

Balancing stability and change: Lessons on policy responsiveness and turbulence in the disability care sector

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Abstract

Care systems worldwide regularly undergo reforms and adjustments in the hope of system improvements. In many ways this can align with calls for governments to be more 'adaptive' and 'agile' to changing care demands. However, such continued adaptations can create turbulence for the care sectors in question. In this article, we examine the large-scale reform of the Australia National Disability Insurance Scheme and the impact of a series of adaptations on the disability care sector in Australia. We find that the disability sector in Australia is experiencing turbulence and a lack of clarity about the rules regarding the programme, resulting in increased administrative burden and financial pressures. Such turbulence has flow-on effects on the level of care that is able to be accessed by people with disability in Australia.

KEYWORDS

adaptive governance, care systems, policy implementation

1 | INTRODUCTION

For the last decade, there have been consistent calls for the public service to be 'agile' and 'adaptive', particularly in Australia and the UK (APS Demos, 2008; Department of the Prime Minister and Cabinet Our Public Service, 2019; Shergold, 2013; UK Government Service Manual, 2016). These calls for an adaptive and agile public services sometimes refer to capabilities and responsiveness on a macro level (i.e., the creation of public service generalists), but they are also used to refer to 'adaptive' capacity within the adoption and implementation of specific policies (Shergold, 2013, 2015). Despite the fairly widespread calls for agile and adaptive government, there has been little analysis of how successful adaptive approaches have been to date and the challenges associated with implementing them. Outside of government, agile and adaptive organisations have been found to have better outcomes (State of Agile Report, 2019). Yet, we do not know how this translates into to public service contexts, particularly at the level of policy governance and administration, or what supports need to be in place to support adaptive reforms.

In the landmark 'Learning From Failure' report, Shergold (2015) singled out the Australian National Disability Insurance Scheme

(NDIS) as an example of adaptation in action. Shergold (2015) names the adaptive features of the NDIS as the evaluation of trial sites, the provision of long-term flexible contracts, and the promotion of consumer directed services. As a reform, the NDIS is a highly complex administrative change, and because of this complexity, adaptive responses have been necessary for addressing a host of implementation challenges (Carey et al., 2017; Nevile et al., 2019; Olney & Dickinson, 2019). The use of adaptive responses to implementation issues as they arise is positive in terms of adopting a learning approach to implementation, but can have side effects that cause more challenges (see: Malbon et al., 2019) and therefore require management in and of themselves.

In this article, we use results from a survey of the Australian disability sector to examine how governmental 'agility' and 'adaptation' have affected the service sector during the implementation of the National Disability Insurance Scheme (NDIS). Adaptive approaches, while providing the opportunity for policy makers to learn in practice, can also result in disturbances in care sectors. For example, there is a danger for policy layering in which policy can become 'stuck' between the old and the new, resulting in a situation where parts of the system embody the new vision/reform ideal, while other

parts become stuck or exhibit policy layering with a mixture of old and new systems and values (Carey et al., 2018). As found with the NDIS, this can create a complex and challenging environment for service delivery organisations (Carey, Weier, et al., 2020). With an absence of a specific framework for change under such circumstances, large-scale reform efforts can result in turbulence for the care sector, that is a sense of ever-changing conditions which create confusion (Nevile et al., 2019).

In examining the adaptive changes to the NDIS, we found that disability service providers are struggling with mixed messages and a sense of continual change as the NDIS is rolled out (which we refer to as 'turbulence', in this article). We argue that rolling changes to centrally set rules within the scheme, without attention to the application of those rules and other changes at a local level, has created an inconsistent and changing environment for the disability sector, with subsequent implications for care. This is not dissimilar to critiques made of the NHS, where repeated structural reform led to issues with care provision and quality (Hunter, 2006; Walshe, 2010). In the context of the NDIS, we need to think about how to support adaptation when changing the 'whole system' and what supports need to be in place to gain the advantages of iterative change and adaptation, minimising unintended consequences.

