

## Organisations adapting to dual aspirations of individualisation and collaboration in the National Disability Insurance Scheme (NDIS) market

Griffiths, Michele ; Hummell, Eloise; Fisher, Karen ; Borg, Samantha ; Needham, Catherine ; Venning, Alyssa

DOI:  
[10.1111/1467-8500.12497](https://doi.org/10.1111/1467-8500.12497)

License:  
Other (please specify with Rights Statement)

Document Version  
Peer reviewed version

Citation for published version (Harvard):  
Griffiths, M, Hummell, E, Fisher, K, Borg, S, Needham, C & Venning, A 2021, 'Organisations adapting to dual aspirations of individualisation and collaboration in the National Disability Insurance Scheme (NDIS) market', *Australian Journal Of Public Administration*. <https://doi.org/10.1111/1467-8500.12497>

[Link to publication on Research at Birmingham portal](#)

### Publisher Rights Statement:

This is the peer reviewed version of the following article: Foster, M, Hummell, E, Fisher, K, Borg, SJ, Needham, C, Venning, A. Organisations adapting to dual aspirations of individualisation and collaboration in the National Disability Insurance Scheme (NDIS) market. *Aust J Publ Admin*. 2021, which has been published in final form at <https://doi.org/10.1111/1467-8500.12497>. This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Use of Self-Archived Versions.

### General rights

Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

- Users may freely distribute the URL that is used to identify this publication.
- Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.
- User may use extracts from the document in line with the concept of 'fair dealing' under the Copyright, Designs and Patents Act 1988 (?)
- Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

### Take down policy

While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact [UBIRA@lists.bham.ac.uk](mailto:UBIRA@lists.bham.ac.uk) providing details and we will remove access to the work immediately and investigate.

**Title:** Organisations adapting to dual aspirations of individualisation and collaboration in the National Disability Insurance Scheme (NDIS) market

**Running title:** Organisations and disability support interfaces

**Authors:**

Michele Foster<sup>1</sup>, Eloise Hummell<sup>1</sup>, Karen Fisher<sup>2</sup>, Samantha J. Borg<sup>1</sup>, Catherine Needham<sup>3</sup>,  
Alyssa Venning<sup>1</sup>

**Author affiliations:**

<sup>1</sup> The Hopkins Centre: Research for Rehabilitation and Resilience, Menzies Health Institute Queensland, Griffith University, Brisbane, Queensland, Australia

<sup>2</sup> Social Policy Research Centre, University of New South Wales, Sydney, New South Wales, Australia

<sup>3</sup> Health Services Management Centre, University of Birmingham, Birmingham, United Kingdom

**Corresponding author:**

Professor Michele Foster

Email: [michele.foster@griffith.edu.au](mailto:michele.foster@griffith.edu.au)

## **Abstract**

Disability support is often provided at the interface with other human services such as health, education, and employment agencies. This can present many organisational problems for people receiving support and the organisations that provide it. Individualised funding is one attempt to ease problems of fragmentation and unmet needs, but perversely, it introduces further interface complexities as organisations consider how to manage their service provision and financial structures. Drawing on interviews with 28 managers, the focus in this paper is on organisational and interface changes and challenges following the introduction of the National Disability Insurance Scheme (NDIS) in Australia, and the adaptive strategies of organisations to provide individualised and coordinated supports. The three themes derived from the thematic analysis, *adopting a commercial mindset*, *finding a business niche*, and *working across complex interfaces*, epitomise the benefits, constraints, and consequences of new market mechanisms for the delivery of supports, and how organisations are adjusting to a more commercial-orientated sector while also creatively negotiating multiple funding and governance systems. The findings contribute to understandings of how individualisation is creating new dynamics of local disability support governance and collaboration in service provision.

## **Key words:**

Individualised disability support, National Disability Insurance Scheme, human service organisations, marketisation of public services

## **Introduction**

Disability support is a complex organisational task often requiring coordination at the interface of multiple human service organisations. Simultaneously, providers of disability support and other human service organisations such as health, education, transport, and employment agencies are constantly adapting to changes in service delivery and social welfare (Watts et al., 2018). In Australia, there has been large-scale change occurring in disability support with the introduction of the National Disability Insurance Scheme (NDIS). Likewise, individualised funding and self-managed personal budgets are preferred market models adopted in many other high-income welfare economies (Green et al., 2018). In the spirit of the UN Convention on the Rights of Persons with Disabilities 2006 (Purcal et al., 2014), Australia's NDIS aims to break down historical limits on people's choice and control imposed by administrative allocation of funding to organisations, thereby stimulating diverse markets that tailor to individual needs and preferences (Carey et al., 2019; Henman & Foster, 2015). Individualised funding policy is also intended to encourage more 'seamless' supports to overcome persistent fragmentation of services (Productivity Commission, 2011). The dilemma for organisations is that *individualisation* through personal budgets spent in a diverse market is likely to motivate them to differentiate themselves to ensure viability. To that end, the dual forces of *individualisation* and *collaboration* to coordinate support create the conditions for contending pressures to emerge, particularly as there is little clarity in policy or legislation as to how to achieve collaboration. Notably, the collaborative element of individualised services has received limited attention to date in the literature on personalised approaches to support funding.

Collaboration in disability support involves interagency collaboration among those providing various types of support within the same sector such as disability or social care. This concerns the organisation of service delivery (King & Meyer, 2006). Concomitantly, it can

also involve working at the interfaces of disability, health, and other human service areas to streamline and coordinate provision (King & Meyer, 2006). Although individualisation and collaboration are not necessarily mutually exclusive, they do create different sets of incentives and tensions for provider organisations. Consequently, it is of interest to understand how disability support organisations and other key agencies engaged with people with disability perceive and respond to the introduction of more market mechanisms to reform disability support. The work presented in this paper builds on that of Green et al. (2018) and Carey et al. (2019) in identifying the challenges for providers as they transit to the market system of the NDIS. The contribution here has a distinctive focus on the organisational dynamics and strategies of new local governance of disability support and how organisations collaborate with one another.

