard that a part-fixed, part-variable funding model could **create higher administrative efforts** and financial risks in **managing funding complexities**.

- The perceived financial risk may deter some future applicants/tenderers. This would need to be mitigated with **sufficient fixed funding**, some payment in advance, and a staged roll-out.

- A part-fixed, part-variable funding model may lead to **casualisation of the workforce** which is viewed as incompatible with the nature of PITC services.

An attendee said:

"A casual workforce brings its own challenges and complexities such as retention issues and an increased need for training and retraining, instability, an unskilled workforce and the potential for capability issues."

C. **Further considerations in relation to a part-fixed, part-variable funding model:**

- Understanding the **granular information** of the model, including how the model is intended to work in practice, is needed before full support can be provided.

- You also raised the importance of providing the Agency's **assumptions and calculations** used when determining funding for specific volumes, as well as further clarity and definitions around 'fixed' and 'variable'.

An attendee said:

"If we had an understanding of what assumptions the Agency is working with when they cost the model, this would allow us to build our model accordingly."

- 50 per cent of the organisations who responded to the online feedback form perceive the part-fixed, part-variable model as a **risk that would deter organisations** from considering future involvement in the PITC program, however organisations also indicated that their **own interest remained the same** or increased.

- Organisations indicated that the following would **assist to improve** the PITC program funding model:
  - ensuring the performance management framework and funding model work together cohesively to achieve the aims of the program;
  - clear risk contingency and mitigations with focus on operation and financial costs;
  - adaptability and flexibility to meet diverse needs; and
  - sufficient fixed funding.

5.4 Other issues you raised

- There was strong support from attendees across different online feedback sessions for the refocused PITC program functions, including the proposal for Partners to spend more time supporting people with disability to **connect with community and mainstream services**, and to expand the role of EC Partners in delivering **early supports for children.**

- Feedback was shared that the NDIA needs to be **less prescriptive** in how Partners should deliver services, and give Partners the freedom to design their own service and 'do what they do best'.

- We heard that there needs to be room for **space, capacity and flexibility** within the Partner contracts to allow for **innovation**.

An attendee said:

"There needs to be room for us to be able to manage our own services and operations in a way that meets Participant needs."

- With Scheme improvement comes change, yet there is a need for **stability in order to be effective**, and there are a number of challenges that arise as a result of constant change.

- There was positive support for the proposal to increase the **contract term** to 5 years, to offer **increased workforce stability**, and to allow time to **achieve program outcomes.**

- Online feedback session attendees agreed that the PITC program should be driven by **Participant outcomes** and be relationship and activity-focused, rather than emphasise outputs.

An attendee said:

"We're driving Partners having meaningful, genuine relationships with communities and individuals that are about improving outcomes. The Agency needs to find a way to track whether that's effective or not effective."

6.   What we will do with this feedback

We are working towards a future PITC program that allows Partners to dedicate more time to the delivery of pre-access support, short-term early intervention for children, plan implementation support for individuals and their families or carers, and activities to facilitate greater community inclusion.

Proposed improvements to the PITC program will focus on providing Partners with greater capacity to connect people to their communities, in line with a number of recommendations from the Early Childhood Reset and NDIS Local Area Coordination Approach consultations; advice from the Independent Advisory Council on the LAC and EC role; feedback from market engagement activities; sector, community, and Participant feedback; and an internal review of the contract model, funding model and performance framework.

The PITC program market engagement activities build on the outcomes from collaborative working groups established with existing Partners over recent months, and on feedback received from the sector and the community since the commencement of the PITC program.

The feedback collected through market engagement activities may be used to inform the NDIA's future sourcing approach for, and the development of, the future PITC program.

The NDIA will further consider demographic data, partnership opportunities, cost and workforce factors prior to deciding on which areas would be most likely to support, and benefit from, PITC services. As part of developing the funding model, the NDIA will ensure the model is complementary to other objectives including remote delivery and specialisation, and will be transparent with Partners in our assumptions.