1.1 | Adaptive management and policy

In this section, we provide an overview of adaptive management as a concept and practice. While calls for adaptive government are common reviews of the public service (APS Demos, 2008; Review, 2019; Shergold, 2013), the largest body of conceptual and practical work exists in environmental governance (Berkes & Folke, 2000; Holling, 1978; Walters, 1997; Williams & Brown, 2014). Here, adaptive management has emerged as a potential tool for dealing with the complexities of managing initiatives that combine social and ecological systems with many moving parts and is viewed as an intuitive and effective way to make decisions in the face of uncertainties (Olsson et al., 2004; Williams & Brown, 2014). Broadly, 'adaptive decision-making involves the use of management itself to pursue management objectives and simultaneously learn about management consequences' (Williams & Brown, 2014). Adaptive governance and management are recommended in situations where there are stakeholders with diverging interests, and uncertainty about the actions that can be taken (Janssen & van der Voort, 2016). Learning and iterative changes are central to adaptive management – enabling 'agile' responses to emerging administrative or policy challenges (Williams & Brown, 2014). Here, adaptive management centres on the creation and harnessing of feedback processes between learning and decision-making (Carey & Harris, 2016). This means that learning contributes to governance and implementation by 'helping to inform decision-making, and management contributes to learning by the use of interventions' (Williams & Brown, 2014). Williams and Brown (2014), for example, suggest that adaptive management approaches have two fundamental phases: (a) the deliberative (or

What is known and what this paper adds:

- There has been a push in many governments for more agile and adaptive policy approaches recognising the need for governments to be responsive to emergent issues.
- This paper examines efforts to be adaptive within the context of a major large-scale policy reform.
- We found that too much adaptation creates a difficult environment for service delivery organisations which must navigate complex and constantly changing rules

planning) phase and (b) an iterative phase, whereby the elements and results of the deliberative phase are folded into sequential processes of decision-making and learning. Hence, the second iterative phase uses elements of the planning phase in an ongoing cycle of learning (Carey & Harris, 2016).

1.2 | The Australian national disability insurance scheme (NDIS)

In many industrialised welfare states, disability policy is increasingly being reformed around a personalisation agenda (Dickinson, 2017; Needham & Glasby, 2014). Personalisation is argued to deliver more effective services that meet the needs of individuals and also to be a more efficient use of resources, particularly over the long term (Mladenov et al., 2015). As part of this broader international trend towards personalisation, the NDIS shifts Australia's disability service system from a block-funded state-based service approach to a federally run 'personalisation' approach. Here, individuals are given budgets from which they purchase services from a disability market that meets their needs (Australian Productivity Commission, 2011). Under the NDIS, approximately 500 000 individuals who have a significant and permanent disability receive personalised funding budgets (Collings et al., 2016; Productivity Commission, 2011). From these budgets, they then purchase services and supports that meet their needs – thereby giving greater choice and control to people with disability (Collings et al., 2016; Productivity Commission, 2011).

Implementing the NDIS has involved unprecedented changes in the structure of government social services and the disability sector (Malbon & Carey, 2020; Nevile et al., 2019). We have seen the creation of a new agency co-owned by the Federal, State and Territory governments (The National Disability Agency), a new regulatory body (Quality and Safeguarding Commission), the creation of a complex disability quasi-market (Reeders et al., 2019) and over 10 000 new public sector positions from the local to national level (Productivity Commission, 2011; NDIA, 2016). These changes, coupled with the diversity of support needs met by the NDIS, distinguish it from many other public service reforms which have come before – giving policy makers little in the way of a 'blue-print' to

follow (Walsh & Johnson, 2013). As a result, there have been considerable change and adaptation during implementation, in an attempt to correct the course of implementation and address issues as they emerge (Productivity Commission, 2017). These changes have been made in response to emerging or unexpected needs of participants, and the disability sector service providers from whom services are bought (Carey, Weier, et al., 2020; Malbon & Carey, 2020; Carey et al., 2019).

To date, iterative changes to the scheme have involved revisions to pricing schedules (which is centrally set by scheme actuaries), changes to the processes through which participants navigate the scheme, changes to payments processing for providers and shifting rules around eligibility and funding levels. Some areas, for example, pricing and planning processes, have changed multiple times. For example, there was a major pricing review in 2017–2018, which saw changes to set prices within the scheme (McKinsley & Company, 2018; NDS & NDIS, 2017), and more recently, special 'temporary transformation payment' announced for some providers/participants (e.g. those working in rural areas), which provide loading at a higher rate for a limited period of time (NDIA, 2019). Similarly, participant planning processes – whereby participants set goals and a budget for services is provided – have gone through a series of trials for different planning approaches, including planning with commissioned NDIA partners, planning via phone or in person and planning directly with NDIA staff, with different participants now engaging in different planning arrangements depending on location, disability or other factors (NDIA, 2018). Each of these changes has been made to challenges and problems that have emerged during implementation that need amelioration (NDIA, 2018, 2019).