### **Individualised funding policy in Australia**

The NDIS was progressively rolled out across all states and territories in Australia between 2013 and 2020. The NDIS comprises three components aimed at redressing social and economic problems for people with disability: funded support packages; information linkages and capacity building; and general community awareness. The most expensive component is the provision of individualised funding support packages for Australians with a permanent and significant disability who enter the scheme before the age of 65 (Fawcett & Plath, 2014). Funded supports can include a range of services such as personal care and support workers, transport, home modifications, assistive technology, continence aids and other consumables, allied health assessments, and therapy. This individualised approach represents a radical departure from historical funding and governance approaches that were based around a block-funding model. Instead, the NDIS exemplifies the increasing preference for market

governance mechanisms to encourage providers to adopt new individualised approaches to disability support. Previously, under block funding, organisations were funded directly to provide services, essentially restricting most people to one provider (Chenoweth & Clements, 2009; Laragy et al., 2015; Purcal et al., 2014). With the redirection of funding to people with disability to control and purchase their desired services and supports (Carey et al., 2017), the NDIS expands the opportunity for tailored services through multiple providers.

By design, this should transform the sector by encouraging new organisational forms to emerge (Carey et al., 2018). Reeders et al. (2019) have documented a picture of multiple complex systems of NDIS markets, although there are ongoing issues about insufficient supply or ‘thin markets’. Although individualised funding is also anticipated to reduce fragmentation of supports, it is more likely the NDIS introduces further market and interface challenges as organisations adapt service provision and financial structures (Gilchrist et al., 2019). This inevitably brings the dual challenges of individualisation and collaboration into focus for organisations. What it means for local governance of disability support remains to be seen. As Carey et al. (2017) argue, policy is only as good as the implementation and in this case, how organisations react and adapt to changing expectations is unknown.

Organisational adaptations and practices of disability support governance are likely to be varied considering the scale of reform and the task of coordinating across interfaces.

Historically, separation of federal and state responsibilities and institutional boundaries have consistently stymied coordination efforts, particularly where it involves both health and disability sectors (Foster et al., 2007; Segal et al., 2004). At the local level, interagency collaboration has also proven to be a challenge in many areas of welfare provision in

Australia for populations with complex needs (Howarth & Morrison, 2007; Muir et al., 2010; Valentine et al., 2006; Ziviani et al., 2013). Complex needs often manifest due to the interplay of personal, social, and structural issues. This can include the interaction of co-occurring impairments and health issues, which often involve engagement with multiple services, personal and social disadvantage across many life domains and marginalising environments (Dowse et al., 2014; Gridley et al., 2014). In relation to complexity of needs, it is probable that the NDIS has accentuated, if not created, new interface and boundary contestations about funding and provision (Dickinson & Carey, 2017).

This paper reports organisational perspectives and experiences of transition to the NDIS in the state of Queensland. It draws on multiple perspectives in recognition of the market and interface challenges regarding disability support, including registered providers of NDIS-funded supports and other human service organisations such as health, and representatives of peak bodies and advocacy agencies. The main purpose is to report qualitative findings of interviews with managers from these different organisations about their perceptions and experiences of transitioning to an individualised funding model, including how they are adapting to major changes in organisation and provision of support, and their approaches to coordinating disability support at multiple organisational interfaces. The perspectives of NDIS participants and their families are analysed in a separate article focused on their experiences of coordinating funded supports. The specific questions this paper addresses include: (1) How do organisations perceive individualised funding policy in relation to provision of disability support? (2) What are the associated operational challenges and opportunities for interfacing with other organisations? (3) How are organisations self-organising and adapting to the new individualised funding model, to respond to the dual goals of individualisation and collaboration in provision of funded supports?

## **Approach and study design**

The study was designed in the frame of street-level research, in recognition of the significance and uncertainties of implementation. Drawing mainly on Brodtkin's (2011, 2016) notion of street-level organisations and their critical intermediary role in the implementation of policy, Brodtkin (2012, 2016) argues that street-level organisations are not simply deliverers of policy, they produce and reproduce its practical meaning through their actions and organisational life. The more reformative or contentious the policy goals are, the more likelihood of street-level tensions, inconsistencies, and resistances (Brodtkin, 2011). Designed to shift the locus of control and transform modes and practices of disability support governance (Henman & Foster, 2015), the NDIS model of individualised disability funding is arguably a confronting reform for service organisations. Consequently, a street-level perspective aims to elicit how organisations are adapting and the enabling mechanisms that effectively constitute local governance of disability support and make the system operate.

In the tradition of street-level research, the study design involved a qualitative method of semi-structured interviews to elicit the perspectives of various organisational, industry peaks, and advocacy bodies. The focus was on South-East Queensland (SEQ), which represents three of Queensland's major population centres, including the greater Brisbane area, the Sunshine Coast, and the Gold Coast. The NDIS commenced roll-out in eight major sub-regions of SEQ, starting on 1 January 2017 with Toowoomba areas; and 1 July 2017 in Ipswich, Lockyer, Scenic Rim, and Somerset. Commencement at four regions started on 1 July 2018: (1) Brisbane, (2) Gold Coast and Hinterland, (3) Logan and Redlands, and (4) Fraser Coast, North Burnett, South Burnett, and Cherbourg. NDIS commenced in the final two



sub-regions (Moreton Bay, and Sunshine Coast, Noosa and Gympie) on 1 January 2019 (Queensland Government, 2020). Most areas of SEQ were in early transition at the time of the study.

Ethical approval was gained from both hospital and university Human Research Ethics Committees.

## **Recruitment**

A combination of purposive sampling and a snowball approach was used to recruit a range of organisational managers, with diversity across organisational type, sector governance (e.g., public, private, not-for-profit, and social enterprise), geographical reach, and length of operation in the disability sector. Managers were eligible if they were (a) employed in a senior executive or managerial role in an NDIS registered provider, government agency or in an advocacy organisation; (b) aged  $\geq 18$ ; and (c) employed in an organisation which services or supports NDIS participants who reside in SEQ. Recruitment was facilitated through consultation with the project's Reference Group (comprising representation across the various organisational types) and through existing research and professional networks of the team. Initially, direct contact was made with senior executives or managers of organisations of up to 10 selected organisations based on consultations with the Reference Group. Contact was made via email or telephone for the purpose of providing information about the study in written and verbal form. To avoid coercion, during this contact individuals were invited to ask questions and to re-contact a member of the research team should they wish to participate in an interview. A snowball approach was then used to expand recruitment.