7. Attachment A

Market Engagement Online Feedback Form Questions and Responses

7.1 Expanding PITC program to some remote communities

Through the online feedback form:

We asked: What is your organisation's level of interest in delivering the PITC program in remote communities/your remote community?

Your response:

There was an overall moderate to high level of interest in delivering the PITC program in remote communities. On a scale of 1 to 5, with 1 being a low level of interest and 5 being a high level interest, the majority of responses were rated 2 (27 per cent), 3 (30 per cent) and 4 (24 per cent).

Table 1: Level of interest in delivering PITC program

Level of interest rating	Number of organisations	Percentage of organisations
1 – Low interest	5	15%
2	9	27%
3	10	30%
4	8	24%
5 – High interest	1	3%

We asked: Which of the PITC program functions does your organisation currently have the capability and capacity to deliver in remote communities?

Your response:

The majority of the organisations that responded indicated that they currently have the capability and capacity to deliver some of the required PITC program functions in remote communities.

The functions that were noted as having the most capability and capacity to be currently delivered in remote communities are; connecting to supports (73 per cent), community engagement (64 per cent), developing goals and aspirations (64 per cent) and assessment and information gathering (64 per cent). The function with the least amount of current capability and capacity to be delivered is plan budgets for NDIS Participants (52 per cent).

Respondents were able to select multiple answers to this question.

Table 2: Capability and capacity of organisations to currently deliver PITC program functions

PITC program functions	Number of organisations	Percentage of organisations
Connecting to Supports	24	73%
Community Engagement	21	64%
Developing Goals and Aspirations	21	64%
Assessment and Information Gathering	21	64%
Individual Capacity Building	20	61%
Community Capacity Building	20	61%
Scheme Access Support	19	58%
Monitoring and Check Ins	19	58%
Plan Budget for NDIS Participants	17	52%

We asked: What current experience and capability does your organisation have in remote delivery?

Your response:

The majority of the organisations that responded currently provide services in remote communities (46 per cent) or have experience with a high degree of cultural safety/competence (22 per cent). One organisation (3 per cent) noted that they provide services in remote communities AND have a high degree of cultural safety/competence.

Three organisations (8 per cent) have limited experience in remote delivery and 8 organisations (22 per cent) did not respond.

Table 3: Current experience and capability in delivering in remote areas

Experience and capability option	Number of organisations	Percentage of organisations
Currently providing services in remote communities	17	46%
Metro and Rural experience with high degree of cultural safety/competence	8	22%
No response	8	22%
Limited experience in remote delivery	3	8%

Experience and capability option	Number of organisations	Percentage of organisations
Currently providing services in remote communities AND Metro and Rural experience with high degree of cultural safety/competence	1	3%

We asked: Does your organisation have existing community networks in remote communities/your remote community that could be leveraged in delivering PITC services?

Your response:

A large number of organisations that responded indicated that they either have well established networks (39 per cent) or some networks and connections (42 per cent), while 3 organisations (9 per cent) have no/limited existing networks.

Table 4: Existing organisation networks

Existing community network options	Number of organisations	Percentage of organisations
Some networks and connections	14	42%
Well established networks	13	39%
No response	7	21%
No/Limited existing networks	3	9%

We asked: Which models would/does your organisation use/consider to deliver services in remote communities/your remote community? E.g. direct delivery, subcontracting, partnership, referral pathway, telehealth, etc.

Your response:

Organisations indicated they would consider mostly direct delivery (73 per cent) or partnership arrangements (73 per cent) to deliver services in remote communities. Auspicing was the least favoured model noted (18 per cent).

Other models of delivery organisations referenced in addition to those listed included interactive workshops, community based approach and person centred approach.

Respondents were able to select multiple answers to this question.