2 | METHODS

To better understand the impact of adaptive changes in the NDIS to the service sector, we look to the only survey of NDIS providers in Australia. The National Disability Services (NDS) Australia's annual market survey of the disability sector, conducted in 2018 and 2019, forms the data for this paper. NDS is the peak body for the disability sector. The Annual Market Survey seeks to understand the changes in the sector, attitudes and perceptions of the implementation of the NDIS and pressures/challenges the sector is experiencing. The survey is administered through the NDS membership list and through a general call out by the organisation and partners. Ethics approval was obtained from the University of New South Wales, Australia.

The survey was hosted online on Qualtrics, and could be completed by one representative member of the organisation. A total of 456 organisations took part in the survey in 2018; 704 organisations completed the survey in 2019. However, responses received on the attitude questions are included here ($N = 456$ in 2018; 627 in 2019). The survey covers multiple topics that are relevant to disability service providers: their views on the current NDIS operating environment, their organisation's strategy and organisation logistics such as discussions about mergers and profit/loss margins.

The research sought to address the question 'What is the effect of NDIS adaptations on the disability service sector'? To answer this, we draw on two qualitative questions from the survey: 'In relation to the NDIS, which actions by Government would have the greatest positive impact on your organisation's capacity to deliver good services in the next year?' and 'What are your comments on the operating environment for disability services'? Responses to these two questions overwhelmingly explored issues relating to iterative change to the operating environment of the sector under the NDIS. Qualitative data collected from these open-ended questions were analysed using a thematic approach (Blaikie, 2010). 'Like' data were grouped together to form categories and subcategories. These categories were developed into more substantive themes by linking and drawing connections between initial categories and hypothesising about consequences and likely explanations for the appearance of certain phenomena (Strauss, 1987). In the quotes included in the findings section, each organisation is identified by a unique code, i.e. p204, which refers to Participant Organisation 204.

3 | FINDINGS

Turbulence and inconsistency at the local level was a strong recurring theme in the qualitative components of the survey. In the following section, we outline two major sub-themes emerging from the qualitative questions: continual change and subsequent administrative burden, and communication challenges experienced by the sector.

3.1 | NDIS adaptations and subsequent administrative burden

Providers reported an unstable and volatile operating environment, with frequent changes in rules, processes and reporting and regulatory environments. This ranges from process changes to the online portal through which payments to providers are made (from individual budgets, allocated to a service) to requirements to register for the Scheme.

The operating environment is very challenging with the constant changing of NDIS processes, rules and methods of engagement with providers, as well as the introduction of the Quality and Safeguards Commission with really poor information and resourcing to providers [p300]

The frequent changing of administrative operations contributes to administrative burden for service providers through a frequent need to relearn procedures. At the time data were collected, the new Quality and Safeguarding Commission charged with regulatory oversight for the scheme was launched. With this has come new registration and reporting requirements, which were previously handled by the main implementation body the

National Disability Insurance Agency (NDIA). Some providers found the introduction of the new regulatory body administratively cumbersome:

NDIS Quality and Safeguarding Commission are providing critical strain on providers at present. [p113]

The lack of real communication with the Commission has been a serious issue for us. We have still not been able to register our brand new \$1.3 M residential facility for SDA. [p253]

At this stage we have had very little communication from the quality safeguard commission other than informing us of the requirements we had to fulfil to remain registered. [p198]

Despite these concerns, regulatory oversight of the scheme is essential for both the protection of participants and the scheme as a whole (in terms of fraudulent providers). It is worth noting, however, that the regulatory body is being introduced five years into implementation. As such, the new administrative burdens associated with compliance were not previously factored into pricing schemes as captured in the quote below:

The Quality and Safeguards framework is a very promising process that will ensure quality service provision for people with disability however there is very little margin in NDIS services that allows for the development and implementation of organisational policy, practice and standards to meet the framework. [p344]

Interestingly, while coming late in the scheme, some providers felt that the new regulations were being rolled out before being finalised, creating more turbulence:

The new Quality and safeguards commission reporting on Incident Reports and restrictive practices is very difficult to use and very time consuming. Again rolling out something that is not ready, causing additional burden on already time-consuming processes [p85]

Quality of NDIA commission approved auditors and the cost associate to organisation for auditing. So many confusing reporting requirements, lack of support, training and communication to providers. [p230]

From the perspective of regulators, however, it is important to get these structures in place sooner rather than later, with an expectation that they will be adapted over time (Carey et al., 2017; Commonwealth Department of Family & Community Services, 2016).

