



Market Position Statement

Tasmania

July 2016

ndis.gov.au



Foreword

The National Disability Insurance Agency (NDIA) is pleased to present the Tasmanian Market Position Statement (MPS), the fifth of a series being developed to inform market stakeholders and help current and prospective providers of supports and services prepare for the opportunities that the National Disability Insurance Scheme (NDIS) will create in coming years.

The MPS provides information about the emerging NDIS marketplace, allowing providers to better understand areas of expected demand growth and the characteristics of particular markets around Australia.

The NDIA values the role of providers and sees them as a critical part of the NDIS in terms of delivering high quality, person centred supports to help participants achieve their aspirations. The NDIA would like to see a market with a diverse array of providers that maximises choice and control for participants and forges strong links with mainstream services and family and community support. This type of market is necessary to help achieve the overall NDIS aspirations of increased social and economic participation for people with disability.

The NDIS provides an unprecedented opportunity to collect disability market performance data based on early NDIS experiences to date and use this to drive continual market development as the NDIS evolves.

The objective is to make this MPS as practical as possible for current and prospective providers, incorporating the information most useful for commercial decision making. To achieve this, the NDIA is committed to sharing data about the market as it becomes available, despite some limitations.

As the NDIS market continues to develop and the number of participants in the scheme grows from approximately 25,000 current participants to 460,000 participants by 2020, the growing information base will allow the scope and detail of the future MPSs to be expanded. In the spirit of the NDIA's commitment to 'Listen, Learn, Build and Deliver' we welcome feedback about what additional information would be most valuable for inclusion in future MPSs.

David Bowen

CEO

National Disability Insurance Agency

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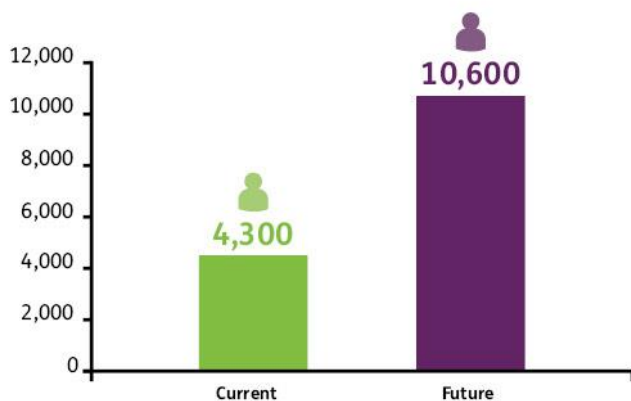
Market highlights

Tasmania

Forecast increase in demand

+ 6,300 participants

The Tasmanian market for disability supports is estimated to grow from 4,300 people accessing supports in 2014 to 10,600 in 2019.



Market size (\$ value)



The level of annual expenditure is estimated to grow from \$220 million to \$480 million in 2019.



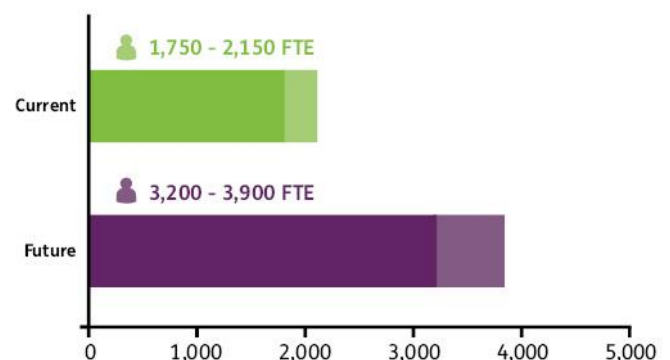
Growth required to meet demand

+ \$260m in supports, and

+ 1,450 - 1,750 FTE jobs

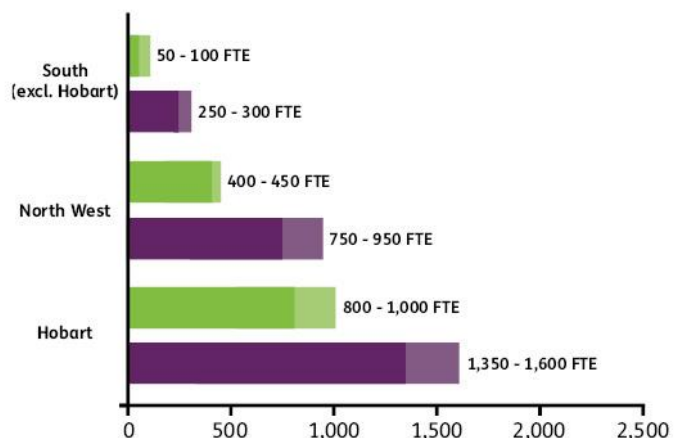
is the estimated growth in supply required across Tasmania to meet demand at full scheme.

Growth in workforce at full scheme



The workforce required to service this demand is estimated to grow from 1,750 - 2,150 FTE to 3,200 - 3,900 FTE in 2019.

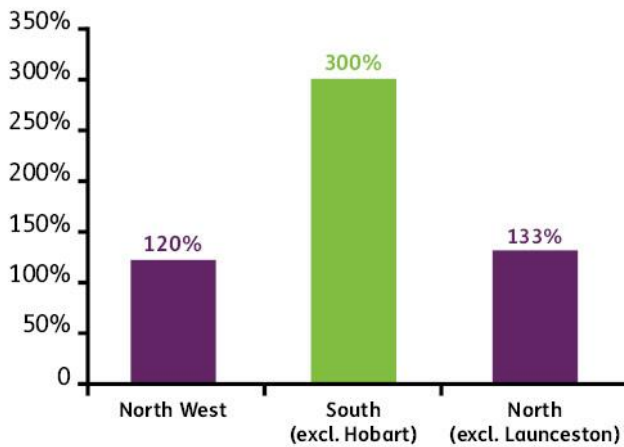
Workforce – current supply vs estimated demand



The **South (excl. Hobart)**, **North West** and **Hobart** service districts are estimated to require the largest increase in workforce, in terms of increase in FTE jobs.

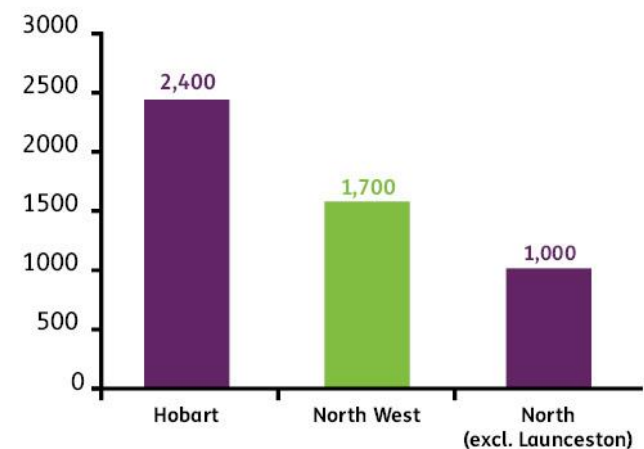
Tasmania

Growth in funded supports



The **North West**, **South (excl. Hobart)** and **North (excl. Launceston)** service regions will experience the largest relative growth in total funding for supports.

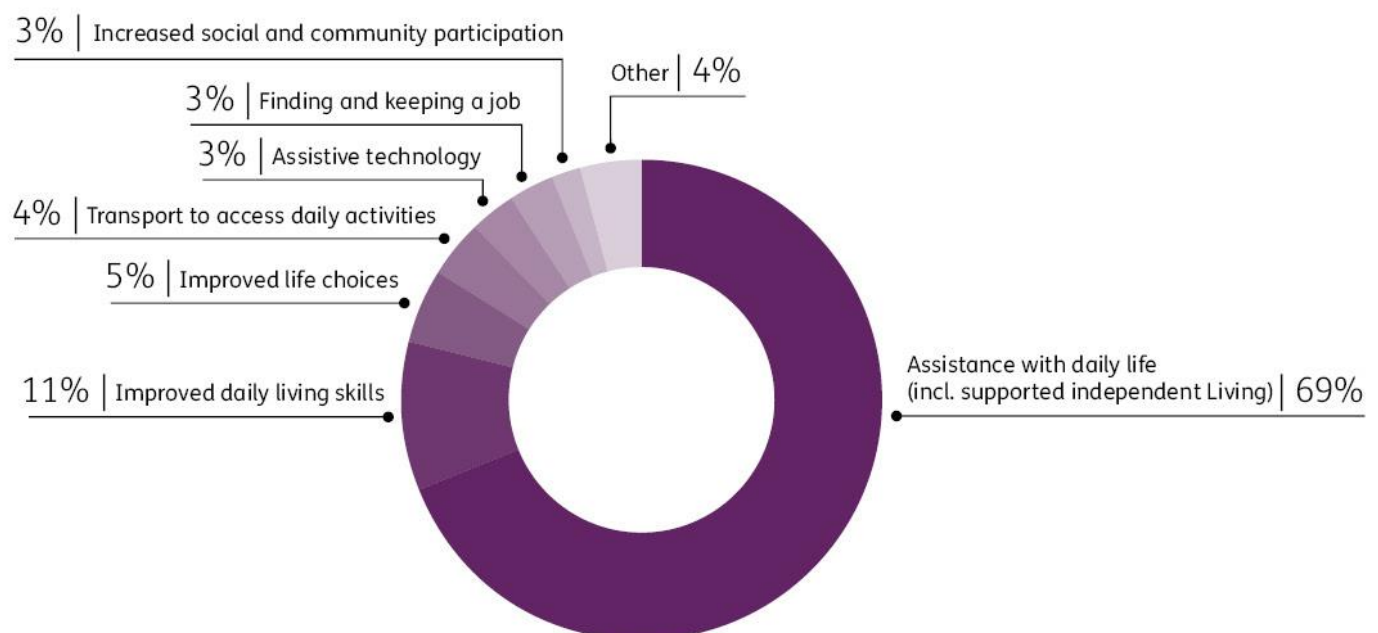
Growth in participants



The **Hobart**, **North West** and **North (excl. Launceston)** service regions will experience the largest growth in the number of people receiving supports.

Committed supports by support category

The Victorian trial site, which covers all ages, provides an indication of potential full scheme experience in Tasmania. The largest support category by committed funding in the trial site is **Assistance with daily life**, representing 69 per cent of funded supports. As the scheme matures it is envisaged that investments in support categories such as assistive technology, community participation, improved daily living skills and home and vehicle modifications will increase so that participants can experience increasing levels of independence in daily life.



Note: Numbers will not sum up to 100% due to rounding.

Access to the Tasmanian trial site is available to young people aged 15-24yrs, as such, data on committed supports in Tasmania to date is not representative of age cohorts that will enter the scheme during transition

1. Overview

The NDIS creates new and expanded opportunities to provide innovative and personalised supports to people with disability in an increasingly open market.

Central to the NDIS is a shift to directing funding and allocation of resources to NDIS participants who will then drive and shape the market through their individual choices. This fundamentally changes the funding relationships that have characterised the disability support system in the past. Delivering on the aspiration of providing supports that facilitate choice, inclusion and independence requires reform within disability support sectors and involvement from communities and the broader Australian economy.

The NDIS market will expand dramatically in coming years, creating significant opportunities for the existing service sector and for new entrants, as well as mainstream businesses that make their services accessible and inclusive. Nationally, the level of expenditure on disability supports will more than double, reaching approximately \$22 billion p.a.¹ supporting 460,000 participants, once the NDIS is fully implemented.

In Tasmania, there are expected to be around 10,600 NDIS participants, up from approximately 4,300 people with disability currently receiving funded supports. In dollar terms the Tasmanian market will grow from approximately \$220 million in 2014 to \$480 million in the next three years.

NDIS-generated growth presents significant opportunities for an expansion in service provision. With this opportunity comes the challenge to deliver high quality, capacity building, value-for-money supports. To succeed and thrive in the more open market environment market leaders are already embracing this task and are ready to consider new business models and products, and explore new ideas, collaborations, technologies and service offerings that are responsive to individual choices.

The NDIS will also be a major driver of new jobs and career pathways in the sector as well as creating employment opportunities in communities. The Tasmanian Government is also undertaking a number of initiatives to ensure businesses can benefit from the opportunities presented by the NDIS including investments in skilling new and existing workers and encouraging people to work within the disability sector through targeted career development services. Although the NDIS is new, there are already many examples of providers restructuring, refocusing and aligning practices with the NDIS model and beginning to thrive.