Table 5: Current and preferred service delivery models

Service model options	Number of organisations	Percentage of organisations
Direct Delivery (e.g. similar to the current PITC model)	24	73%
Partnership arrangements	24	73%
Telehealth	20	61%
Referral pathways	17	52%
Sub-contracting arrangements	15	45%
Auspicing	6	18%
Other	5	15%

We asked: Are there gaps and challenges your organisation experiences/anticipates in remote delivery that would require a level of further support from the NDIA?

Your response:

The top 3 common gaps and challenges experienced and/or anticipated by organisations that responded are:

- Flexible and efficient service delivery for highly diverse communities;
- Qualified and experienced workforce; and
- Access to and availability of allied health services.

Other noted gaps and challenges include:

- Remote delivery operational costs;
- Remote access due to geographic and environmental factors;
- Access to technology;
- Fostering trust in communities; and
- Lack of understanding of the NDIS.

We asked: Would the introduction of remote/very remote coverage impact the cost of your organisation's service delivery model and, if so, what aspects of your model would be impacted (e.g. travel time and travel costs, penalty rates, loading etc.)?

Your response:

Organisations collectively shared that the introduction of remote/very remote coverage would have considerable impacts on the cost of delivery in the following areas:

- Relocation and accommodation of staff;
- Higher salary loading; and
- Developing customised service delivery model costs.

Other areas of impact noted were:

- Expansion of NDIS funded supports;
- Transportation costs; and
- Technology and communication costs.

We asked: How could your organisation facilitate earlier access to services for those who would benefit most from early intervention in remote areas (children with development concerns or disability)?

Your response:

The majority of organisations indicated that early communications, engagement and referrals, and leveraging on existing remote area service delivery experiences could facilitate earlier access to services for those who would benefit most from early intervention in remote areas.

Learning and development for local workforce, hybrid/adapted models to support early intervention and access to technology were also noted.

We asked: How would/does your organisation meet the diverse needs of people living in remote areas including, but not limited to, cultural and linguistic diversity (with a strong emphasis on multiple Australian Indigenous languages) and cultural sensitivity/community connection for First Nations people?

Your response:

The most common emphasis that organisations shared to meet the diverse needs of people living in remote areas are:

- Connecting, communicating and learning from the local CALD communities;
- Hiring and training from the local workforce;
- Hiring experienced and qualified staff; and
- Building and establishing remote community connector programs.

We asked: The NDIA is considering a number of factors to determine potential suitability for the expansion of the PITC program to remote areas, including:

- General population and population density
- Number of persons with a disability (ABS data by region)
- Number of active Participants (NDIS Interactive Data Tool)
- Thin market considerations including number of NDIS registered providers of supports (NDIS Interactive Data Tool)
- Existing community infrastructure (NGOs and other government programs)
- Proximity to regional and population centres

In addition to the factors listed above, are there other factors that the NDIA should be considering to determine opportunity for the expansion of the PITC program?

Your response:

Organisations indicated that the NDIA should consider the following factors to determine the opportunity for expansion of the PITC program:

- Research and demographic data for remote areas;

- Developing partnerships with community based organisations and service providers;
- Early engagement;
- Travel time and costs;
- Workforce development;
- Equity in access; and
- Active supports and physical presence.

We asked: What remote and very remote (MMM 6&7) localities that you currently have a presence in, are interested in expanding to, or have existing networks in?

Your response:

Of the remote and very remote localities (listed in Table 6 below), organisations noted that there is the greatest presence, existing networks and interest to expand into:

- Alice Springs, Northern Territory
- Mount Isa, Queensland
- Port Lincoln, South Australia

Table 6: Organisations' current presence, interest in expanding and existing networks per remote area

Location	Current presence in	Interested in expanding to	Has existing networks in
Alice Springs	8	12	8
Port Lincoln	2	8	3
Mount Isa	4	9	5
Broome	2	5	3
Geraldton	1	3	3
Kalgoorlie	1	4	3
Karratha	1	4	2

We asked: Does your organisation have any additional feedback you would like to provide to assist the NDIA in considering the potential role of Partners in the Community in some remote areas?