In the months preceding the 2019 NDS Annual Market Survey, several significant changes were made to the pricing structure of the NDIS. Notably, these included increasing price 'caps' and the introduction of a transition payments (referred to in provider quotes below as 'TTP') for providers in rural areas, which have been experiencing financial instability under the former pricing scheme (NDIA, 2019). Although transition payments will only stay in effect until the end of 2020, both of these changes were welcomed by providers:

The increase in NDIS price caps and other amendments to the price guide from 1 July were very pleasing. [p54]

The recent price increase before the election and as part of the 1 July price guide was very welcomed. The TTP is helping. [p360]

However, the processes of administering these changed payments appear to be a concern for the sector. In particular, providers pointed to a delay in quote approvals of up to 18 months, with some providers out of pocket as much as \$1million. Hence, while price changes were welcomed, the constraints or limitations of enacting this policy change at the local level prevented the full benefit to providers:

'Provider Payments' are slow to respond and providers are not advised of progress on rectifying issues. We have had scenarios where we have not been paid for a service delivered until 8 months after the fact. [p59]

The National Disability Insurance Agency (NDIA) is still chaotic - their payments portal is slow, they cannot get basic things right (like not having plan gaps). At the end of this financial year we were owed \$1.15m. [p12]

The lengthy delays (up to 18 months) in receiving quote approval for items of customised Assistive Technology, (despite it being listed in a participant's plan) is resulting in a critical cash flow crisis for our organisation. We currently have over \$165K in quotes awaiting approval by the NDIA. [p321]

Our biggest and most pressing issue is being paid in a timely manner by the NDIA and resolving payment issues with the provider payments team, outstanding unpaid accounts of up to \$100,000 with no resolution in sight after twelve months, holding high debts awaiting payment is our biggest threat to service viability. [p76]

As payments are made retrospectively, providers must proceed with delivering services, but are left out of pocket for extended periods of time – creating financial burdens for the service providers

and administrative burdens in the need to continue to enquire after payments and to help NDIS participants understand the subsequent changes to their spending. Providers reported that the ongoing changes relating to pricing and regulation were creating additional administrative burden, as they negotiate and renegotiate the requirements of the scheme:

Changes to requirements often come with little notice and are burdensome on the provider. i.e. changes to recent Price Catalogue which provider had 3 days' notice with substantial changes to be implemented. [p314]

every time the NDIA makes a new rule, it creates more complexity and administrative burden for providers. [p27]

The price changes, whilst heading in the right direction, went through a large change this year. This left participants relying heavily on providers to guide them through it. This soaked up time which would otherwise be spent on delivering services [p217]

As suggested by the final quote above, the administrative complexity associated with changes may in fact cost more time and resources when providers must take time to help participants understand the changes. In the 2018 survey, we found that providers were spending significant time undertaking work that should be done by the NDIA – helping families and participants to navigate and advocate within the scheme (reference removed for review). This appears to be continuing a year on:

A lot of participants are coming to us without advocacy and support coordination meaning service providers are providing free services to ensure participants are supported fully in their transition. [p128].

As the quote below suggests, the rapid pace of change in the scheme relates to implementation challenges:

I feel that the NDIS rules are constantly changing, however I understand that the NDIS is in its infancy and understand that it will take time to settle in. The rule changes make it difficult to navigate the system. [p146]

In time, we may see these settle down as the scheme finds its equilibrium, and important infrastructure – such as IT platforms and regulatory requirements – are finalised. In the meantime, however, in attempting to fix administrative problems within the scheme through successive waves of policy and rule changes, it appears as though policy makers may have increased administrative burden on the sector. Critically, this administrative work carried out by providers sits outside

the funding structures of the scheme as it is not a 'formal' part of the NDIS, but rather constitutes 'work arounds' on behalf of the sector in trying to navigate and operate through iterative changes in the Scheme.