## Research participants

Twenty-eight managers/senior representatives (henceforth managers) were recruited between December 2019 and September 2020. As shown in Table 1, managers represent varying organisational types and modes of governance, recognising the market mix of organisations operating within the NDIS environment in Queensland. The sample also included organisations with different familiarity with provision of disability support and varying geographical reach (with some organisations also operating in other states and territories). The organisations that participated in this study provide a broad range of services including personal supports, allied health, transport, accommodation, support coordination, plan management, advocacy, information and service brokerage, skill development, and community access. Most organisations provided multiple types of services (e.g., support coordination, personal services, and community access), with fewer single specialty providers (e.g., support coordination only). Information about study participation and withdrawal was provided to potential participants, with consent obtained in either written form prior to the interview or recorded verbally at the time of interview.

**Table 1.** Organisational representatives (n=28)

<b>Organisation details</b>	<b>n</b>
Organisation type	
Disability provider	13
Other human service organisation	10
Industry peak or advocacy body	5
Governance model	
Private for-profit	6
Government	4
Not-for-profit	15
Social enterprise	3
Establishment of organisation	
Pre-NDIS	25
Post-NDIS	3
Geographic coverage	
National	6

Multi-state	6
State-wide	6
Region-specific or more localised	10

---

## **Data collection**

Semi-structured interviews with managers were conducted by four members of the research team using an interview guide covering several topic areas consistent with the aims of the study. The questions addressed managers' perspectives on how their organisations are: adapting to the NDIS; collaborating with other organisations in the coordination of funded supports; and perceiving challenges and opportunities for the management of funded supports. Each interview was designed for approximately 45–60 min and was audiotaped, transcribed, and checked for accuracy.

## **Data analysis**

An inductive approach was used to conduct a thematic analysis, guided by a framework approach (Ritchie et al., 2003). Two of the four researchers who conducted the interviews carried out data analysis through several discrete steps, commencing after all 28 interviews were completed. First, researchers read all interview transcripts then independently open-coded the same four interview transcripts before meeting to discuss and develop an initial coding framework. This resulted in the initial descriptor codes being organised into 14 defined categories. The same researchers then applied the category framework to code three interview transcripts to assess inter-rater reliability and to ensure that the framework adequately captured the range of issues represented in the data (Hennink et al., 2017). Discrepancies amongst coding were discussed and resolved and resulted in the refinement of the coding framework into 12 distinct categories. All transcripts were then coded. Concept

maps and data workshops were conducted with the research team throughout the analysis process to interrogate the data and identify patterns and links between the various categories, as a basis for deriving main themes and sub-themes. Quotations were chosen during the process to illustrate themes and overall patterns and discrepancies in the findings (Patton, 2002). As the last step, three researchers workshoped three main themes and sub-themes with descriptions and exemplar quotes to finalise the thematic framework. In Section 2, quotes are labelled to denote research participant type (M – manager), organisation type (NFP – not-for-profit; Gov – government service provider; P – private for-profit; SE – social enterprise), and interview number (01–28).

## **Results**

Three main themes derived from the analysis epitomise the organisational perspective on the operational opportunities and challenges and local practices adopted as part of transition to the NDIS. The first theme, *adopting a commercial mindset* captures the organisational benefits, constraints, and consequences of market mechanisms designed to deliver individualised disability support. The second theme about *finding a business niche* is an example of how organisations are adjusting to a more commercial-orientated sector. *Working across complex interfaces*, the third theme, highlights the challenges and opportunities of delivering individualised support that crosses multiple funding and governance systems. These themes, and linked sub-themes, are described in the next section.

### **Adopting a commercial mindset**

A consistent concept derived from managers' interviews was the first theme of, *adopting a commercial mindset*. In contrast to the previous block funding, the managers reported a stronger awareness of the dollar value attached to each aspect of service provision, which cultivated a commercial approach to disability support. These ideas are captured in two sub-themes: *commercially oriented practice* and *transacting disability support*. Twenty-five organisations were operating in the disability sector prior to the NDIS, so the majority were adapting to a new model.

### ***Commercially oriented practice***

It was clear from most managers that individualised funding policy required organisations to think and act with a more conscious commercial mindset. Moreover, they felt that this change was critical for their adaptation and survival. The NFP organisations had previously received block funding, where they could expect fixed budgets from government contracts to spend flexibly towards a contracted goal. Without that flexibility, they now had to adjust their business strategy, in which some perceived that they were operating in a competitive market. Managers of all organisations spoke of the challenges in this change. As pointed out: *we're used to getting our budget at the beginning of the year* (MGov06), whereas now: *every service has its own line item, and you're paid for the line you do* (MNFP03), and *we have to redesign...which is a challenge because of the capacity within the pricing* (MSE09). Aside from these funding and redesign challenges, some managers also pointed out the practical constraints of operating within a commercially oriented environment. This manager suggested that this also meant protecting their customer base and concomitantly, their income base:

*Previously, the programmatic way in which we were funded meant that there was no competitive advantage that we were releasing, no customer information that we were releasing to competitors that was a risk to our business. And that's a very commercial way of looking at it, but it's the reality of the new structure we work in where whenever we release customer data to someone who also provides services to that customer, we are potentially releasing our share of wallet. (MNFP10)*

Private providers without a history of block funding, and a manager of a social enterprise emphasised the value of the new funding model/NDIS participants' funding in a slightly different way. For the social enterprise manager who had a long history providing support to people with disability but not under block funding, the organisation was essentially a new entrant to the NDIS market: [we have] *been in...the NDIS world from day one* (MSE07). One private provider explained the business way of working meant ensuring the client receives the best value for money:

*And we've got to be able to spend that money well, to give clients the best return on investment for their money. (MP12)*

A similar 'client' mindset was evident among long-standing NFP organisations which were transitioning from block funding. For example, one emphasised the need to be *looking to your customer for what is it that they want* (MNFP21); and another the need to be *looking at customer experience because there's the commercial lens* (MNFP11).