Developing the market will take time

The NDIS aims to harness the power of consumer commissioning in vibrant, competitive and efficient markets to create value for participants, the community and the overall economy. Effective markets will allow people to express their preferences and needs, and reward providers that can respond quickly and effectively. However developing a strong, contestable market for disability supports is a long term project. All stakeholders in the market will require time to build capability, confidence and systems to support the market mechanisms.

Participants possessing greater consumer power, are learning to make choices and explore different service options. Providers are building an understanding of their customer base and

¹ This figure includes the Agency's operating costs.

preferences, positioning service offers and transforming their operations. The NDIA is building an evidence base of the current market to provide a comprehensive basis for decision making and is progressively developing the market infrastructure, including defining key business systems and rules.

The NDIA's approach to market development during the transition, seeks to expand the supply and range of supports, while delivering a transition to the scheme which is as smooth as possible and ensures long term scheme sustainability. Whilst the NDIA currently regulates the market by setting maximum prices for some supports, over time as competition grows, demand is being met and where the exercise of choice is evident, prices for most supports will be deregulated.

But the market is already responding and growing

Whilst the growth challenge is significant, the market is already expanding and diversifying in response to new demand generated by participants, with greater and growing flexibility to explore new supports. There were 2,377 registered providers in the NDIS at 31 March 2016 and by early June this had reached over 3,500, representing a growing range of supplier business types and service models. The NDIS has also triggered growth for sole traders and Small Medium Enterprises (SMEs). Across Australia, new providers have also emerged in NDIS trial sites to fill gaps in the market, for example delivering new community participation offerings to young people in areas where supports have not historically been located.

Approximately 228 providers are already registered in Tasmania, including new business types and industries typically not associated with the disability sector such as fitness and sports, financial services, ICT, trades and builders. While the market has initially focused on delivering supports for young adults in line with the participant cohort included in the trial, more opportunities will emerge as this market expands to the whole of the population.

The NDIS has also generated opportunities for providers to expand beyond State borders for the first time as well as changing their structures and business offerings and entering into new partnerships. It is likely that given the growth in demand for services driven by the NDIS, that providers from adjacent sectors such as health, aged care and other human services will enter the market.

Whilst this transformation is undoubtedly challenging for existing providers, trial site experience shows that many providers are adapting their business models to align with the NDIS. The overwhelming majority of providers are upbeat about their growth prospects in the NDIS.

1.1 What is this document and who is it for?

Facilitating a vibrant and competitive market for services and supports is a core part of the role of the NDIA as a 'market steward'. In this role the NDIA oversees the NDIS marketplace and its impact on participants and providers, monitors whether markets are working as intended, and seeks to identify ways to drive improvements where interventions are needed. As part of this process, and to encourage strong markets, the NDIA is committed to providing as much information about the future NDIS market as possible. This includes sharing information about the developing commercial landscape.

Current and prospective providers are indicating they are enthusiastic about growth in the NDIS but need more information about market demand and supply to inform investment decisions about where to grow, or how to re-orient supports to ensure they become providers of choice in the new market. This MPS is a key input for informing market planning and strategy, however providers are encouraged undertake extensive market research before making decisions about growth or changing their service types to account for the NDIS.

This MPS aims to help providers, as well as participants and service intermediaries such as plan management and support co-ordination agencies, understand the developing local markets they operate in, so that they can make informed decisions now and identify challenges and opportunities for the future.

Demand for supports is based on the NDIA's work modelling the full scheme participant population. In order to estimate demand at a service region level a number of assumptions have been made to estimate the prevalence of disability in each area. The specific mix of severity of disability in each area cannot be determined and hence this is assumed to be constant across service regions.

In regards to the types of supports and services which may be demanded in each state and in each region, national benchmarks have been used. This allows the NDIA to estimate supply of supports and services as specific geographical variation is not yet available. Hence, the more detailed geographical data presented in this report should be assessed with this in mind.

This MPS is the first market information product developed by the NDIA that provides key State-wide and regional information for Tasmania. It is expected that the content of future MPSs will evolve based on feedback from the market and to incorporate successively greater levels of information and data obtained by the NDIA as the NDIS evolves.

1.2 Future market information

This MPS will form part of a number of market information resources the NDIA will develop and release to support current and prospective providers to adapt, grow and thrive whilst delivering high quality, person centred supports to help participants achieve their individual goals.

From this MPS, further State-wide overviews with individual service or region modules will be developed and the NDIA welcomes feedback from providers on the sort of information that will be of most value to supporting providers in their NDIS preparations.

As the NDIS is implemented and a greater level of participant and provider information is captured, a wider range of market metrics can be analysed and shared with the market. Some of the information types the NDIA intends to develop include:

- Regional supply mapping;
- Further reporting on implementation of the Outcomes Framework and relative market performance;
- Greater detail of registered providers – e.g. service offerings, organisational types;
- Prevalence of plans by area including different characteristics; and
- Specific sub-market analysis, for example regional and remote, assistive technology and specialist disability accommodation.

The NDIA's capacity to monitor the market will also evolve and enable a better understanding of the share of spending across different supports, all of which will continue to change as participants shape the market through their individual choices.

Given the NDIA's commitment to continual improvement, we would like to hear your feedback to allow us to improve future MPSs. In particular:

- What information you found useful?
- What needs further clarification?
- What additional information would you like to know about the market?
- Whether this MPS was easy to read/understand?

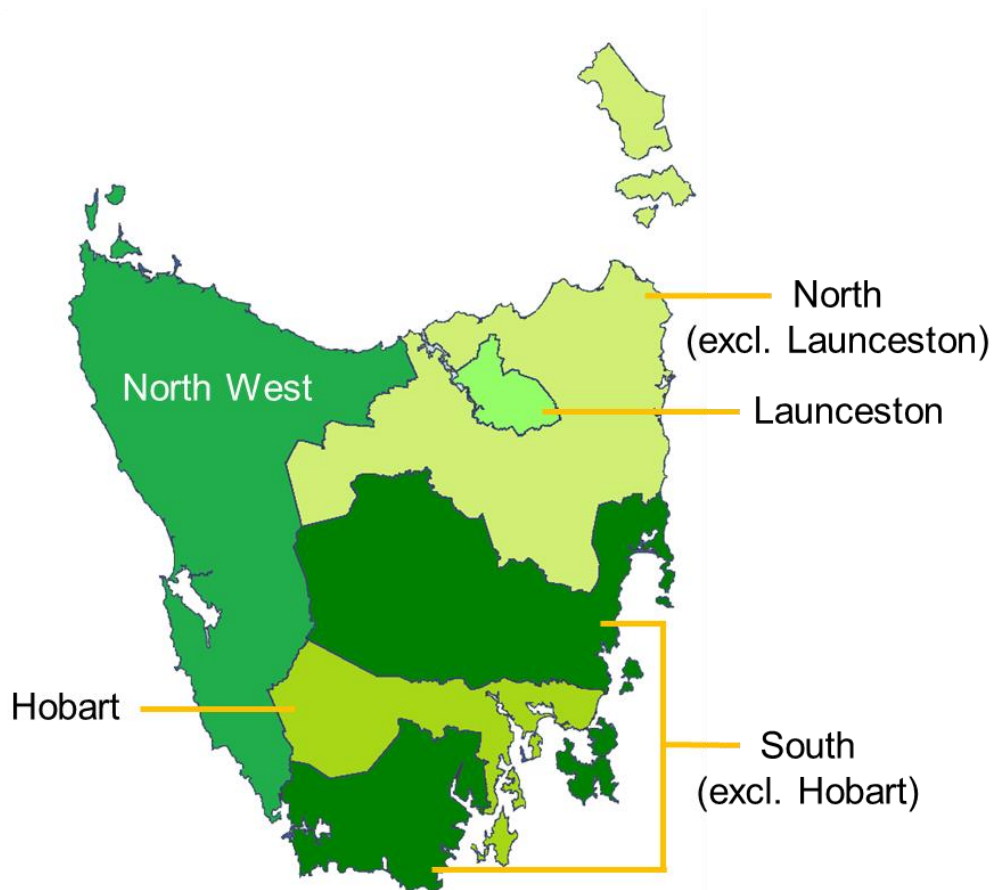
You can provide feedback to marketandsector@ndis.gov.au with the subject heading 'Feedback on Tasmanian MPS'.

Tasmania

2. Tasmania regions

Tasmania has a population of just over 500,000, representing 2.2% of the Australian population. A high proportion of Tasmania's population lives in rural and/or remote localities, with approximately 38% residing outside of the urban regions of Hobart and Launceston. Consistent with the NDIS bilateral agreement, people aged 15 to 24 years are currently able to access the NDIS in Tasmania. The scheme will extend to include 12 to 28 year olds by 30 June 2017, 4 to 34 year olds by 30 June 2018 and all remaining ages up to 64 by 30 June 2019.

Figure 1 Tasmania by region



Source: Scheme Actuary

Tasmania

2.1 Demand: Participants by region

The estimated distribution and growth of NDIS participants has been developed using population projections and phasing outlined in the bilateral agreement between the Commonwealth and Tasmania (Table 1). The number of participants entering the scheme is expected to double each year between 2016 and 2019, and at 30 June 2016 over 1,100 young people (around 10% of total participants) had phased into the scheme.

From 1 July 2016, children aged 12 to 14 will be able to access the NDIS in Tasmania. This will be followed by adults aged between 25 and 28 from 1 January 2017. By 30 June 2017 a total of 2,200 people are expected to have transitioned to the NDIS.

From 1 July 2017, children aged between 4 and 11 will enter the scheme followed by adults aged 29 to 34 from 1 January 2018. By 30 June 2018, approximately 45% of participants will have transitioned to the NDIS.

From 1 July 2018, the NDIS in Tasmania will be available for children aged 0 to 3 and adults aged 35 to 49. From 1 January 2019, participants aged between 50 and 64 will enter the NDIS. By the end of the third year of transition all participants (around 10,600) will have transitioned to the NDIS.

Tasmania has a relatively low population density with approximately a third of local government areas having below 200 people per 100km² (Figure 2). This impacts on the expected demand for NDIS supports with regions outside of Hobart and Launceston having 10 or less participants per 100km². In particular, the South (excl. Hobart) is expected to have less than 5 participants per 100km² (Table 1).

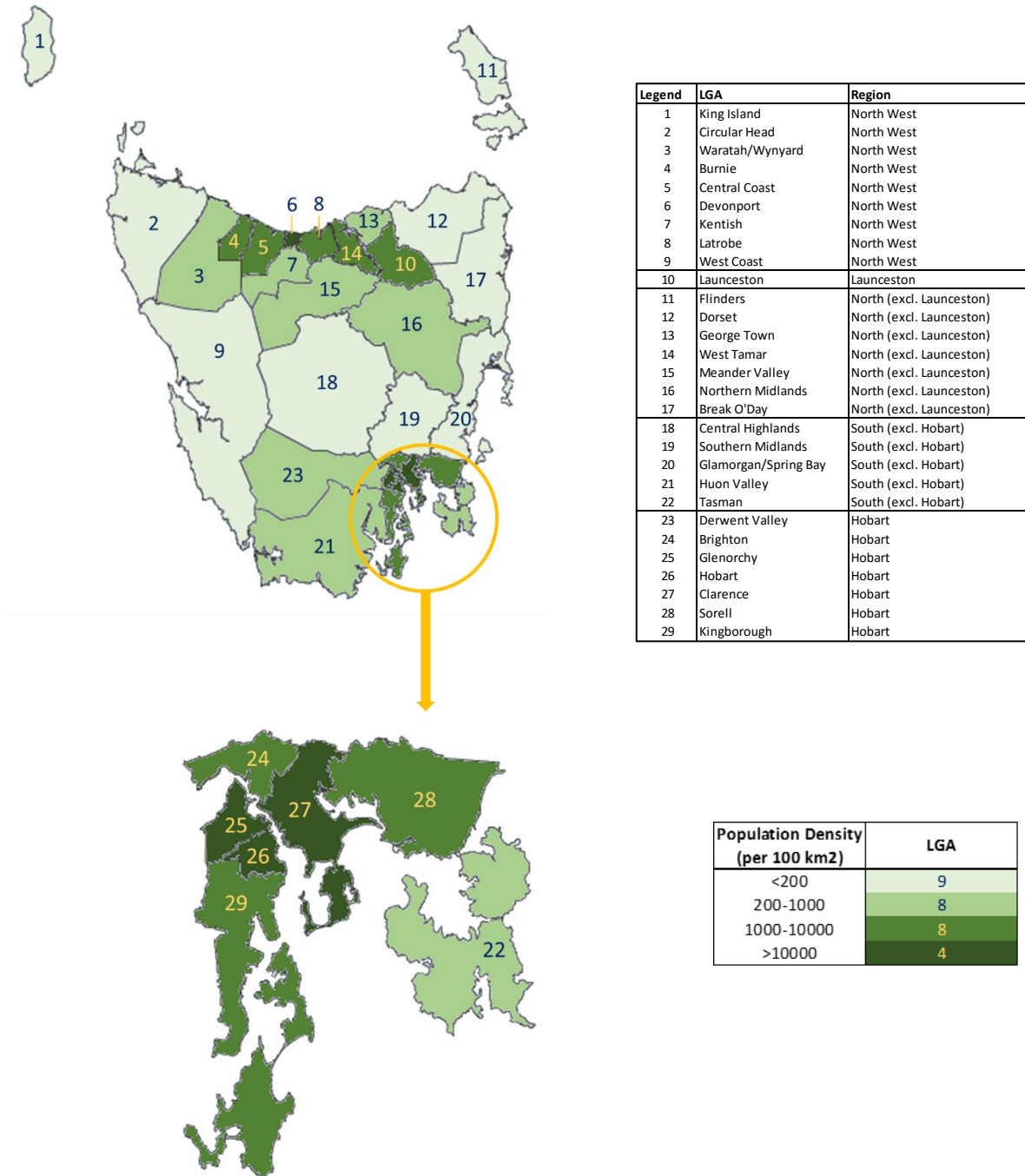
Table 1 Number of participants by year and service region (cumulative)