Your response:

Additional feedback received from organisations included:

- Consideration of a hybrid/adapted model that allows services to be tailored to meet the needs of local remote communities;
- Prioritise building the capacity of professionals and community members in local remote communities;

- Promote and strengthen partnerships and relationship building activities in remote communities;
- Invest in technology to enable more frequent contact for, and with, specialists and services that cannot be there on the ground; and
- Ensure there is sufficient funding to effectively deliver services in remote areas.

7.2 Specialisation

Through the online feedback form:

We asked: Which PITC program functions would your organisation be interested in applying an increased focus on specialisation?

Your response:

The majority of organisations indicated that they have a high level of interest to apply an increased focus on specialisation across all PITC program functions.

Organisations were able to select multiple responses and responses ranged between 70-78 per cent across each program function. Individual capacity building (78 per cent) and connecting to support (78 per cent) were the most popular.

Table 7: Organisation preference for specialisation by PITC program function

PITC program function	Number of organisations	Percentage of organisations
Individual Capacity Building	29	78%
Connecting to Supports	29	78%
Community Engagement	28	76%
Community Capacity Building	28	76%
Developing Goals and Aspirations	28	76%
Monitoring and Check Ins	28	76%
Assessment and Information Gathering	27	73%
Plan Budget for NDIS Participants	26	70%
Scheme Access Support	26	70%

We asked: For which cohorts would your organisation be interested in applying/providing an increased focus on specialisation?

Your response:

The majority of organisations indicated that they would be interested in providing an increased focus on specialisation for Aboriginal and Torres Strait Islander communities (70 per cent), rural and remote communities (62 per cent), culturally and linguistically diverse communities (59 per cent), people identifying as LGBTIQA+ (57 per cent) and specific disability groups (46 per cent).

Other cohorts noted in addition to those listed included the homeless, refugees and autism.

Table 8: Cohorts organisations are interested in providing specialised services to

Cohorts	Number of organisations	Percentage of organisations
Aboriginal and Torres Strait Islander Communities	26	70%
Rural and Remote Communities	23	62%
Culturally and Linguistically Diverse Communities (CALD)	22	59%
People identifying as LGBTIQA+	21	57%
Specific Disability Groups	17	46%
Other	8	22%

We asked: Which mechanisms would your organisation consider in meeting customer preferences regarding specialisation of services?

Your response:

Organisations were given a list of mechanisms (listed below) to rank in order of most likely to consider meeting customer preferences regarding specialisation of services.

Organisations ranked the following mechanisms from 1 being most likely to consider to 7 being least likely to consider.

1. Direct employment of staff with cohort specific knowledge and experience
2. Training to build staff capability
3. Partnership arrangements
4. Referral pathways
5. Use of consultancy to build organisational capability
6. Subcontracting arrangements
7. Auspicing

We asked: If your organisation is entirely specialised (e.g. disability type, Aboriginal and Torres Strait Islander, CALD), what are your preferred mechanism(s) for supporting specialisation in the PITC program?

Your response:

Organisations showed a strong preference for supporting specialisation in the PITC program through partnership arrangements with a PITC Partner (98 weighted score), establishing referral pathways with a PITC Partner (95 weighted score), providing training to build staff capability of a PITC Partner (90 weighted score) and providing support to build organisational capability for a PITC Partner (88 weighted score).

Subcontracting arrangements (75 weighted score) and auspicing arrangements to a PITC Partner (58 weighted score) were the least favoured mechanisms.

Table 9: Preferences for supporting specialisation in the PITC program if organisation is entirely specialised

Specialisation service delivery mechanism	Weighted score
Partnership arrangements with a PITC Partner(s)	98
Establishing referral pathways with a PITC Partner(s)	95
Providing training to build staff capability of a PITC Partner(s)	90
Providing support to build organisational capability for a PITC Partner(s)	88
Subcontracting arrangements with a PITC Partner(s)	75
Auspicing arrangements to a PITC Partner(s)	58

We asked: Are there other ideas that the NDIA should be considering to enhance the specialisation of PITC services?