It was also evident that the commercial orientation was changing the market, with comments about rapid and evolving markets. This included reports about *new providers...popping up*

*and disappearing rapidly* (MNFP08) and a sense of being *swallowed up by just how many organisations there are out there* (MP26). Although there were comments on the opportunities associated with an evolving market, there were also views on the risks that a fluid market was creating. Managers commented on *some pockets of brilliance* (MNFP28); *small businesses ...thriving...[in] local communities* (MP12); and the increase in sole traders meaning *clients are actually getting better outcomes and better experiences for that as a result* (MNFP08). On the less positive side, managers perceived problems about the supply and quality with reference to both ‘thin markets’ and rapid increase of new and inexperienced providers. For example, despite seeing *new organisations that have popped up overnight to service NDIS clients* (MP01), this manager still observed insufficient supply:

*our client load has increased significantly, and our previous networks are all completely so busy that they can't see our clients anymore, or they can't take on all the new people that we've got.* (MP01)

This manager was a long-term private provider of support coordination for complex needs, operating through established networks. It is possible it was less an issue of distribution or thin market, as it was an issue of supply of quality providers, which could offer both benefit and risk for participants:

*all of a sudden, the market has...an influx of new providers, with varying agreements or models of compliance established...I think in a short-term perspective [it is an] increased risk for customers because they are being pursued and have all this new opportunity which is amazing.* (MNFP10)

Other managers also referred to the tensions between quality and profit, particularly in areas of specialist provision, and subsequent risk to ‘customers’:

*businesses have popped up, and I think that’s great for a business market to have people challenging the status quo, but when new businesses are starting up and they’re not necessarily experienced in the mental health or disability area, and they’re looking at it purely as a for-profit model, service delivery isn’t good. (MNFP18)*

### ***Transacting disability support***

The commercial mindset encompassed a new concept of funded support provision, that of *transacting disability support*, with the NDIS participant as the ‘payer’. There was an increased awareness of the financial transaction attached to provision *Now the support plan is monetarised* (MNFP18). Many managers commented on the price guide complexities and laborious billing processes, *processing millions of transactions* (MP12), needing to be diligent *because if one of those codes are wrong then you're billed wrong* (MP20) and frustrations over delayed payments and the *time and...effort chasing unpaid bills* (MNFP23). One manager talked about the complexities regarding responsibilities and accountabilities, particularly where the NDIS participant fails to pay the provider:

*It's very often the response [from the NDIA] ...that's an issue between you as the provider and the participant as the purchaser, it's a commercial arrangement and you have to work it out for yourselves. (MNFP03)*



This extract indicates that managers were highly mindful that disability support involved a more obvious financial transaction between the provider and NDIS participant in contrast to the previous block funding. Furthermore, managers perceived that these financial arrangements could risk their viability because of the potential unpredictability of NDIS participants exercising choice and control; in particular changing providers or requesting minimal support:

*So one of the fundamental principles of this is choice and control, that the participant can choose their service provider and change on a daily or hourly basis.... That's changed from what, in the past would have been typically a year's minimum contract with the state government and you were pretty much guaranteed. (MNFP03)*

*So when someone was block-funded, we could determine, we just had an allocation of money and we can determine fully their plan and their outcomes. So now we might only get a sliver of what they want to achieve. (MNFP11)*

As these extracts imply, the perceived insecurity of funding to the organisation was also tied to a sense of a more sophisticated customer, *more savvy about what they're choosing* (MSE05). Consistent with a business transactions approach, this shift in financial control also puts a stronger onus on the provider to be more *customer-centric*, as this manager suggested, or risk losing participants and their funding:

*...they can turn around [and say], 'Well I'm not happy with the service; I'm going to go somewhere else', and in fact they can challenge even invoices, for example, like they'll*

*say, 'Well no, I didn't think that you did a good job', ...it's my right and this is my money.*

(MP12)

In contrast, despite losing half their client base in one location since the NDIS, the idea of a more sophisticated, discerning ‘customer’ was perceived by another manager as an innovative, empowering feature of the market model:

*...as clients become more empowered and understand choice of control and start deciding how they want to spend the money...that's what the reform is all about is innovation, so that gets me excited.* (MNFP08)

### **Finding a business niche**

All managers described, implicitly or explicitly, a deliberate strategy to adjust or target their service provision in the context of the NDIS. The second main concept from the analysis, *finding a business niche*, represents how organisations were adapting/targeting their organisational strategy to the context of individualised funding and NDIS participants’ choice and control. How to remain viable was a key focus to the business strategy changes for most organisations, which had various implications for their operational scope and networks.

### ***Remaining viable and relevant***

The concepts and practices that managers referred to in response to the NDIS seemed to be underpinned by a variety of operational logics. For example, some emphasised a strong focus on NDIS participants, including their rights (*we believe in people with disabilities having the same rights and opportunities as regular people*, MSE07); others, a collective strategy

(*working collaboratively...to influence...change*, MNFP02), or advocacy logic (*in helping people to negotiate, navigate, come up with solutions*, MGov27); and yet others, a *strong innovation agenda* (MNFP14). It was also clear that for some organisations, their usual operational logic was challenged by the new commercial environment and new funding model:

*we've absolutely grappled with the tensions that now really are highlighted and prominent between what we're being asked to operate in, which is a commercial setting, and where our values, but also where human services naturally fits.* (MNFP10)

Although organisations were *mindful about how they need to work really hard to stay relevant and operational* (MNFP02), there were also reports of *some measured growth* (MNFP28), or anticipated future growth. For example, this manager who believed that they were well positioned for future growth coinciding with the maturity of the NDIS:

*We think we've got really solid skills and we have a lot to offer and we offer it in a way that does allow for the choice of control and is also very customised for the participants...as the consistency and the processes smooth out a little bit more, I'd like to see that our organisation would grow with that as well.* (MP26)