Service region	30 June 2016	30 June 2017	30 June 2018	30 June 2019	Participants per 100km ²
Hobart	500	1,000	2,100	4,400	70
Launceston	100	300	700	1,300	90
North (excl. Launceston)	200	300	700	1,600	10
South (excl. Hobart)	100	100	300	800	<5
North West	200	500	1,100	2,500	10
Total	1,100	2,200	4,900	10,600	20

Note: Estimated participant numbers have been rounded to the nearest 100 people

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Figure 2 Tasmania population density by local government area

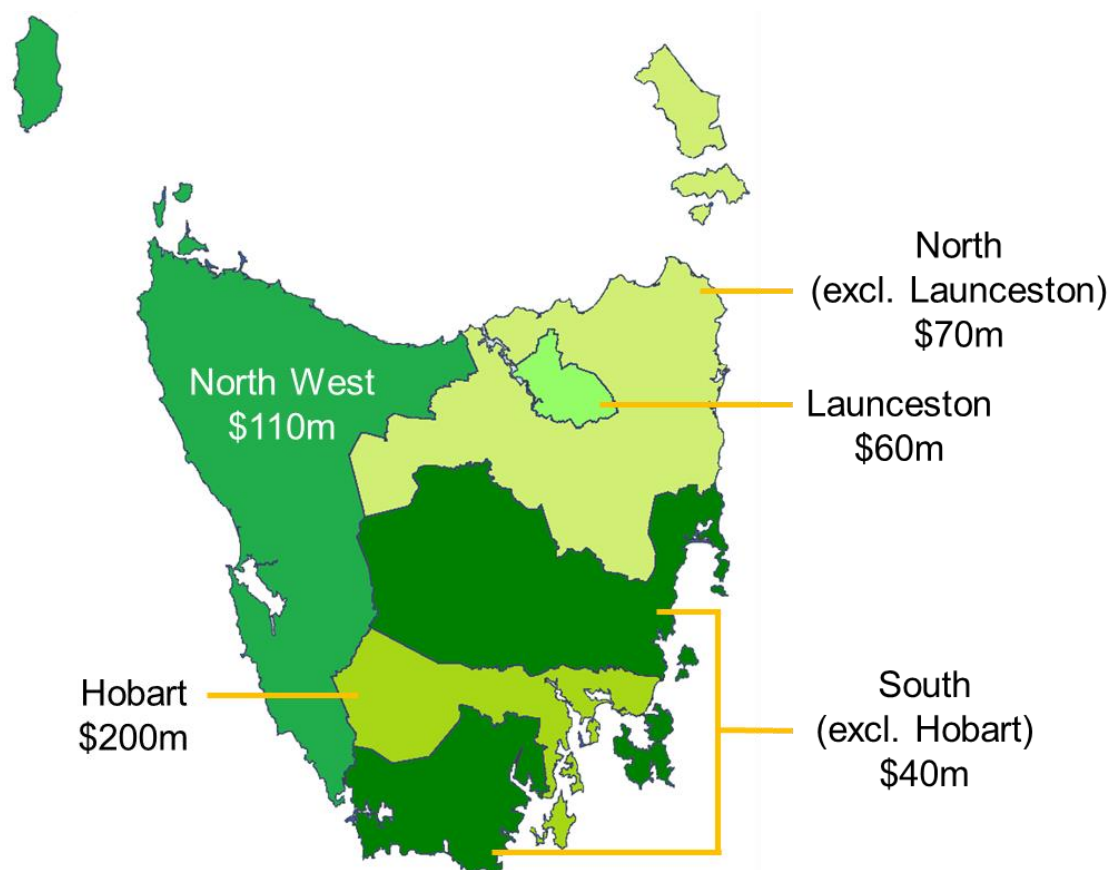


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2.2 Demand: Funded supports by service region

The NDIS in Tasmania is expected to require funding of around \$480 million by full scheme. This figure includes the value of ongoing supports provided in-kind by the Tasmanian Government to NDIS participants.²

Figure 3 Estimated value of NDIS supports – annualised as at 30 June 2019



² "In-kind" supports are existing Commonwealth or State/Territory Government programs delivered under existing block grant funding arrangements. The Bilateral Agreement between the Commonwealth and Tasmania agrees to minimise in-kind contributions to the NDIS and details are being finalised between the Commonwealth and Tasmanian State Government.

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Hobart is expected to experience the largest demand for supports (by dollar value) with spending on NDIS supports expected to be \$200 million by 2019-20, followed by North West where spending is expected to be \$110 million by 2019-20.

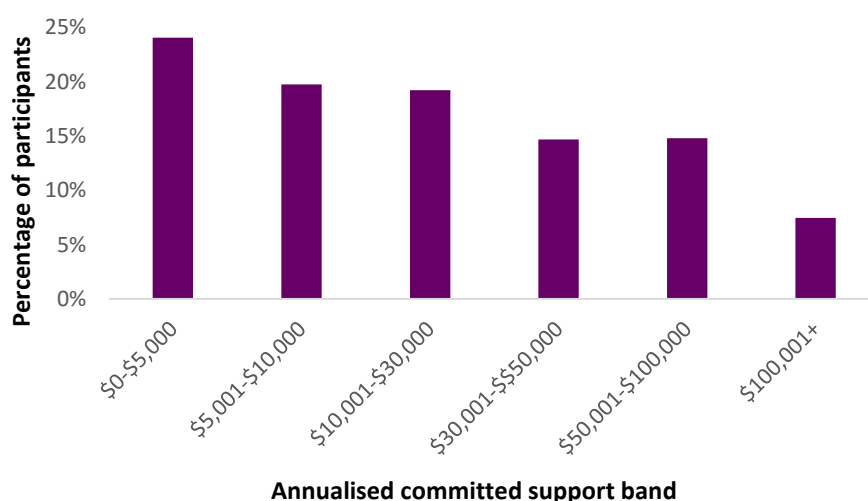
Table 2 Estimated value of NDIS supports by year, Tasmania (\$, million)

Service region	30-Jun-17	30-Jun-18	30-Jun-19	30-Jun-20
Hobart	\$30	\$70	\$140	\$200
Launceston	\$10	\$20	\$40	\$60
North (excl. Launceston)	\$10	\$20	\$50	\$70
South (excl. Hobart)	\$<5	\$10	\$30	\$40
North West	\$20	\$40	\$80	\$110
Total	\$70	\$160	\$340	\$480

Note: Estimates by service region have been rounded to the nearest \$10 million.

When considering the value of supports in each service region it is also important to consider the estimated distribution of support packages for participants at full scheme (see Figure 4).

Figure 4 Estimated national distribution of support packages at full scheme



Source: COAG quarterly report.

Over 60% of participants are expected to have an annualised package of supports totalling less than \$30,000, while around 7% are expected to have an annualised package of supports totalling more than \$100,000 (Figure 4).

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While the expected national distribution of support packages provides an indicator of full scheme proportions for Tasmania, there have been some variations in actual scheme experience. For example, in the Tasmania trial and Victorian trial site in Barwon there has been a lower proportion of low cost participants and a higher proportion of mid-range support packages than expected. At this stage, Barwon provides the best indicator of potential full scheme experience as this trial covered all ages and cohorts and operated across the full three year trial from July 2013.³ However, the proportions may change over time as the scheme extends and matures. Further information comparing actual scheme experience to expectations across trial sites is available in the Quarterly Reports and Quarterly Dashboards (see Section 3.2).

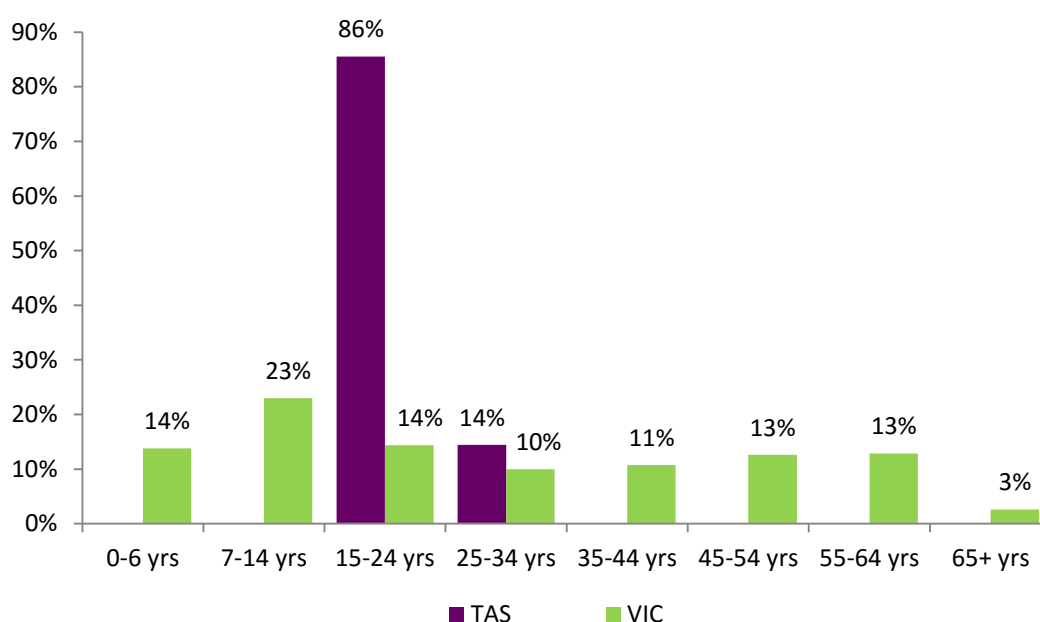
³ The Barwon site is south-west of Melbourne and includes the City of Greater Geelong, Colac-Otway Shire, Surf Coast Shire and the Borough of Queenscliff.

2.3 Demand: Participant characteristics

As the Tasmanian trial site has only been available to young people who were within this age range at their time of application to the NDIS, no data on scheme experience in Tasmania is available for other aged cohorts. However, the Victorian trial site, which has been operating in the Barwon region since 1 July 2013, is available to all people with a disability aged 0 to 64 who meet the access requirements and provides an indication of potential full scheme experience in Tasmania.