3.2 | Communication with the sector

While iterative change has been essential to improving the NDIS, comments from providers in the previous section indicate that the scale of change has been taxing on providers. What seems to be amplifying the challenges associated with these changes, however, is a lack of effective communication with providers. In the survey, providers overwhelmingly reported poor communication about changes to rules and policies within the scheme from the main implementation agency:

NDIA makes changes but does not own them or communicate them effectively to participants and their families, leaving providers covering this which decreases providers efficiencies and strain on already underfunded resources [p152]

Moreover, this lack of overall clarity is being exacerbated by inconsistent advice emerging from local NDIA offices. For example:

Inconsistency in information provided, decision making and variability of skills and knowledge of staff processing NDIS applications is still very problematic and makes for a very inconsistent experience for participants with outcomes that are hard to fathom. [p131]

There remains ongoing inconsistency of practice and advice within the NDIA and LAC's alike. Even staff from the same office will provide conflicting information. [p57]

There is too much variance in answers to the same question from NDIA staff. Communication of policy directives and information within the NDIS also appears to be terrible. Many different answers are provided depending on which planner/LAC/call centre staff is spoken to. [p97]

Training of NDIA staff has been a consistent concern among the sector since implementation began (Conifer, 2018). The agency has also been subject to substantive resourcing constraints (Carey, Joint Standing Committee on the, 2018), which has limited resourcing of the Agency to undertake the scale and scope of work required. These factors may be behind the poor communication described by providers.

At present, inconsistencies and poor communication are making it difficult for organisations to plan – making their businesses vulnerable:

TABLE 1 Adaptive changes to the NDIS since 2013

NDIS area	Adaptation	Year
Scheme actuary	Pricing review, changes to set prices	2017–2020
	Schedules changes to set prices	2017/2018
	Temporary Transformation Payment	2019/2020
NDIA	Response to portal crash	2017
	Repeated trials for planning process	2017–2020
	Pathways programme	2019
Quality and safeguards commission	Introduction of secondary provider registration (in addition to registration under NDIA)	2019
	Introduction of financial reporting	2019

We feel we are operating with our hands tied behind our backs - all paperwork and no time to work with participants to create the optimal experience. [p 301]

Constantly changing, making services reactive and not time to plan to do things better [p77]

Hence, while the changes introduced – such as pricing increases – were in response to calls from the sector, their benefits may have been jeopardised by poor and inconsistent communication by the main implementation agency. This raises questions about how to introduce iterative, adaptive change during implementation without creating a destabilised and uncertain operating environment for those outside of government.

4 | DISCUSSION

The NDIS has been characterised by a great deal of adaptive change within the overarching reform, with constant adjustments made to scheme rules and processes. Adaptive management during policy implementation has been hailed as key to ensuring effective policy change in the context of complex reforms (Carey & Matthews, 2017). Without adaptation, unintended consequences cannot be addressed as they emerge, or limitations in design corrected. In the case of highly complex, transformative, reforms such as the NDIS, this is particularly important. It is unlikely that such complex reforms can be accurately and precisely designed before implementation and implementation rarely, if ever, proceeds as intended (Hill & Hupe, 2009), emphasising the need for changes to be made as reforms progress.

Arguably, the NDIS has needs to adapt more than other policies because of the scale and complexity of the reform, and a lack of a previous 'model' or blueprint to work from. On top of this design complexity, research has documented a range of forces that have come into play affecting the trajectory of the Scheme, from politics to resourcing constraints (Carey et al., 2018; Carey, Weier, et al., 2020; Nevile et al., 2019). The continued efforts of policy makers and scheme architects to improve and alter the scheme during implementation are important and should continue. This presents a challenge in achieving the right balance between stability and

change to enable the sector to adjust and continue to function well for citizens.

The challenge, that the data from providers in this paper, presents is how to ensure adaptive management and change is done in such a way as to be effective and not create undue 'turbulence' and confusion for those outside government who have a key role to play in policy implementation. Put another way, how do we get the gains of adaptive management without unintended consequences or compounding of implementation challenges? In the remainder of the discussion, we give thought to the types of practices and structures that could help schemes such as the NDIS be improved upon throughout implementation, but minimise the types of negative effects identified by providers in the survey results.

In the case of the NDIS, the rapid pace of implementation has necessitated speedy changes in rules and policies. At times, these have been about internal machinations within government, occurring as a result of dismantling the old disability system while implementing the NDIS (Carey et al., 2018; Carey, Weier, et al., 2020). Others, however, such as the changes to pricing structure and payments processes, have been aimed at improving the operating environment for providers upon whom the scheme depends. Interestingly, in attempting to improve the operating environment, providers in this survey frequently reported experience of a turbulent and difficult funding environment. While the changes themselves were necessary, poor and inconsistent communication with the sector has had a detrimental effect. Providers receive conflicting advice from different NDIA offices, and spend considerable time undertaking additional administrative work navigating the scheme, chasing answers and outstanding payments and assisting participants to understand new rules. In the first instance, this raises questions about how to support effective communication across networked governance systems.