Another manager spoke about this as organisations gradually *finding their niches a bit more* (MSE05) as demand grew. Being more explicit about the 'customer' base or adjusting the scope and scale of services they offered were part of this process for organisations. Although some managers spoke of *going to restrict the types of service provision* (MNFP14), others were maintaining usual 'customer' bases while offering a broader range of services

or *increasing into different locations and areas* (MP19). The variability is articulated clearly by this manager, who also highlighted the link between strategy and operational logic:

*So it's really been about organisations being able to look at the vision and the mission and the purpose and we've seen a lot of agencies maybe scale down the scope of service deliveries. So they're choosing which part of the market they're going to provide services to and obviously do it well.* (MNFP08)

Defining their 'customer' niche was also about being sustainable, with consideration of staff skill capabilities not simply financial matters:

*[There] are things that we don't do, such as behavioural concerns and challenging behaviours...we don't have that focus on organisation and the skill of our staff, so we stay away from that. We try to just pitch to the work that we know we're good at.* (MP20)

Another talked about fine-tuning the ideal 'customer' (MNFP11). In this example, there were both financial and 'customer' risks to consider. The organisation had a long history of support provision for people with high needs, including complex behaviours, and consequently, decisions about the 'customer' base involved multiple factors, including financial and risk matters:

*I reckon another five years of us really fine-tuning who our customer is, who is our ideal customer that meets the commercial side and the risk side of the same time...to me it's about risk to staff safety, and the training required, and the governance required...the risk profile.* (MNFP11)

### *Defining networks and collaborations*

The second sub-theme of finding a niche, *defining networks and collaborations*, describes how individualised funding and the commercial environment was driving some organisations to carefully consider and define their working relationships and partnerships. Some organisations had a sense that *everyone is so busy that people are actually trying to work collaboratively and support each other, rather than be concerned about people poaching clients* (MP01). These collaborations included *a trend of consolidation, a lot of partnership or complementary services* (MP12) as incentive for their partnership strategy. For some managers, mutually beneficial collaborations addressed demand, while others were focused towards combining expertise and skills, particularly if an organisation perceived a gap in their skill capacity. Some had been doing this prior to the NDIS and strengthened following NDIS – as per data above.

*I think that there's no one agency out there that can do everything. So I think as each organisation understands where it fits into the market...we have a very strong reputation of being able to support people with complex support needs... So we've either got to make a decision are we going to take on the workforce and train them up...or do we partner with an agency who has that workforce. (MNFP08)*

*I think the smart ones are the ones who are looking, "Well I'm good what I'm doing right now; I should then partner and collaborate with the service provider that can complement psychology services because I'm never going to be in that space. (MP12)*

There was also an acknowledgement of greater reflection on the nature and types of collaborations required in the NDIS environment. Business maturity for one manager was about establishing functional collaborations with *shared purpose* (MNFP10), compared to some past tokenistic relationships:

*I think our maturity around partnerships is increasing quickly ... five years ago we might have listed off 500 relationships, but 400 of them would be tokenistic or meaningless in terms of regular improved outcomes for our customer group. We just had them because we collaborated, and we met, and we did all of these things. So I think when I talk about maturity, we've really focused on understanding why our partnerships exist, identifying the ones that have the greatest impact and bring a bit more time into those and so we may actually find ourselves in a situation where we're reducing our number of active connections, but they're better. (MNFP10)*

A contrasting but less prominent view was that the commercial environment created a competitiveness and *fear of...competing for the same business* (MNFP08) that impeded new opportunities and strategic partnerships. Moreover, the business mindset made some organisations more protective of their product *to make sure that their businesses remain viable* (MNFP17). One other view was that the *NDIA was proactively encouraging competition between organisations* (MNFP23), which could hamper trusting partnerships.

### **Working across complex interfaces**

As the themes on adopting a commercial mindset and business niche reveal, individual funding policy is compelling organisations to grapple with the business of providing services

under a user pays system, and concomitantly, to take steps to position themselves in a rapidly evolving market. The third theme, *working across complex interfaces*, illustrates the critical institutional crossovers but simultaneously existing divisions impacting individualised support. It vividly depicts how differences in various funding systems and programs that concern support for people with disability create dividing lines and in response, also local solutions to achieve individualisation and coordination.

### ***Dividing lines***

The sub-theme of *dividing lines* denotes managers' references to negotiating multiple funding and institutional arrangements for people with complex needs. Some managers raised the issue about *interface between systems* (MNFP13). These issues were captured by one manager who spoke about the peril of thinking that the NDIS *was going to fix a lot of the problems and reduce the burden on the other parts of the system:*

*When really, it's only part of the reform and when you look at the [hospital and health services] – activity based funded and what they're charged with doing and what their contract deliverables are, and their returns and investment. Then you look at the population and health models with the [Primary Health Network], and then you look at the NDIS model...the system is still working in isolation and in siloes. (MNFP08)*

The sentiment of fragmented support was echoed by another who referred to the challenges if participants have education, housing or income support involved, these *multiple government agencies...don't work well together at all...don't communicate at all* (MP19).

Others spoke about the ambiguous lines of responsibility and sometimes *pushback...about why it should be...the NDIS responsibility* (MGov27) with consequences for individual support. As one manager put it, *people fall between these buckets of money* (MNFP03). Conflicts over responsibilities were seen to be inherent in the divisions of responsibilities between the NDIS and other agencies and across tiers of government, impacting participants with specific complex needs, such as children:

*NDIS will point to the Department of Social Services and go, 'oh, that's theirs, that's not ours'. So...the whole system is not designed to talk to each other, and it's actually designed to split out responsibility to someone else. So the people who are most affected are the people who need various parts of the system to work effectively because they've got complex needs.* (MNFP15)

*it's been a two-and-a-half-year battle, across all the states, to get some movement on the interface issues between the state, and the Federal Government around, what is a health issue that should be NDIS funded, verses what is a health issue that is purely a health issue, responsibility of the state. We still haven't resolved some of the finer points on the interface for children, and children in out of home care particularly.* (MGov06)