As at 31 March 2016, 85% of participants with approved plans in the Tasmanian trial site were aged 15 to 24 years compared with approximately 14% of participants in Barwon (Figure 5). This is due to the age-based eligibility criteria of the Tasmanian trial site. During transition in Tasmania the age distribution of participants will change and is likely to be similar to the age profile in Barwon. However, there will be some differences resulting from the relative age profile of the Tasmanian population which has the oldest median age of all states and territories.⁴

Figure 5 Proportion of participants with an approved plan by age group



Source: Based on NDIS quarterly dashboards – see Section 3.2

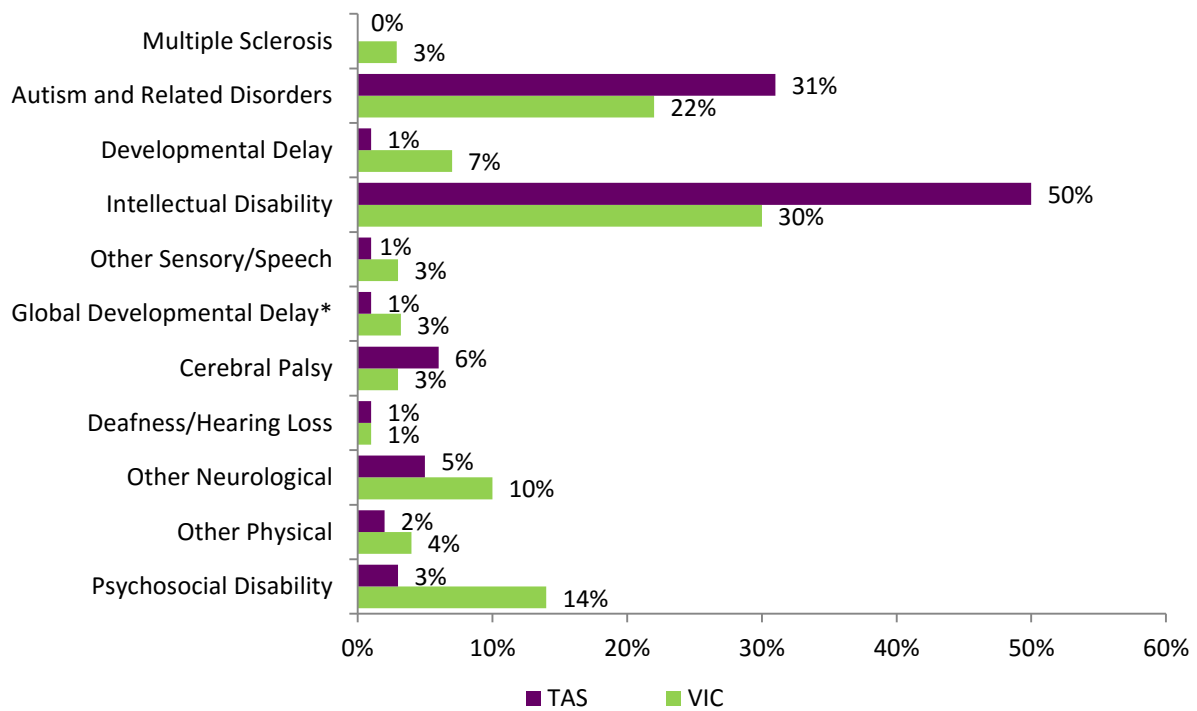
Further, at 31 March 2016, approximately 50% of participants in the Tasmanian trial site have an intellectual disability as their primary disability and 31% indicated that their primary disability was autism and related disorders (Figure 6). Similarly, the Barwon trial site experience has intellectual and autism and related disorders as the two largest areas of primary disability albeit at lower proportions. Over transition, as additional age cohorts phase in to the scheme,

⁴ [Source: ABS](#)

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the proportion of participants indicating a particular primary disability is likely to change. The distribution of disability types is not expected to differ significantly; however, it is currently not possible to determine the distribution of disability for particular regions. Variation in participant profiles will become available as the NDIS rolls out.

Figure 6 Participants with an approved plan by primary disability



Source: Based on NDIS quarterly dashboards – see Section 3.2

2.4 Demand: Supports by category

The NDIS is being rolled out across Australia to assist people with disability to live an ordinary life. It is expected that participants will use the funding available in their package to assist them to realise their potential, to participate in and contribute to society and to have a say in their own future – just as other Australians do.

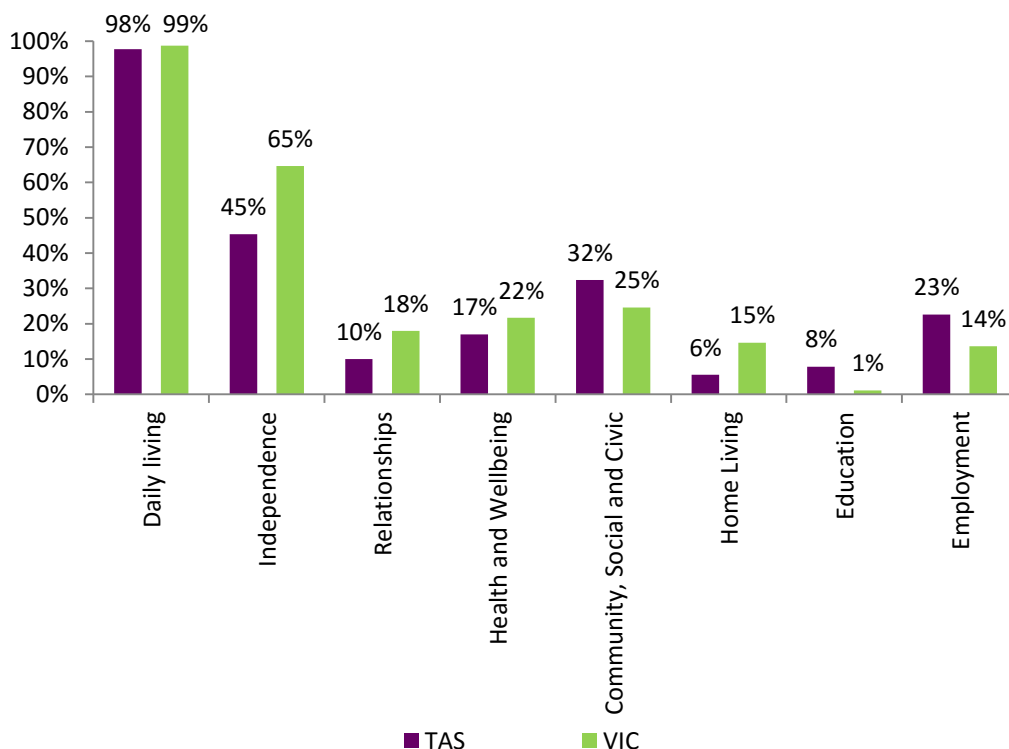
The NDIS Outcomes Framework has been co-designed with the NDIA Independent Advisory Council and other stakeholders to monitor the progress of participants and their families and carers in key life domains (further information on the Outcomes Framework is available in Section 3.1).

The Outcomes Framework was developed to measure the medium and long-term benefits of the NDIS for participants and their families. It will help the NDIA to understand what types of supports lead to good outcomes and identify areas that need development. Organisations that intend to provide supports to NDIS participants should understand the Outcomes Framework and be aware of the individual goals participants have identified in their plans. Supports provided to NDIS participants should be tailored to assist each participant to achieve their goals.

The support needs for participants with approved funded supports by life domain as at 31 March 2016 in the Tasmanian and Barwon trial sites are presented in Figure 7. These life domains are areas of focus for participants' goals, objectives and strategies.

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Figure 7 Life domains in participant plans⁵



Source: NDIS Quarterly report, March 2016 – see Section 3.2

There are some distinct differences between the life domains for Tasmanian and Barwon participants. The different age cohorts for Tasmania (15 to 24) and Barwon (0 to 64) is the most likely reason. For example, more participants in Tasmania have identified goals in the education life domain (8%) compared to Barwon (1%). Similarly, more participants in Tasmania have goals in the employment life domain (23%) compared to Barwon (14%). The Tasmanian trial experience provides important insight in the goals and objectives of the young adult cohort. In contrast, the Barwon life domain information provides a guide on what the life domain distribution may look like in Tasmania once the remaining age cohorts transition to the NDIS.

As at 31 March 2016, there has been \$146 million committed in total to participants in the Tasmanian trial site for all plans approved to date. In the Barwon trial site there has been \$488 million committed in total. In both the Tasmanian and Barwon trial sites, the three largest areas of committed funding by support category are the same albeit with some variation in the percentage distribution (Table 3).

⁵ Participants are able to have more than one goal (life domains) in their plan.

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Table 3 Committed funding by support category at 31 March 2016, %

Support Category	Total committed (TAS)	Total committed (VIC)
Assistance with daily life at home, in the community, education and at work (incl. supported independent living)	78.1%	68.8%
Improved daily living skills	4.9%	10.6%
Improved life choices	3.7%	5.0%
Transport to access daily activities	3.1%	3.5%
Finding and keeping a job	3.5%	2.9%
Assistive technology	0.8%	2.7%
Increased social and community participation	3.5%	2.6%
Improved relationships	0.4%	1.2%
Improved health and wellbeing	0.5%	0.9%
Assistance with daily life at home, in the community, education and at work	0.5%	0.6%
Home modifications	0.4%	0.6%
Improved living arrangements	0.0%	0.3%
Vehicle modifications	0.1%	0.2%
Improved learning	0.5%	0.0%

Source: Based on NDIS quarterly dashboards – see Section 3.2

The proportion and mix of supports will change over time.

As the NDIS roll outs across Tasmania and additional age cohorts enter the scheme, the mix of funded supports is likely to change to be more in line with the experience of the Barwon trial site. Further, as participants are at the centre of the NDIS and will shape the market through their individual preferences, the current array of supports and services the market offers will change. This will be as a result of providers responding to increasingly empowered participants demanding new supports and services, and assessing value and price.

It will take some time for participant capacity to grow and drive the market as many people with disability, their families and carers have not been able to exercise extensive choice and control over the supports they receive. It will also take time for new and more innovative supports and services to emerge in response to this new demand. The NDIA will be progressively less prescriptive about the sort of supports and services participants receive in their plans, in favour of it being driven by participants and aligned to outcomes.

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At this point in time, the trends from trial sites provide useful insight for the market, considering how demand for support might apply through transition and change as the market matures following full scheme implementation. Since the commencement of the NDIS trials in mid-2013 in Barwon Victoria and Hunter New South Wales (a further example of servicing the full age range), the most commonly included goals of participants were domains of daily living and independence. This is consistent with the objective of the NDIS to boost social and economic participation for people with a disability. However, the types and model of services that participants choose to meet these goals are expected to change over the time.

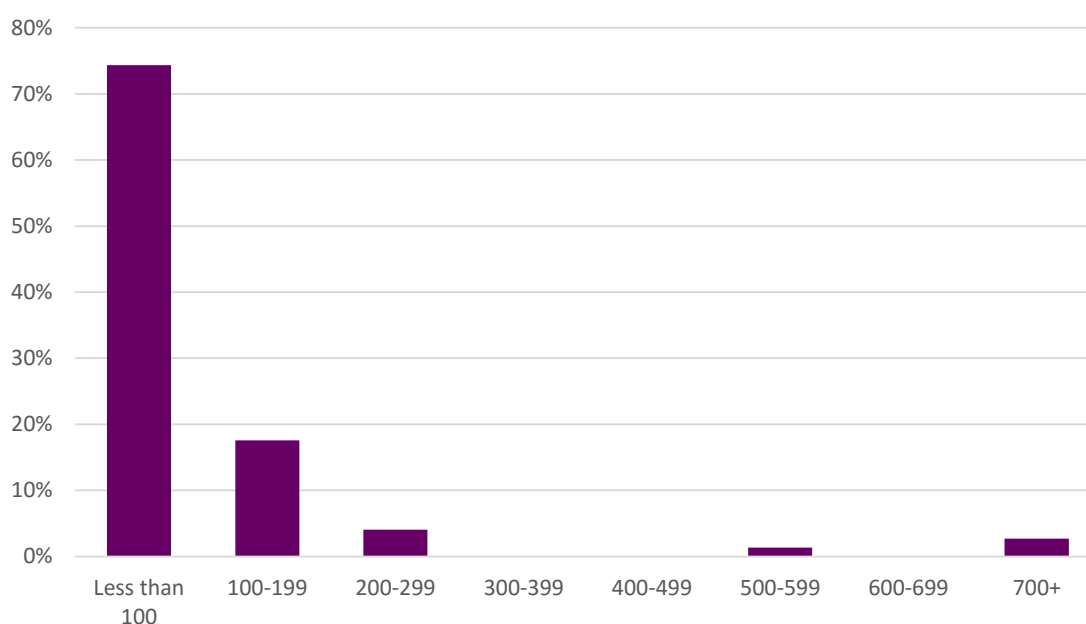
There are some clear early indicators for providers about where most of the funding and resources in the NDIS are being directed. The support category with the highest expenditure in both Barwon and Hunter is *'Assistance with daily life at home, in the community, education and at work (including supported independent living);'* and intellectual disability and autism are the most prevalent primary disability types in these trial sites to date.