The NDIA has consistently come under scrutiny for poor communication (Carey, Weier, et al., 2020; Joint Standing Committee on the, 2018; Tune, 2019). In part, this has been associated with a well-documented lack of training resources for its staff (Conifer, 2018). More often than not, this criticism has been directed at a perceived lack of understanding of disability rather than administrative processes (Conifer, 2018). However, our research suggests that this training needs to extend to internal communication processes about iterative change. That is, when new changes and processes are

enacted, staff that engage with participants, their families or providers staff need to be able to understand their implications and communicate these effectively to the broader sector.

Further, monitoring and evaluation are key aspects to successful adaptive governance (ref Berkes & Folke, 2000). While there have been many independent reviews into different aspects of the NDIS, such as market readiness (Joint Standing Committee on the, 2018) and the complains process (Commonwealth Ombudsman, 2018), there has only been one formal evaluation of the trials that the NDIS underwent (Mavromaras et al., 2016), and there are no known plans to repeat this. Conducting another large-scale evaluation of the NDIS would provide key information about the direction of future adaptations.

Looking more broadly at the system of the NDIS – beyond just the NDIA – to explain experiences of turbulence, we can argue that potentially there is no enough adaptive capacity held by the disability sector to respond to iterative changes in rules. At present, as demonstrated in Table 1, adaptation is occurring out of central offices – radiated down to the local level who then attempt to implement rules (either correctly or incorrectly). This is consistent with the design of the scheme; rules, such as prices and what services are and are not allowed to be accessed by participants, are set centrally by a scheme actuary who reports to the NDIA Board of Governance (Walsh & Johnson, 2013); the Quality and Safeguards Commission, the other main oversight body in the scheme, reports to the Commonwealth Government.

While arguments between centralisation/decentralisation governance frameworks persist in social policy debates (Boettke et al., 2011), arguably, there are both strengths and limitations of both approaches, emphasising the need for balance. While it is not necessary for the NDIS to become wholly decentralised, bringing in some of the principles of decentralised or polycentric adaptive governance could help to balance the current state of centralised adaptive approaches. For example, decentralising communication may enable more timely and smooth translation of policy changes (such as price changes) both to organisations, but also when these changes are causing problems. With more decentralised authority, local NDIA offices would be better able to respond to challenges experienced by providers (i.e. is a price change helpful or hurting the market, are delays putting an organisation at risk of closing) in a more timely manner, thereby supporting the overall functioning of the system.

This type of decentralised approach is supported by Ostrom's theory of polycentric governance that points to a need for local officials who have the power and autonomy to act in response to local market conditions (Ostrom, 2010a). She found that many local entities rarely undertake the same management practices across jurisdictions (e.g. police units) and, moreover, this actually tends to be more efficient and effective than a single authoritative approach (Ostrom, 2010b). Ostrom's findings and others in support of decentralised approaches suggest structures of governance and adaptation that allow problem-solving authority at all levels. As argued elsewhere, more flexibility needs to be built in at the local level with the Scheme (Carey et al., 2019). This is also consistent with work on joined-up government, which notes the need for top-down and bottom-up flexibility and engagement (Carey & Crammond, 2015), whereby those charged with implementing a policy

at the service delivery level are engaged in the design or reforms. Work in joined-up government (Carey & Crammond, 2015) has consistently shown that top-down reforms, without efforts to connect locally, are characterised by persistent issues of distrust and, often, failure. Quotes from providers in this paper illustrate that a culture of distrust is growing in the sector, which, joined-up government research suggests, places the reform as a whole at risk.

5 | CONCLUSION

The NDIS provides an important example of the need to balance stability and change in policy implementation regarding social services. On the one hand, continual improvement of the NDIS is essential for the maintenance of the disability care system. However, without the right communication and governance structures, changes to rules and policies aimed at improving the scheme for disability care providers and citizens can result in an experience of turbulence and confusion for those engaging with it. Experiences of the NDIS suggest that attention must be given to supporting iterative policy change across 'the system' or different levels of government, rather than attempting to solely drive change from the centre. The conclusions from this research suggest that, while a continued process of improvement is important for care systems, this ought to be supported by training in communication and the dissemination of responsibility from a 'top-down' approach to a shared responsibility.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available for reasons of privacy or ethical restrictions.

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