### ***Bridging the dividing lines***

There were also examples of *bridging the dividing lines* that separated providers across complex interfaces. Managers from disability and other human service organisations (e.g. MGov22, MGov25, MGov27, MNFP16) highlighted health, child safety and employment as



examples of complex interfaces that required innovative strategies. Managers spoke about the practical strategies the organisations needed to navigate the divisions, including being *very creative with your language to get funding for employment goals through the NDIS* (MGov22). Another manager emphasised both successes and ongoing challenges of interface issues to support children with complex needs:

*Child Safety [child protection] have established now quite an effective mechanism for getting young people in Child Safety onto NDIS packages. So they're pretty good at that... Where it falls down is that it works best for those young people with a disability who are stable and firmly established within Child Safety's disability stream. But not all young people with disability in Child Safety are in that situation.* (MNFP16)

## **Discussion**

The aim of this paper was to report how organisations in the NDIS environment are adapting to the new funding policy and managing the tensions between individualisation of supports and collaboration in provision. Certainly, the findings support the view that there are unintended consequences of policy that are only knowable through implementation (Brodkin, 2016). As such, the value of understanding the street-level policy perspective is reinforced as the evidence helps to understand how individualised funding is creating new conditions for organisations and altering how they work. In this case, the shift in financial control is stimulating varying responses, which indicate what and how organisations are reinventing new delivery arrangements locally. In Brodkin's (2011, 2016) terms, this study shows that local organisational mechanisms are emerging to cope with the murky spaces of policy and inherent tensions.

Undoubtedly, the findings show that the NDIS is compelling organisations to re-organise in a more business environment (Green et al., 2018) and in the current study, expediting the need to define their services, customers, and partnerships. Echoing a recent evaluation of 6 years of NDIS implementation (Gilchrist et al., 2019), there is some hesitancy and risk around expansion and ‘customer’ strategies for most organisations. This was related to the perceived possibility of a competitive advantage, which arose with the *monetisation of support* and associated influx of providers. Like Carey et al.'s (2018) findings from a survey of disability providers, organisations were dealing with the realities and burdens of a new pricing system and the disconnect between this arrangement and provision of individualised support in a financially viable way.

The dual dilemmas of managing insecurity of funding and working out the commercial arrangements for individualised support with paying customers, were causing tensions for some organisations. Consequently, some organisations were thinking about reducing or targeting services to specific areas or customers, and others about future possibilities in areas specific to their history or expertise. This is illustrative of not simply adaptive practices but the kinds of protective practices that organisations might engage in to manage complex governance and service arrangements in a more marketised environment (Baxter et al., 2011; Foster et al., 2016). As such, this reinforces the need to scrutinise how organisations might discriminate against services or consumers to remain viable and competitive, and what incentivises them to do so (Biglaiser & Ma, 2003). The potential for customer selection or prioritisation of disability has been shown to occur in other welfare areas such as employment programs when organisations are managing business viability and risks of working with complexity (Skedinger & Widerstedt, 2007), which can lead to inequitable treatment of

complex and marginalised populations in marketised systems (Cater & Whitworth, 2015). Although participants in this study included two managers representing Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds, broader consideration by organisations of their attention and approach to support provision for marginalised populations was not explored. However, given the intersectionality of personal, social, and economic needs and historical experiences of barriers to appropriate support (Trounson et al., 2020) this requires dedicated attention in future research. Specifically, research needs to consider how organisations are managing their business objectives with provision of individualised support for marginalised population groups with disability.

Another key message arising from this study concerns how organisational responses might affect collaboration in provision of support. In this case, the findings contribute to debates about the pressures facing disability providers as they seek to accommodate the twin imperative within NDIS that their support be tailored and seamless (Council of Australian Governments, 2015). Tailored indicates the need for highly specific services for individuals, whereas seamless emphasises the primacy given to ‘whole person’ approaches (Bickerstaffe, 2013). This necessarily relies on effective collaboration at the same time as individualised funding policy is stimulating more diverse organisational forms of service provision and differentiation in marketised environment. As set out in the data above, these can be antagonistic forces due to issues such as commercial confidentiality and protecting the business niche, or in expecting providers to be able to work effectively across entrenched service boundaries. Although not a focus of the current study, collaborative working where there are market deficiencies warrants further attention regarding the policy goal of seamless individualised support because ‘thin market’ areas have implications for quality of supports

particularly for vulnerable populations (Carey et al., 2018). With collaboration not explicitly addressed in NDIS policy and legislative architecture, organisations will likely continue to make judicious decisions about these matters and their working partnerships. The question is whether this is better left to the discretions of the market or whether more explicit policy tools are necessary to strategically manage the desired change.

Undoubtedly, organisations are contending with the implementation of a complex social reform with the NDIS. However, as the theme on working across interfaces indicates, the complexity is compounded by multiple interfacing institutional and organisational arrangements concerning support for people with disability. Indeed, Gilchrist et al (2019) argue that the NDIS cannot be extracted from broader structural arrangements in which other human services operate. Although there were reports of improvements at the interface for specific participants' needs, the perils of demarcation in funding arrangements and siloed working perpetuated confusion of responsibilities and fragmentation. This is distinctive of the consequences of institutional layering whereby the aspirations and goals of new reforms are overlaid onto other existing institutional and organisational arrangements without full consideration of how these might co-exist (Nevile et al., 2019). Unfortunately, this also means the origins of problems and delineations of responsibility can be difficult to pinpoint and in an environment of multi-agency provision participants could bear the fall-out.

Although the data gathered in this study are rich sources of information about how organisations are adapting to the NDIS, the focus on representatives of organisations drawn from SEQ is a limitation. Further research needs to account for experiences of organisational adaptation in regional and remote regions and where there are market deficiencies as these contexts would pose unique challenges for provision of individualised support. Moreover, the

NFP organisations were over-represented in the sample and there is value in gaining further perspectives from private providers and social enterprise organisations. Queensland's implementation immaturity compared with other states in Australia, would also be expected to elicit peculiar transitional dilemmas and responses. A further limitation is the focus on organisational representatives only as this offers a partial view of the street-level construction of policy. Now with the shift in financial control, the role of NDIS participants as active agents is conceptually significant from a street-level perspective and is important to uncover how choice and control shapes collaborative efforts (Purcal et al., 2016). An exploration of participants' experiences is being conducted currently by the research team.