There will be many opportunities in the new market of the NDIS for a wide range of service providers to respond to emerging consumer demand, the need for innovation and new products. A key question for providers to consider is how well aligned their service offering is with the overall direction of the NDIS and the sort of outcomes participants will be seeking to achieve.

2.5 Supply: Current market landscape

The National Minimum Data Set (NMDS) 2013-14 includes data on approximately 74 providers in Tasmania who are receiving funding under the National Disability Agreement. Using the NMDS just over 74% of these providers work with fewer than 100 clients and only three organisations provide services to 500 or more clients. This profile is similar to the existing market landscape across other states and territories.

Figure 8 Providers by number of clients, Tasmania (%)



Source: National Minimum Data Set 2013-14

At 31 March 2016 there were approximately 228 providers registered to provide NDIS funded supports in Tasmania. Providers are registered to provide support across a number of support clusters (see Table 4) and in Tasmania the clusters with the most registered providers are therapeutic, community participation and life-skill development supports. As the NDIS is currently restricted to the 15 to 24 age cohort the number of providers seeking registration is expected to increase as Tasmania transitions to the full scheme.⁶

⁶ Once a provider registers with the NDIA and meet state based registration requirements, they are able to provide NDIS funded supports to any NDIS participant in that State or Territory (although NDIS participants with self-managed plans are not required to use registered providers for some services).

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Table 4 Number of active providers registered for each support cluster

Support Cluster	# providers	Support Cluster	# providers
Therapeutic Supports	60	Early Childhood Support	18
Participate Community	58	Accommodation/Tenancy	16
Development-Life Skills	55	Assistive Equip-Recreation	15
Assess-Skill, Ability, Needs	54	Assist Prod-Pers Care/Safety	11
Assist-Life Stage	53	Physical Wellbeing	11
Assist-Personal Activities	50	Plan Management	11
Assist-Travel/Transport	41	Personal Mobility Equipment	9
Training-Travel Independence	35	Comms & Info Equipment	7
Daily Tasks/Shared Living	34	Assistive Prod-Household Task	7
Assist Access/Maintain Employ	31	Vehicle modifications	7
Household Tasks	29	Community Nursing Care	5
Other Innovative Supports	25	Home Modification	5
Equipment Special Assess Setup	24	Interpret/Translate	3
Behaviour Support	22	Vision Equipment	3
Assist-Integrate School/Ed	19		

Source: NDIS quarterly market dashboard – see Section 3.2

In addition to the scheme's influence on the demand for disability services and supports, the NDIS is intended to influence the supply of supports through increased flexibility, greater consistency across jurisdictions and the creation of a more open market.

Providers of disability supports and services have lower barriers to entry and no longer need to apply to government for (direct) funding. Similarly, supply is no longer linked to not-for-profit organisations or government providers, but can include for-profit and other new entrants from adjacent markets, mainstream and offshore organisations, and information technology disruptors.

Regardless of the business model, the provider focus is on the value proposition provided to their customers and the extent to which they are supporting the goals and aspirations participants have in their individual NDIS plans.

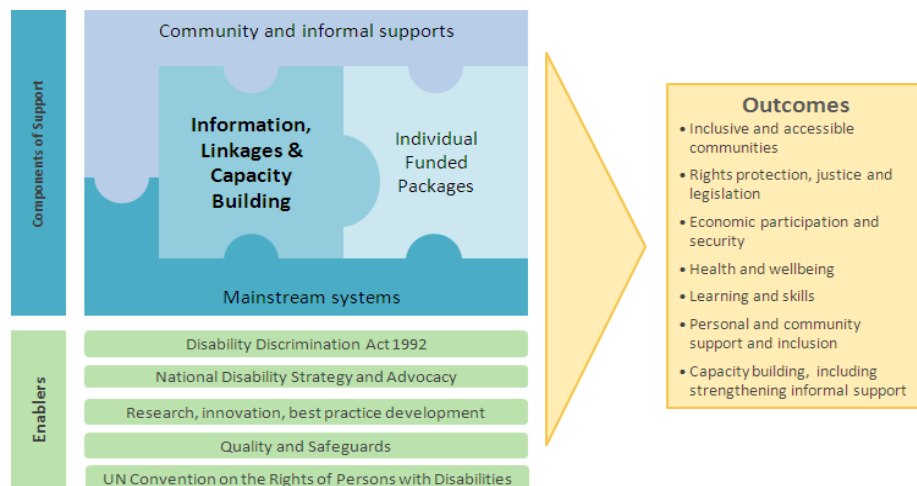
The NDIA aims to facilitate a vibrant and competitive supply of services in order to maximise the potential benefits and respond to the choice and control for people with disabilities.

2.6 Supply: Information Linkages and Capacity Building and School Leaver Employment Supports (SLES)

Information, Linkages and Capacity Building

The Productivity Commission recognised that not everything that was important for the achievement of a person's goals could or should be achieved by individualised funding. Rather it is important to work within a community to identify activities that are accessible and welcoming of people with disability and that can offer valued information and community based services that connect a person with a disability to others with similar interests.

Figure 9 Quality of life experiences and the sustainability of the scheme require funded and unfunded supports to drive outcomes for individuals



The NDIA works to strengthen these connections through the Information, Linkages and Capacity Building (ILC) Policy Framework. ILC will connect people with disability, their families and carers, including people who are not NDIS participants, with disability and mainstream supports in their communities. This will help build a more inclusive society in which the economic and social participation of people with disability is maximised.

Some ILC activities serve as effective early intervention and importantly explain and promote the use of mainstream services in supporting people with disability.

A key role for NDIA Local Area Coordinators (LACs) will be to build on this mapping and identify areas in which targeted investment aligned to the ILC Policy Framework can deliver meaningful outcomes for people with disability. LAC services are an important part of the NDIS, as they will work with participants on the ground to help enter, and make the most of the NDIS - while supporting individuals to build strong, inclusive relationships in their communities.

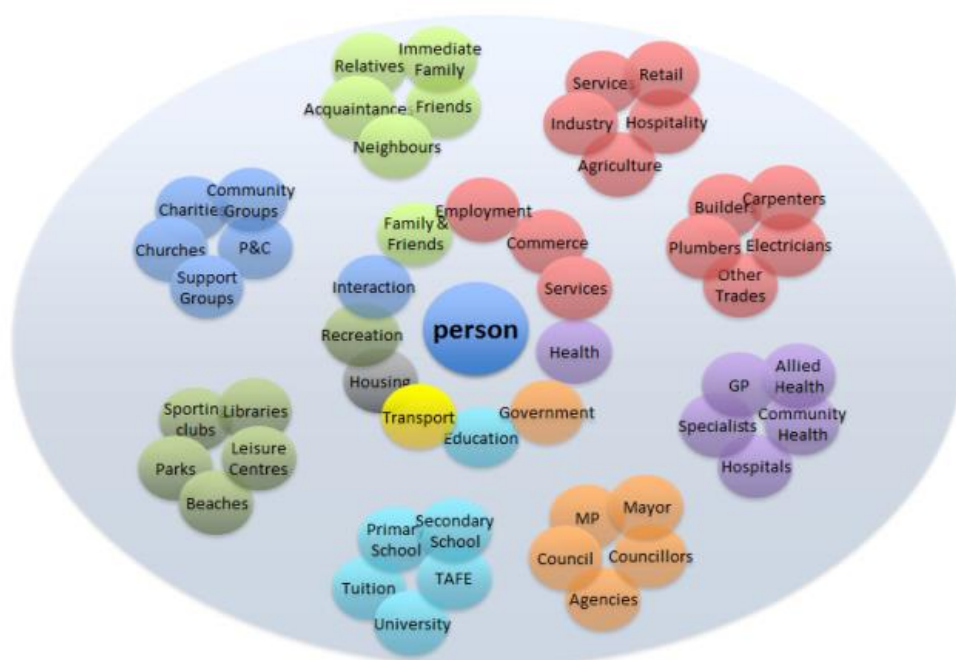
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The NDIA has continued its successful trial partnership with Baptcare Ltd in Tasmania's North and South West and Mission Australia in Tasmania's South East and North West; to deliver Tasmanian LAC services during the NDIS transition, which runs until 30 June 2019.

The NDIA recognises these two well-known community-based organisations already have strong community connections, the knowledge and the expertise when it comes to working with Tasmanians with disability.

As of June 2019, LAC Transition Service arrangements will be determined through a competitive market process.

Figure 10 LACs work to connect a person with disability to existing activities in the community



An ILC Commissioning Framework has been developed and outlines the five priority investment areas that the NDIA will be seeking to grow over time. These include activities in the following areas that can demonstrate outcomes for people with disability and their families and carers:

- Specialist or expert delivery of information and referral supports;
- Cohort focused delivery for specific groups of people or locations;
- Multi-regional solutions to drive efficiencies;
- Remote solutions; and
- Delivery by people with disability for people with disability.

ILC enables the NDIS to fund supports not directly tied to an individual through an individual funding package. The ILC will create connections by making sure people with disability have the skills, confidence and information they need to get involved in the community. The ILC

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will also build the capacity of the community and mainstream services to include people with disability. Over time, this can reduce the demand for, and level of support required through individually funded responses. This funding will be through a commissioned grant process following finalisation of the consultation process on the overall framework and in accordance with the transition arrangements to be agreed with the Tasmanian Government.

The Framework can be found at: <https://myplace.ndis.gov.au/ndisstorefront/communities/ilc-home.1.html>

School Leaver Employment Supports

For people with disability, employment is not just about jobs. It's about being valued, useful and included. 'Increased access to employment opportunities is a key to improving economic security and personal wellbeing for people with disability, their families and carers'.⁷

Employment services and programs, including both disability-targeted and open employment services, will continue to be responsible for providing advice and support to:

- people with disability to prepare for, find and maintain jobs; and
- employers to encourage and assist them hire and be inclusive of people with disability in the workplace (e.g. support, training and resources, funding assistance to help employers make reasonable adjustments, and incentives for hiring people with disability, such as wage subsidies).

The NDIS will be responsible for funding supports that assist people with disability to prepare for and take part in work where the person has work capacity but needs some more support before receiving ongoing employment support through existing systems.

The NDIS funds reasonable and necessary supports that help a participant to reach their goals, objectives and aspirations. School Leaver Employment Supports (SLES) is a new reasonable and necessary support for Year 12 school leavers to assist them transition from school and into employment. Supports may include work experience generally in open employment, job site training, travel training and activities that contribute to achieving an employment outcome and linkages to ongoing employment support.

Participants can have SLES and other reasonable and necessary funded supports in their NDIS plan. They also have choice and the control over how they use funded supports in their NDIS plan. This includes choice of how the supports are given and which service providers they use.

For Year 12 school leavers phasing into the NDIS in 2016-17, SLES may be offered to them as a reasonable and necessary support as part of their NDIS plan. Providers registered for assistance to access and maintain employment supports will be able to assist participants with SLES. As per the SLES trial in Tasmania and the Australian Capital Territory, workshops and other engagement activity will occur to provide additional information on SLES.

SLES will be rolled out in the following states and territories for 2016-17:

- Australian Capital Territory (territory wide)
- Tasmania (state-wide)
- New South Wales (as per Local Government Area in the phasing schedule)
- Victoria (Barwon, Central Highlands, North East Metropolitan Area and Loddon)

⁷ *Recognising Ability: Business and the Employment of People with Disability* (2015) Business Council of Australia

2.7 Supply: Provider aspirations and challenges

The NDIA continues to engage with current and potential providers to understand their business models, aspirations and any potential barriers to their operations under the NDIS. As part of the Tasmanian Market Position Statement, the NDIA undertook in-depth interviews with 20 current and prospective providers (of different sizes, service offerings and business types) with an interest in the Tasmanian market.