Your response:

Organisations shared the following ideas that should be considered to enhance the specialisation of PITC services:

- Consider adapting the model to address diverse needs that reflect the level of specialisation rather than a 'one size fits all' approach;
- Focus on the importance of being culturally responsive to provide services to specialised cohorts with culturally safe and relevant supports that would result in higher engagement;
- Building and fostering local partnerships;
- Employ subject matter experts;
- Co-design specialist services with people with disability in the community and NDIS Participants;
- Develop peer support groups; and
- Hire from the local workforce.

We asked: Does your organisation have any additional feedback you would like to provide in relation to the specialisation of PITC services?

Your response:

There was a strong and consistent focus from the majority of organisations on developing a specialist network model and having flexible service delivery for highly diverse communities.

Organisations also noted the need for defined accountability, robust governance structures to be put in place, strong on-the-ground support and access to and availability of allied health services.

7.3 Funding Model

Through the online feedback form:

We asked: After reading the information on the key features of the proposed PITC funding model, how has your level of interest in delivering EC and/or LAC services changed?

> A – More interested due to the proposed PITC program funding model.

> B – Interest remained the same.

> C – Less interested due to the proposed PITC program funding model.

Your response:

The majority of the organisations that responded were either more interested (34 per cent) or their interest remained the same (57 per cent) after reading the proposed PITC funding model. Three organisations (9 per cent) showed less interest in delivering services after reading the proposed PITC funding model.

Table 10: Level of interest in delivery of PITC program under proposed funding model

Level of interest	Number of organisations	Percentage of organisations
B – Interest remained the same	20	57%
A – More interested due to the proposed PITC program funding model	12	34%
C – Less interested due to the proposed PITC program funding model	3	9%

We asked: If you answered C) above – less interested, please indicate which feature(s) of the proposed funding model may be a barrier to your organisation delivering EC and/or LAC Services.

Your response:

The 3 organisations that indicated their interest lessened after reading the proposed funding model cited the following features (in order of significance) may be barriers to service delivery for their organisations:

- Payment in arrears
- Selection of fixed components are too few
- Complexity of proposed model
- Payment frequency

We asked: Do you perceive a risk to your organisation due to the part-fixed, part-variable model, which would deter you from considering future involvement in the PITC program?

- Yes
- No
- No response

Your response:

Almost half of the organisations (49 per cent) who responded perceived the part-fixed, part-variable model as a risk that would deter organisations from considering future involvement in the PITC program. Fourteen organisations (38 per cent) did not perceive the proposed funding model as a risk that would deter them from considering their involvement in the PITC program.

Five organisations (14 per cent) provided no response.

Table 11: Organisations' perceived risk from the proposed funding model

Perceived risk	Number of organisations	Percentage of organisations
Yes	18	49%
No	14	38%
No response	5	14%

We asked: Please indicate what changes your organisation believes may improve the proposed PITC program funding model.

Your response:

Organisations indicated a general consensus in the following changes to improve the proposed PITC program funding model by having:

- Clear risk contingency and mitigations with focus on operation and financial costs;
- Risk contingency and mitigations, specifically for the potential of casualisation of workforce;
- Adaptability and flexibility to meet diverse needs;
- Sufficient fixed funding; and
- More clarity and granular information, specifically around assumptions and calculations.

We asked: Does your organisation have any additional feedback you would like to provide on the proposed funding models?

Your response:

Additional feedback on the proposed funding model is summarised across 5 key themes:

1. Funding Model Change: fixed/variable funding concerns
2. Clarity of the PITC program model information
3. Adaptable funding needs to reflect service delivery costs and diverse needs

4. Mitigation of transitional risks and challenges
5. Fixed/variable funding opportunities

Some organisations indicated that additional information was required to fully assess the implications of the proposed funding model on their business.

It was noted by a number of organisations that increased flexible funding may have consequences on how they build and maintain their workforces, particularly in respect to recruitment and training.