## **Conclusion**

This study contributes important insights into how organisations are working out new disability support arrangements and what practices they are adopting in response to the new conditions of provision. In this case, it shows the emergent types of business and customer strategies and partnership practices. Importantly, the study contributes to the theorisation about how contemporary street-level practices evolve between the organisational realities and complex organisational arrangements. Other findings from this study focus more around providing further insight at the organisation level about the concepts and practice of multi-agency collaboration in individualised disability support, including reducing risk around collaboration. Overall, the findings highlight that many of the issues that the NDIS sought to address around fragmentation and complexity for Australians with disabilities remain as profound now as they were in the pre-NDIS era.

## **Key points**

- This paper explores how service provider organisations for NDIS participants are adapting dual forces of collaboration and individualised funding.
- Businesses and organisations are much more aware of the dollar value attached to each aspect of service provision, cultivating a commercial approach to disability support.
- Remaining viable was a key business focus for organisations, with implications on scope of services and networks.
- Organisations are reorganising in a business environment and defining or redefining their services, customers and partnerships in the new funding landscape.
- Issues around fragmentation and complexity that NDIS sought to address are as profound now as they were pre-NDIS.

## **Acknowledgements**

Ethical approval was gained from Griffith University Human Research Ethics Committee (GU 2019/406) and Metro South Hospital and Health Service Human Research Ethics Committee (HREC/2019/QMS/59522). The broader project is funded by an Australian Research Council (ARC) Discovery Project (ARCDP190102711) grant.

## **Conflict of interest**

The authors declare no conflicts of interest.

## References

Baxter, K., Glendinning, C., & Greener, I. (2011). The implications of personal budgets for the home care market. *Public Money & Management*, 31(2), 91–98.

<https://doi.org/10.1080/09540962.2011.560702>

Bickerstaffe, S. (2013). Towards Whole Person Care, IPPR, London. Available at:

[www.ippr.org/publication/55/11518/towards-whole-person-care](http://www.ippr.org/publication/55/11518/towards-whole-person-care)

Biglaiser, G., & Ma, C. A. (2003). Price and Quality Competition under Adverse Selection: Market Organization and Efficiency. *The RAND Journal of Economics*, 34(2), 266–286.

Retrieved from: <https://www.jstor.org/stable/1593717>

Brodkin E. Z. (2011). Putting street-level organizations first: New directions for social policy and management research. *Journal of Public Administration Research and Theory*, 21, i199–i201. <https://doi.org/10.1093/jopart/muq094>

Brodkin, E. (2012). Review: Reflections on Street-Level Bureaucracy: Past, Present, and Future. *Public Administration Review*, 72(6), 940–949. <https://doi.org/10.1111/j.1540-6210.2012.02657.x>

Brodkin, E. (2016). Street-Level Organizations, Inequality, and the Future of Human Services. *Human Service Organizations: Management, Leadership & Governance*, 40(5), 444–450. <https://doi.org/10.1080/23303131.2016.1173503>

Carey, G., Malbon, E. R., Weier, M., Dickinson, H., & Duff, G. (2019). Making markets work for disability services: The question of price setting. *Health & Social Care in the Community*, 27(5), e716–e723. <https://doi.org/10.1111/hsc.12780>

Carey, G., Malbon, E., Olney, S., & Reeders, D. (2018). The personalisation agenda: the case of the Australian National Disability Insurance Scheme. *International Review of Sociology*, 28(1), 20–34. <https://doi.org/10.1080/03906701.2018.1425084>

Carey, G., Malbon, E., Reeders, D., Kavanagh, A., & Llewellyn, G. (2017). Redressing or entrenching social and health inequities through policy implementation? Examining personalised budgets through the Australian National Disability Insurance Scheme. *International Journal for Equity in Health*, 16(1), <https://doi.org/10.1186/s12939-017-0682-z>

Cater, E., & Whitworth, A. (2015). Creaming and parking in quasi-marketised welfare-to-work schemes: Designed out of or designed in to the UK work programme? *Journal of Social Policy*, 44(2), 277-296. DOI: [10.1017/S0047279414000841](https://doi.org/10.1017/S0047279414000841)

Chenoweth, L., & Clements, N. (2009). *Funding and service options for people with disability, Final Report*. School of Human Services and Social Work, Griffith University. <http://www.tdsa.org.au/wp-content/uploads/2016/03/Qld-Govt-Griffith-Uni-disability-funding-options.pdf>

Council of Australian Governments. (2015). Principles to determine the responsibilities of National Disability Insurance Scheme (NDIS) and other service systems. Retrieved from:



<https://www.coag.gov.au/sites/default/files/communique/NDIS-Principles-to-Determine-Responsibilities-NDIS-and-Other-Service.pdf>

Dickinson, H., & Carey, G. (2017). Managing care integration during the implementation of large-scale reforms: Managing community care. *Journal of Integrated Care*, 25(1), 6–16.

<https://doi.org/10.1108/JICA-07-2016-0026>

Dowse, L., Cumming, T., Strnadová, I., & Lee, J-S. (2014). Young People with Complex Needs in the Criminal Justice System, *Research and Practice in Intellectual and Developmental Disabilities*, 1:2, 174-185, DOI: 10.1080/23297018.2014.953671

Fawcett, B., & Plath, D. (2014). A National Disability Insurance Scheme: What Social Work Has to Offer. *British Journal of Social Work*, 44(3), 747–762.

<https://doi.org/doi:10.1093/bjsw/bcs141>

Foster, M., Henman, P., Tilse, C., Fleming, J., Allen, S., & Harrington, R. (2016).

'Reasonable and necessary' care: The challenge of operationalising the NDIS policy principle in allocating disability care in Australia. *Australian Journal of Social Issues*, 51(1), 27–46.