The objective of this engagement was to gain an increased understanding of:

- provider aspirations and readiness for the NDIS;
- provider understanding of the operating environment of the NDIS and their ability to operate in this framework;
- the extent to which providers had invested in strategic planning encompassing service adaptation, business modelling and expansion ahead of the NDIS;
- workforce planning, capacity and skills development;
- financial, operational and ICT capacity of providers; and
- supply gaps identified within the market.

This engagement provided useful insights into the aspirations of providers and a better understanding of their perspectives on the market risks through transition to full scheme.

Key themes:

1. Providers are well positioned to navigate the challenges and opportunities of the NDIS.

Overall, providers interviewed in the Tasmanian market have a solid understanding of the NDIS and have made good progress with preparations to transition. All providers interviewed supported at least one NDIS participant. The decision to trial the NDIS in Tasmania with a participant age cohort of 15 to 24 was identified as a key reason for why these providers had been able to develop practical experience of operating in the NDIS as it included adult populations. In contrast, providers of adult disability supports in other states operating under age-based NDIS trials with a focus on childhood services had not been able to develop the same level of experience.

Providers reported that they are continuing to undertake a range of NDIS readiness activities to prepare for the expanded implementation of the NDIS in Tasmania across additional age cohorts. A number of organisations interviewed had merged, were in the process of merging or exploring partnerships with other organisations to create scale, diversity and/or reduce costs. The components of work underway within organisations actively preparing for NDIS transition include: organisational reviews, evaluating and modernising business systems and processes, undertaking market analysis and financial modelling, reviewing service offerings and undertaking workforce planning.

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There was a balance between providers that have invested in new technology and systems and those deferring investment until the new provider portal was implemented in July 2016. In the case of the latter, providers wanted to understand these changes to guide their requirements for, and selection of, customer relationship, rostering, payments and human resource management systems.

Many of the challenges, risks and opportunities identified by Tasmanian providers are similar to those faced by providers in other markets and identified in previously published market position statements. The 'top of mind' topics included:

- **Flexible and efficient working arrangements:** Providers noted the importance of, but also challenges associated with, providing a flexible workforce to meet the needs and preferences of NDIS participants. For example, some providers reported that they operate under industrial agreements that contained provisions for two hour minimum shifts but received requests from participants to provide supports for less than this duration. Other providers report they are actively pursuing competitive advantages by seeking improved scheduling and workforce management to support more responsive service delivery.
- **Interfaces with other support systems and adjacent markets:** The need for an effective interface between the disability system and adjacent systems including health and aged care was noted by providers, particularly where participant support needs overlap across multiple support systems. For example, the Tasmanian State Government is developing a 10 year mental health plan for Tasmania called *Rethink Mental Health*. Providers of psychosocial supports were eager to understand how these reforms would interact with the NDIS.
- **Pricing:** The NDIS requires providers to price core services for individuals for the first time. Some providers reported they were still working through the service and operating model changes required to manage to the pricing arrangements, including review of service costing or financial modelling. Providers indicated that pricing for one-to-one supports was adequate but there was mixed feedback regarding sufficient investment for workforce training and supervision, particularly in supporting a rural and remote workforce. Accommodation providers noted high demand for weekend supports where operational costs were greater, or where a person required a higher level of support. Some providers also cited challenges with higher intensity pricing and staffing ratios, and expressed their interest in ongoing work being undertaken by the NDIA in this area.
- **Coordination of Supports:** Some providers sought greater levels of support coordination funding for participants with complex needs to help ensure effective plan implementation. As the scheme expands NDIS participants, particularly those with complex support coordination needs (such as those requiring specialist disability accommodation), are expected to receive additional support coordination and/or support from Local Area Coordinators included in their plans.

- **Housing:** Accommodation was identified as the most frequently cited area of unmet need through the provider interviews. Responding to demand for accommodation in areas that participants were located in, or would consider moving to, was cited as a major challenge for the NDIS by a number of providers. As such, a welcomed development is the introduction of funding for Specialist Disability Accommodation (SDA) which commenced on 1 July 2016 as part of the launch of the NDIS. This new approach is designed to explicitly respond to the housing supply risks for those participants who require SDA and includes pricing that is weighted for many factors, including geography, so that supply is more responsive to participant demand.

2. Demand and Supply in regional and remote areas

Consistent with other jurisdictions the challenges of providing support to participants who reside outside of major Tasmanian population centres was highlighted. Providers delivering this successfully indicated that consideration of a variety of factors including workforce, transport and travel, and partnerships was important. Each of these is discussed in further detail below.

Workforce

The need to establish and manage a workforce in regional and remote areas was a consistent theme across provider interviews. Recruitment of appropriately skilled staff was identified as a challenge by some providers and this was partly due to a lack of convenient access to disability training courses and placement opportunities in some areas. Supervision, ongoing training, and quality and safeguarding factors were also identified as more difficult for workforces dispersed across a wide geographic area.

Workforce retention was identified as a greater challenge in rural and remote areas. The ability for organisations to provide sufficient hours to workers, travel requirements, a lack of career opportunities and professional isolation were cited as some of the causes for employee turnover.

In responding to these needs, some organisations were exploring how the supply of supports could be best accomplished through strategies such as:

- establishment of new local offices to reduce travel requirements (typically based on a demand assessment for supports in these locations),
- more sophisticated and localised workforce design,
- greater use of video conferencing, telehealth and other technologies, particularly in the area of therapy supports, to extend organisational reach into rural and remote areas.

The importance of good change management was noted by providers with workers requiring good information about NDIS principles and processes to prepare for the NDIS.

Transport and Travel

Some providers identified the need for better transport options for participants that align with their goals including more accessible transport, particularly in rural and remote areas. Unsurprisingly, there is greater demand for transport to specialist services currently located in the two largest population hubs of Launceston and Hobart. Sufficient funding for employee travel across regional areas was cited by a number of providers as an important dimension of supply especially in thin markets. Although there is a ceiling on travel allowances for therapeutic related travel, reasonable and necessary transport funding may be provided in a participant's plan. Further, funding growth under the NDIS may present significant opportunities for local providers to establish and/or increase supply of locally provided community participation supports.

Partnerships

There was a strong sense of cooperation within the Tasmanian disability sector. Providers acknowledged that many participants will require a range of supports and an organisation may not possess specific expertise to provide support in some areas. Some regional providers were exploring how they could work in partnership with each other to support the delivery of effective and efficient supports, maximise referral pathways and create economies of scale. In some areas there were good examples of regional networks seeking to better understand local service needs and engage a range of providers to meet service needs. There were also examples of administrative cooperation such as sharing back office supports and fleet transport to reduce unit costs and overheads.

3. Market Readiness

As part of its market stewardship role, the NDIA will continue to monitor the market issues raised by providers. A number of actions have been taken recently, or are underway to support the development of the NDIS market. These include:

- reviews of price controls for supported independent living, community participation, and high intensity supports;
- benchmarking of service delivery models in the disability and adjacent sectors to establish an evidence base of efficient/best-practice models;
- publication of a Specialist Disability Accommodation (SDA) Decision Paper on Pricing and Payments which sets out the benchmark pricing and payments approach for funding of the land and built elements of SDA under the NDIS;
- Housing Innovation Showcases to encourage innovation in housing and attract new suppliers into the housing market;
- development of a rural and remote strategy to ensure provision of supports in ‘thin markets’.

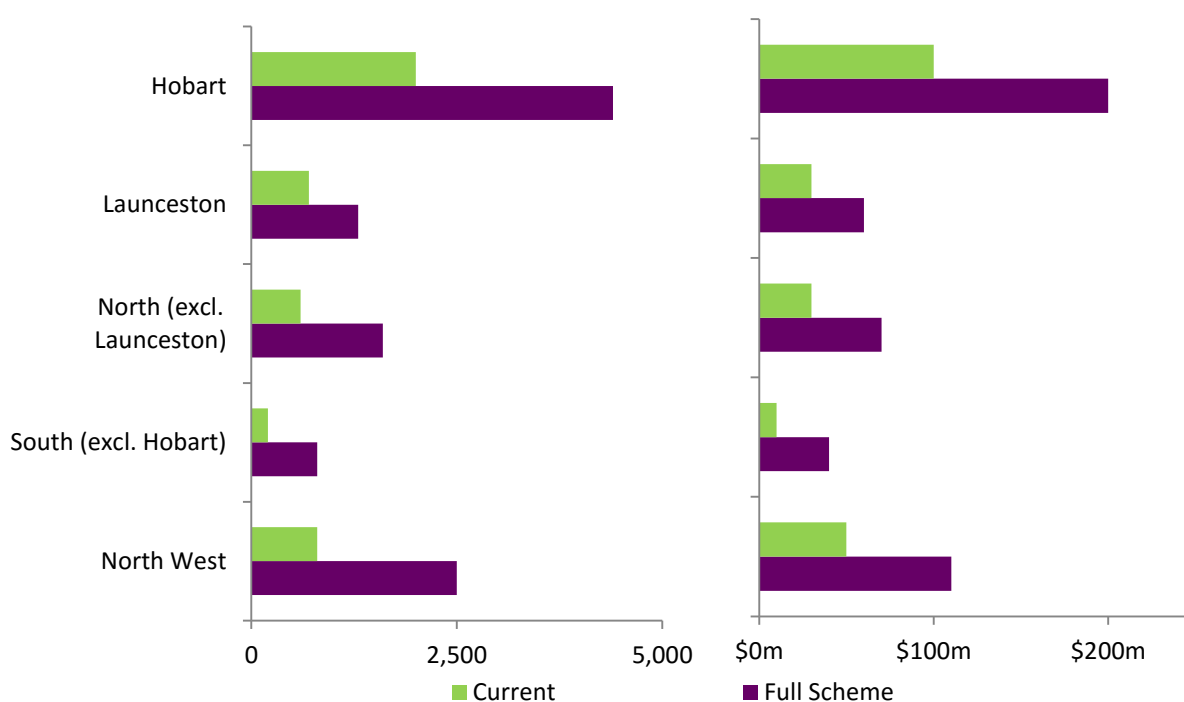
The Department of Social Services (DSS), through the Sector Development Fund (SDF), is providing support to the market, sector, and workforce to transition to the NDIS. The SDF provides assistance to individuals and organisations to undertake sector development activities. Part of the role of the SDF is to examine and support mechanisms to ensure supply — such as how to support existing providers to make the transition, and how to encourage innovation and change. Equally important is to examine means of driving and shaping demand by building the capacity of people with disability and their families to become active, engaged and assertive consumers.

The future needs of the disability workforce are also being considered as part of the Modern Award review. A number of submissions have been made across the sector to the Fair Work Commission as part of the review of the 2010 Social, Community, Home Care and Disability Services (SCHADs) Award.

2.8 Growth: From current supply to future demand

By full scheme the total number of people receiving funding for disability supports in Tasmania is estimated to increase by around 147%. The estimated value of the supports these participants will demand is forecast to be more than double the value of those currently provided in Tasmania. The NDIS therefore represents a significant growth opportunity for existing and new providers of disability supports in Tasmania.

Figure 11 Comparison of current supply and estimated demand in Tasmania (participant and expenditure)



Source: Scheme Actuary estimates of supply and demand

The regions which will require the largest growth in supply, in absolute terms, for both the number of participants and the value of supports are expected to be Hobart (2,400 participants and \$100m) and North West (1,700 participants and \$60m). The regions which will require the largest growth in supply in proportionate terms are South (excl. Hobart) with a 300% increase in participants and 300% increase in funded supports and North West with a 213% increase in participants and 120% increase in funded supports.