<https://doi.org/10.1002/j.1839-4655.2016.tb00363.x>

Foster, M., Fleming, J., & Tilse, C. (2007). Council of Australian Governments' (COAG) initiative for young people with disability in residential aged care: What are the issues for acquired brain injury? *Brain Impairment*, 8(3), 312–322. <https://doi.org/10.1375/brim.8.3.312>

Gilchrist, D.J., Knight, P.A., Edmonds, C.A., & Emery, T.J. (2019). *Six Years and Counting: The NDIS and the Australian Disability Services System - A White Paper*. Not-for-profits

UWA, University of Western Australia. Retrieved from:

[https://www.research.uwa.edu.au/\\_data/assets/pdf\\_file/0008/3450743/Six-Years-and-Counting-NDIS-White-Paper.pdf](https://www.research.uwa.edu.au/_data/assets/pdf_file/0008/3450743/Six-Years-and-Counting-NDIS-White-Paper.pdf)

Green, C., Malbon, E., Carey, G., Dickinson, H., & Reeders, D. (2018). Competition and Collaboration between Service Providers in the NDIS, *Centre for Social Impact*, UNSW Sydney. <https://www.csi.edu.au/research/project/competition-and-collaboration-between-service-providers-ndis/>

Gridley, K., Brooks, J., & Glendinning, C. (2014). Good practice in social care for disabled adults and older people with severe and complex needs: evidence from a scoping review. *Health & Social Care in the Community*, 22(3), 234-248.

Henman, P., & Foster, M. (2015). Models of disability support governance: a framework for assessing and reforming social policy. *Australian Journal of Social Issues*, 50(3), 233–252.

<https://doi.org/10.1002/j.1839-4655.2015.tb00348.x>

Hennink, M. M., Kaiser, B. N., & Marconi, V.C. (2017). Code Saturation Versus Meaning Saturation: How Many Interviews Are Enough? *Qualitative Health Research*, 27(4), 591–

608. <https://doi.org/10.1177/1049732316665344>

Howarth, J., & Morrison, T. (2007). Collaboration, integration and change in children's services: Critical issues and key ingredients. *Child Abuse & Neglect*, 31(1), 55–69.

<https://doi.org/10.1016/j.chiabu.2006.01.007>

King G., & Meyer, K. (2006). Service integration and co-ordination: a framework of approaches for the delivery of co-ordinated care to children with disabilities and their families. *Child Care, Health & Development*, 32(4), 477–492. <https://doi.org/10.1111/j.1365-2214.2006.00610.x>

Laragy, C., Fisher, K. R., Purcal, C., & Jenkinson, S. (2015). Australia's Individualised Disability Funding Packages: When Do They Provide Greater Choice and Opportunity? *Asian Social Work and Policy Review*, 9(3), 282–292. <https://doi.org/10.1111/aswp.12068>

Muir, K., Fisher, K. R., Dadich, A., & Abelló, D. (2010). 'I didn't like just sittin' around all day': Facilitating Social and Community Participation Among People with Mental Illness and High Levels of Psychiatric Disability. *Journal of Social Policy*, 3(39), 375–91.

<https://doi.org/10.1017/S0047279410000073>

Nevile, A., Malbon, E., Kay, A., & Carey G. (2019). The implementation of complex social policy: Institutional layering and unintended consequences in the National Disability Insurance Scheme. *Australian Journal of Public Administration*. 78(4), 562–576.

<https://doi.org/10.1111/1467-8500.12380>

Patton, M. (2002). *Qualitative Research and Evaluation Methods* (3<sup>rd</sup> ed.). SAGE Publications Inc.

Productivity Commission. (2011). *Disability Care and Support* (Report no. 54). Canberra.  
<https://www.pc.gov.au/inquiries/completed/disability-support/report/disability-support-volume1.pdf>

Purcal C, Fisher K.R, Meltzer A. (2016). Social insurance for individualised disability support – implementing the Australian National Disability Insurance Scheme (NDIS). *Social Policy Review*, 28, 173-190. DOI:10.1332/policypress/9781447331797.003.0009

Purcal, C., Fisher, K., & Laragy, C. (2014). Analysing Choice in Australian Individual Funding Disability Policies. *Australian Journal of Public Administration*, 73(1), 88–102.  
<https://doi.org/10.1111/1467-8500.12063>

Queensland Government. (12 January 2020). NDIS rollout in Queensland. Retrieved from:  
<https://www.communities.qld.gov.au/swe/ndis-rollout-queensland>

Reeders, D., Carey, G., Kavanagh, A., Dickinson, H., Duff, G., Gilchrist, D., ... Malbon, E. (2019). Market Capacity Framework: An approach for identifying thin markets in the NDIS. Centre for Social Impact: Sydney.  
[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3671383](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3671383)

Ritchie, J., Spencer, L., & O'Connor, W. (2003). Carrying out qualitative analysis. In J. Ritchie & J. Lewis (Eds.), *Qualitative Research Practice*. Sage, London.

Segal, L., Dunt, D., & Day, S. E. (2004). Introducing coordinated care (2): evaluation of design features and implementation processes implications for a preferred health system reform model. *Health Policy*, 69(2), 215–228. <http://doi.org/10.1016/j.healthpol.2004.02.001>

Skedinger, P., & Widerstedt, B. (2007). Cream skimming in employment programmes for the disabled? Evidence from Sweden. *International Journal of Manpower*, 28(8), 694–714. <https://doi.org/10.1108/01437720710835174>

Trounson, J., Gibbs, J., Kostrz, K., McDonald, R. & Peters, A. (2020). A systematic literature review of Aboriginal and Torres Strait Islander engagement with disability services. *Disability & Society*, DOI: 10.1080/09687599.2020.1862640

valentine, k., Fisher, K.R., & Thomson, C. (2006). Making integration happen: the families first policy experience. *Child Abuse Review*, 15(6), 414–28. <https://doi.org/10.1002/car.964>

Watts, L., Schoder, M., & Hodgson, D. (2018). The Experiences of Human Service Managers in Contexts of Change and Uncertainty. *Australian Social Work*, 71(3), 306–318. <https://doi.org/10.1080/0312407>

Ziviani, J., Darlington, Y., Feeney, R., Meredith, P., & Head, B. (2013). Children with disabilities in out-of-home care: Perspectives on organisational collaborations. *Children and Youth Services Review*, 35(5), 797–805. <https://doi.org/10.1016/j.chilyouth.2013.02.003>