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Table 5 Current and estimated demand in Tasmania – participants and cost

Service Region	Participants				Cost (\$ millions)			
	Current	Full Scheme	Growth #	Growth %	Current	Full Scheme	Growth #	Growth %
Hobart	2,000	4,400	2,400	120%	100	200	100	100%
Launceston	700	1,300	600	86%	30	60	30	100%
North (excl. Launceston)	600	1,600	1,000	167%	30	70	40	133%
South (excl. Hobart)	200	800	600	300%	10	40	30	300%
North West	800	2,500	1,700	213%	50	110	60	120%
Total	4,300	10,600	6,300		220	480	260	

Source: Scheme Actuary estimates of supply and demand

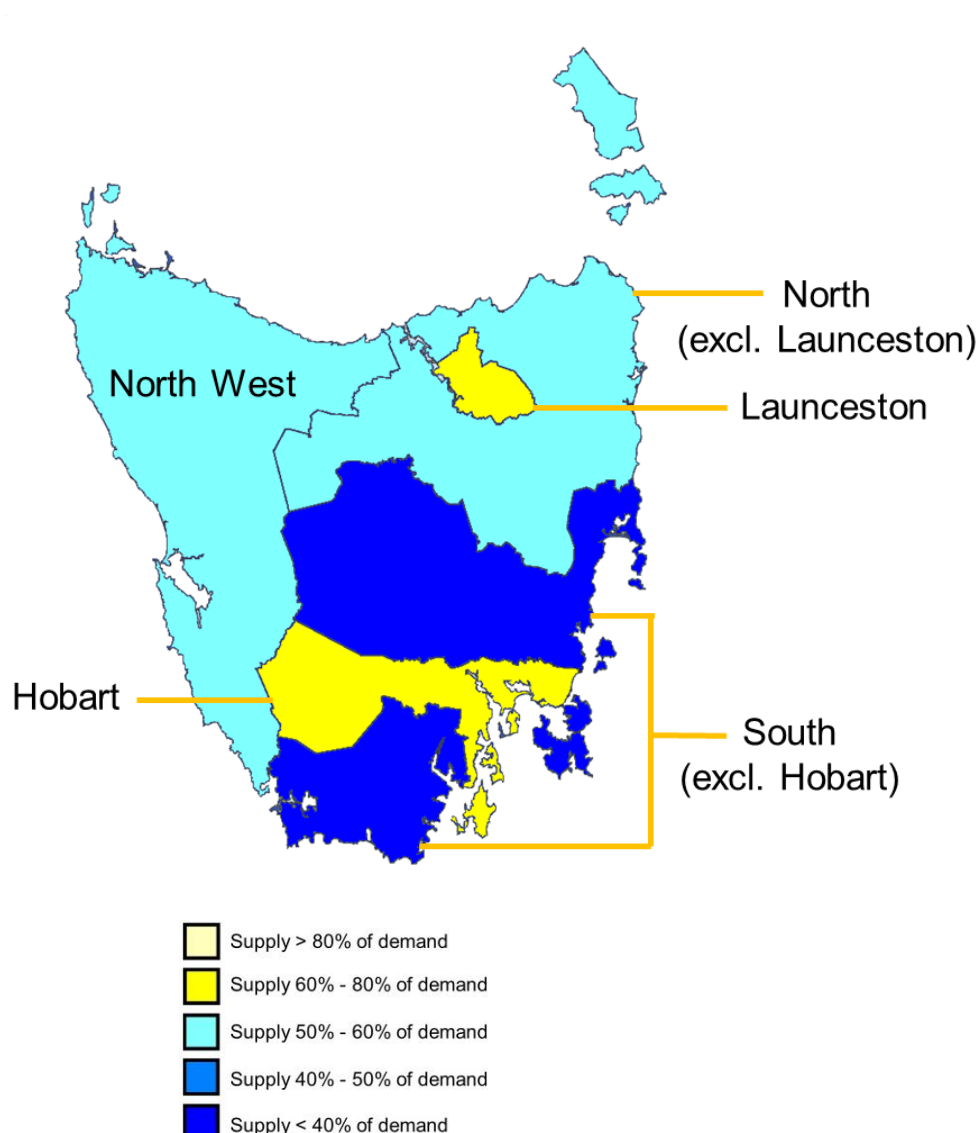
Increases in the value of expected demand in the Launceston service region is likely to be greater than the expected increases in the number of participants. Launceston is expected to experience a growth of 86% in participants, but a growth in expenditure of 100%. This difference may indicate a higher prevalence of unmet demand in this service region, not only for people who will receive supports for the first time through the NDIS but also for those already receiving supports.

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2.9 Growth: Estimated workforce required

The workforce engaged in providing disability supports in Tasmania is currently estimated to be approximately 1,750 to 2,150 full time equivalent (FTE) employees. It is estimated that the workforce which will supply the increased volume of supports demanded under the NDIS will need to grow by approximately 82% by the end of 2018-19. As the prevalence of part time and casual workers in the disability support workforce is high, the actual number of additional workers required to meet increased demand will be greater than the required FTE increase in the workforce.

Figure 12 Comparison of current workforce and estimated workforce required



Source: Scheme Actuary

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The required increase in the workforce will not be evenly distributed across the state, as shown in Figure 12 and Table 6. The South (excl. Hobart) region is expected to require the largest workforce increase, as the current estimated workforce is less than 40% of the estimated NDIS workforce. Launceston and Hobart are expected to require the smallest workforce increase, as the current estimated workforce is between 60% and 80% of the estimated NDIS workforce.

Table 6 Current and future workforce in Tasmania

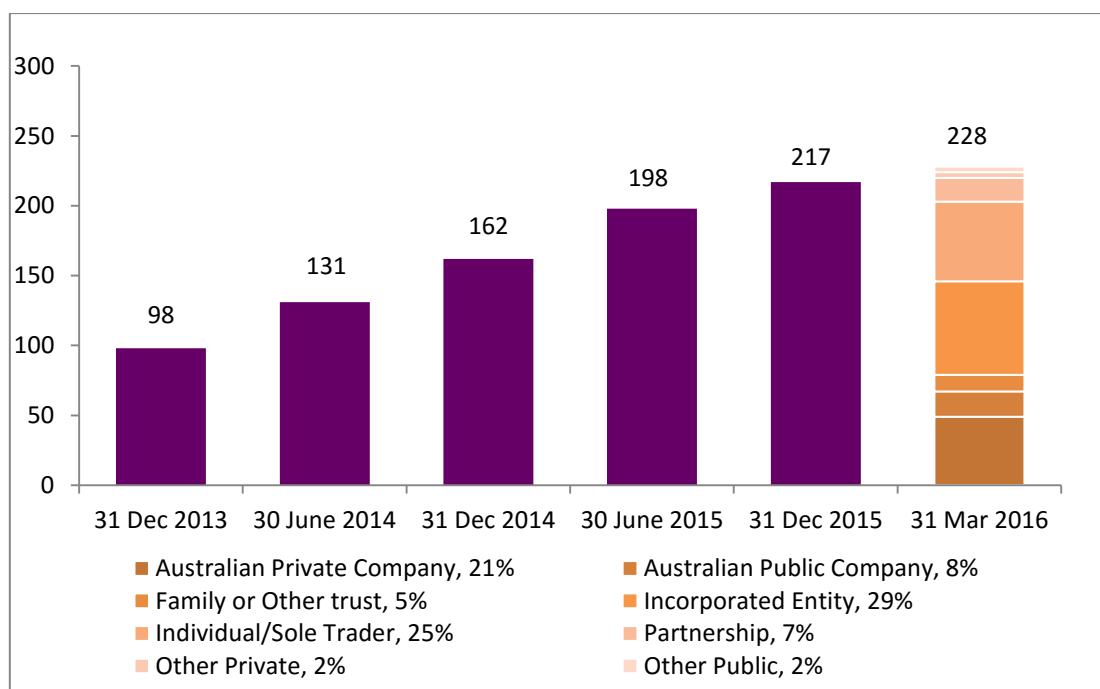
Region	Current Workforce	Estimated Required Workforce
	FTE range	FTE range
Hobart	800 - 1,000	1,350 - 1,600
Launceston	250 - 300	400 - 500
North (excl. Launceston)	250 - 300	450 - 550
South (excl. Hobart)	50 - 100	250 - 300
North West	400 - 450	750 - 950
Total	1,750 - 2,150	3,200 - 3,900

Source: Scheme Actuary

2.10 Growth: Providers are growing and diversifying

Since 31 December 2013, the number of registered NDIS providers in Tasmania has increased from 98 to 228 at the end of March 2016, more than doubling in just over two years. The increase in providers reflects registration by existing providers of disability supports along with entry by providers not previously funded directly and/or from other states along with providers for new NDIS supports such as plan management. As many current providers of disability supports deliver services to people within the current age cohort, the proportion of new registered providers is likely to grow at a more conservative rate.

Figure 13 Number of registered providers in Tasmania (and proportion by entity type as at 31 March 2016)



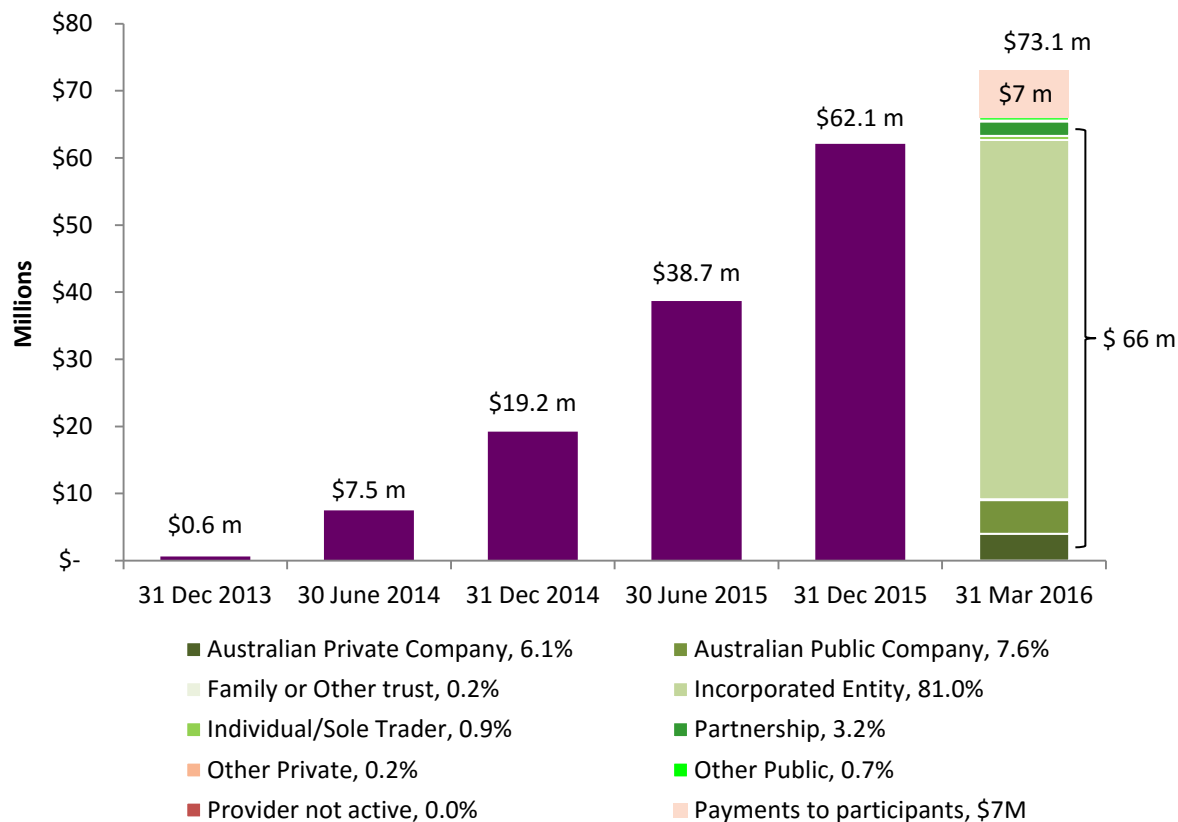
Source: NDIS quarterly market dashboard – see Section 3.2

In the NDIS, participants can also self-manage their supports or can opt for a third party plan management provider to manage their supports.

Payments made to service providers (\$66 million) and participants (\$7 million) continue to increase, with cumulative payments of \$73 million having been made as at 31 March 2016 (See Figure 14). Figure 14 also lists the type of organisation to whom these cumulative payments have been made.

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Figure 14 Payments to Tasmanian providers and self-managing participants, \$ million (and proportion by entity type as at 31 March 2016)⁸



Source: NDIS quarterly market dashboard – see Section 3.2

Figure 14 excludes in-kind payments that are processed off-line (that is, they are not processed through the provider portal), and as such the distribution of payments may not be representative of the expected split at full scheme.

⁸ Payments to participants of \$7 million includes payments made to self-managing participants, payments made to participants who purchased equipment or other supports from providers in other states and amounts paid to participants who are not linked to a service provider.



Additional resources and Scheme experience

3. Additional resources and Scheme experience

3.1 Outcomes Framework

The NDIS was set up to assist people with disability to live “an ordinary life”. It is expected that participants will use the dollars available in their package to assist them to fully realise their potential, to participate in and contribute to society, and to have a say in their own future, just as other members of Australian society do.

The NDIS Outcomes Framework has been co-designed with the NDIA Independent Advisory Council and other stakeholders. The NDIS Outcomes Framework will monitor the progress of participants and their families and carers in key life domains.

The purpose of the Outcomes Framework is to:

- assist with planning;
- establish indicators of scheme performance so scheme progress can be tracked; and
- identify drivers of good outcomes for individuals.

The Outcomes Framework has been piloted with a sample of participants and their families and carers in trial sites. There were different versions of the Outcomes Framework for different life stages: children from birth to school age, children from school age to 15, young adults 15 to 24, adults 25 to 55, and older adults over 55. There are different family/carers versions for participants aged 0 to 15, 15 to 24, and 25 and over. Easy English/pictorial versions have also been developed. For the adult participant versions there are eight domains: choice and control, daily living, relationships, home, health and wellbeing, lifelong learning, work and social, community and civic participation.

The summary report of this pilot study can be found on the NDIS website at: <https://myplace.ndis.gov.au/ndisstorefront/news/outcomes-framework.html>

As outlined above, one of the purposes of the Outcomes Framework is to identify drivers of good outcomes, and this may include identifying providers who facilitate good outcomes for participants.

The tables on the next page show the domains of life around which the outcomes framework is based. These domains apply to both participants and their families/carers and differ depending on the life stage of the participant.

Table 7 Outcome framework domains – participants

<i>Domain</i>	<i>0 to school</i>	<i>School to 15</i>	<i>15 and over</i>
1	Children gain functional, developmental and coping skills that are appropriate to their ability and circumstances	Children grow in independence	Choice and Control
2	Children show evidence of self-determination in their everyday lives	Children are welcomed and educated in their local school	Daily Living Activities
3	Children participate meaningfully in family life	Children form friendships with peers and have positive relationships with their family	Relationships
4	Children participate meaningfully in community life	Children participate in local social and recreational activities	Home
5	Specialist supports assist children to be included in families and community		Health and Wellbeing
6			Lifelong Learning
7			Work
8			Social, community and civic participation

Table 8 Outcome framework domains – families/carers

<i>Domain</i>	<i>0 to 15</i>	<i>15 to 24</i>	<i>25 and over</i>
1	Families understand their children's strengths, abilities and special needs	Families understand their young person's strengths, abilities and special needs	Families have the support they need to care
2	Families know their rights and advocate effectively for their children with disability	Families know their rights and advocate effectively for their young person with disability	Families know their rights and advocate effectively for their family member with disability
3	Families help their children develop and learn	Families help their young person become independent	Families are able to gain access to desired supports, programs, and activities in their community
4	Families feel supported	Families feel supported	Families have succession plans
5	Families are able to gain access to desired supports, programs, and activities in their community	Families are able to gain access to desired supports, programs, and activities in their community	Families enjoy health and wellbeing
6	Families enjoy health and wellbeing	Families enjoy health and wellbeing	

3.2 Quarterly Reports

The NDIS Actuary is responsible for monitoring scheme performance and financial sustainability. Each quarter, the Actuary produces a public report to the COAG Disability Reform Council. In addition to this report, the Actuary publishes participant and market dashboards, which are described below.

The most representative trial sites for full scheme are the Hunter and Barwon. This is due to those sites being inclusive of all ages, and having commenced on 1 July 2013, thus having the most experience and data.

The quarterly report to the COAG Disability Reform Council provides information about participants and the funding or provision of supports by the NDIA in each jurisdiction. The report includes:

- Progress against Statement of Strategic Guidance;
- Summary Report on Management of Scheme Cost Drivers; and
- Agency Performance, split into three parts:
 - Participant Outcomes;
 - Financial Sustainability;
 - Community Inclusion.

Quarterly and dashboard reports can be found at: <http://www.ndis.gov.au/about-us/information-publications-and-reports/quarterly-reports>

Participant Dashboards

The participant dashboard provides participant and plan statistics as at the end of each quarter. These include:

- Number of participants by eligibility and access type;
- Approved plans by month, age group, primary disability, management type and cost bands; and
- Approved funded supports and actual committed supports.

These state based dashboards can be found at: <http://www.ndis.gov.au/about-us/information-publications-and-reports/quarterly-reports>

Market dashboards

The market dashboard provides snapshots of providers and market demographics as at each quarter along with detailed participant goals, outcomes and support package information by age band. These include:

- Registered providers by type, support cluster and registered support item;
- Participants with approved plans by age band, primary disability, cost band and support category;
- Number of males and females by goal type and age band;
- Outcome statements for participants and family carers by age group;
- Approved plans by cost band for each age group; and
- Total committed cost by support category for each age group.

These state based dashboards can be found at: <http://www.ndis.gov.au/about-us/information-publications-and-reports/quarterly-reports>

3.3 Rural and Remote Strategies

Rural and Remote Strategy

The NDIA has developed a Rural and Remote Strategy which guides how to work with communities, governments and local service providers in rural and remote Australia.

One of the key outputs for the NDIA under this strategy is:

The range, choice and quality of disability supports available to a person in a rural or remote community is sustainable and as diverse as possible.

In rural and remote areas, geographic spread, low population density and limited infrastructure may adversely impact on the range and cost of available disability supports and services. Rural and remote communities may also experience difficulties in attracting and retaining a skilled workforce.

Supports and services may take on different forms or be provided in different ways in rural and remote areas. For example: leveraging off the high demand and success of tele-health, videoconferencing or support workers/therapy assistants working with support and professional supervision provided off site. In some instances, families, carers and informal support networks may play a greater role as there are fewer registered or mainstream supports and fewer people currently accessing disability supports.

At the same time there may be strong community networks that exist and local solutions that are already effective. These may be able to be further developed and strengthened to support people with disability, their families and carers to coordinate and integrate with other supports and services.

Where there are very few or no local providers or monopoly suppliers, specific intervention by the NDIA may be necessary to ensure the delivery of supports to maximise achievement of outcomes for participants.

The NDIA wants to work with communities, governments and service providers who are committed to building capacity in rural and remote communities. Under the Rural and Remote strategy the Agency identifies the need to work closely with all governments, identifying local strengths to build on, and using new and accessible technologies. There will be significant opportunities for innovation, including through mainstream services.

3.4 NDIS Provider Toolkit

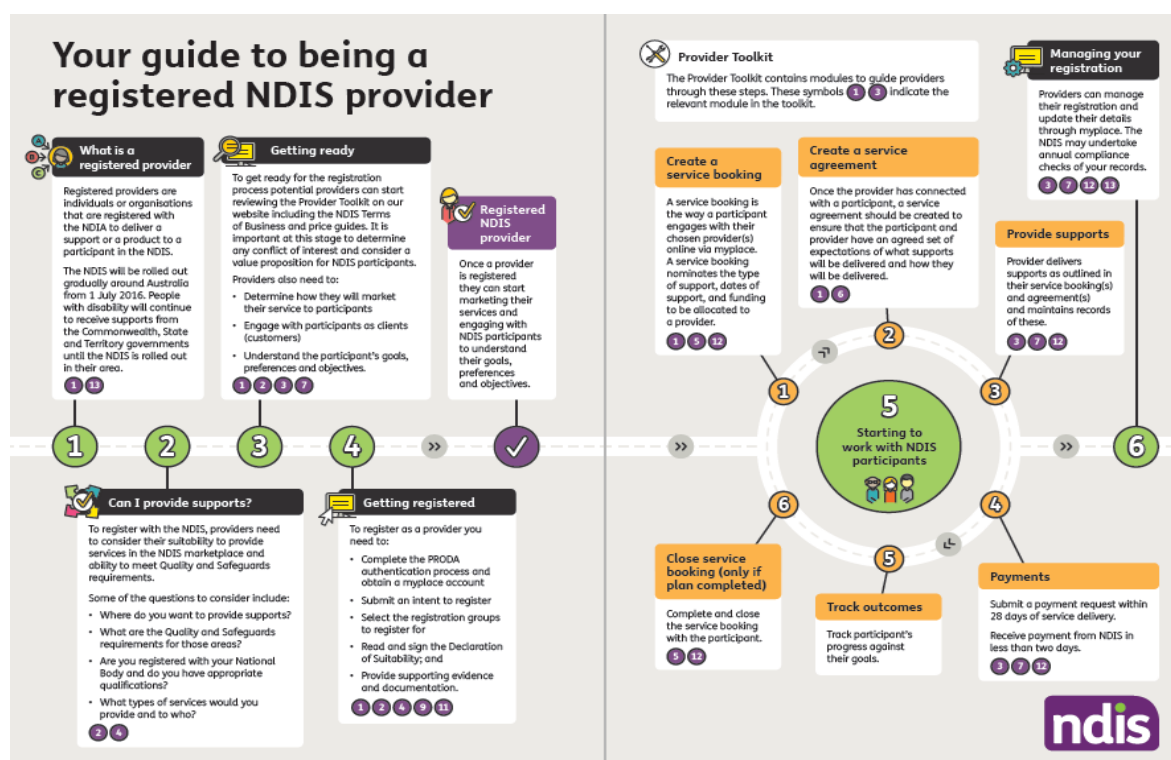
The purpose of the NDIS Provider Toolkit is to assist individuals and organisations that want to become a registered provider under the NDIS. The Provider Toolkit includes answers to the most frequently asked questions from providers, about aspects of the scheme and has a focus on systems and processes. It also references key elements of the Agency's operational policy which providers also need to understand.

The Provider Toolkit contains important information about:

- how the scheme operates
- how to register as a provider
- how to engage with and manage the supports provided to participants (including how to claim for payment)
- how to manage registration including relevant quality and safeguard arrangements
- changes in full scheme to key provider processes which is of particular importance to providers that have participated in the NDIS during trial

Figure 15 shows a diagrammatic view of the provider pathway as related to toolkit.

Figure 15 'Your guide to being a registered NDIS provider' handout



The NDIS Provider Toolkit can be found at:

<https://myplace.ndis.gov.au/ndisstorefront/providers/provider-toolkit.1.html#m4>

4. Appendices

4.1 Appendix A: Market highlights

The Market highlights summarise key market information estimated from the full rollout of the NDIS in Tasmania. These highlights include:

- The Tasmanian market for disability supports is estimated to grow from 4,300 people accessing supports in 2014 to 10,600 in 2019. This is an increase of 6,300 participants
- The level of annual expenditure for disability supports is estimated to grow from \$220 million to \$480 million in 2019.
- The growth required to meet demand at full scheme include an increase of \$260 million in supports.
- The workforce increase required to meet demand is estimated to grow from 1,750-2,150 full time equivalent jobs (FTE) to 3,200-3,900 FTE in 2019. This represents an increase of between 1,450 to 1,750 FTE.
- The South (excl. Hobart), North West, and Hobart service districts are estimated to require the largest increase in workforce in terms of increase in FTE jobs. The South (excl. Hobart) is expected to grow from a range of 50-100 FTE, to 250-300 FTE. The North West is expected to grow from between 400-450 FTE to 750-950 FTE. Hobart is expected to grow from between 800-1,000 FTE to 1,350-1,600 FTE.
- The North West, South (excl. Hobart) and North (excl. Launceston) service regions will experience the largest relative growth in total funding for supports. The North West is expected to grow by 120%. The South (excl. Hobart) is expected to grow by 300%. The North (excl. Launceston) is expected to grow by 133%.
- The Hobart, North West, and North (excl. Launceston) service regions will experience the largest growth in the number of people receiving supports. In Hobart the number of participants is expected to grow by 2,400. In the North West the number of participants is expected to grow by 1,700. In the North (excl. Launceston) the number of participants is expected to grow by 1,000.

The Victorian trial site, which covers all ages, provides an indication of potential full scheme experience in Tasmania. The largest support category by committed funding in the trial site is Assistance with daily life, representing 69 per cent of funded supports. As the scheme matures it is envisaged that investments in support categories such as assistive technology, community participation, improved daily living skills and home and vehicle modifications will increase so that participants can experience increasing levels of independence in daily life. A summary of the committed supports by support category from both the Tasmanian and Victorian trial can be found in Table 3 on page 18.