Article

Administration & Society
2020, Vol. 52(9) 1362–1381

DOI: 10.1177/0095399720908666
journals.sagepub.com/home/aas

Burdensome Administration and Its Risks: Competing Logics in Policy Implementation

Gemma Carey[1], Helen Dickinson[1], Eleanor Malbon[2], Megan Weier[2], and Gordon Duff[3]

Abstract

Australia is currently undergoing significant social policy reform under the introduction of a personalized scheme for disability services: the National Disability Insurance Scheme (NDIS). This article explores the growing administrative burdens placed on disability providers operating under the new scheme, using an Australia-wide survey of the disability sector. The 2018 National Disability Services survey of the disability sector reveals that administrative burden is the most commented on challenge for providers. Moreover, providers linked this burden to questions concerning their financial sustainability and ability to continue to offer services within the NDIS. In this article, we explore the sources of these administrative burdens and their relationships with the institutional logics at play in the NDIS. In addition to documenting the impact of system change on the Australian disability service sector, this article raises questions regarding institutional hybridity within personalization schemes more broadly and whether they are a source of tension, innovation, or both.

[1]UNSW Canberra, Australian Capital Territory, Australia
[2]UNSW Sydney, Australia
[3]National Disability Services, Sydney, New South Wales, Australia

Corresponding Author:
Gemma Carey, Centre for Social Impact, University of New South Wales, Sydney, Australia.
Email: Gemma.carey@unsw.edu.au

Keywords
personalization, institutional logics, hybridity

Introduction

In many industrialized welfare states, disability policy is increasingly being reformed around a personalization agenda (Dickinson, 2017; Needham & Glasby, 2014). Personalization 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). However, the personalization approach also involves both the creation of new transaction costs and the devolution of administrative burdens outside of government to the individual budget holder or service provider, such as budget management and responsibility for decision-making (Gadsby, 2013). In this article, we focus on the transference of administrative burden to service providers in Australian National Disability Insurance Scheme (NDIS), one of the newest and most ambitious personalization reforms internationally (Carey, Malbon, et al., 2018).

The vision of the NDIS is to shift and expand from a block-funded state-based service approach, to a federally run "personalization" approach. Here, individuals are given budgets from which they purchase services from a disability market that meets their needs (Australian Productivity Commission, 2011). The NDIS is being implemented over a period of 5 years and this rapid implementation has raised concerns among policymakers, disability sector providers, and representatives regarding the sustainability of the scheme (National Disability Services [NDS], 2016, 2017; NDS & NDIS, 2017), that is, whether providers can remain profitable and open during the transition to the NDIS, and even after the NDIS is fully implemented.

In this article, we draw on the most comprehensive data set available on provider experience under the new scheme—the Annual Market Survey by the disability sector's peak body NDS. The survey garnered more than 600 responses from across the country, exploring challenges facing the sector during the rollout of the NDIS. The response rate is unknown, there are around 5,000 organizations registered to provide services within the NDIS, but many of these are not actively providing services. The survey was administered through a wide range of channels with no way to determine how many active providers were reached.

The survey found that administrative burden associated with the new NDIS program is a serious and growing issue for the sector. We explore the distribution of administrative burden within the NDIS, as presented by service providers. Administrative burdens have very real consequences—shaping the effectiveness and outcomes of public programs (Herd & Moynihan, 2019). In exploring the nature of increased administrative burden under the NDIS, we argue that it reflects a tension in the underlying logic of the scheme, or a struggle over the institutional ideas that underpin the disability services system.

As identified by Malbon et al. (2018), the NDIS currently displays a tension between different institutional logics, which variously emphasize consumer-driven choice or a more paternalistic model of care. When we look at debates in personalization internationally, this finding is perhaps not surprising. The entire concept of personalization within the context of disability policy is driven by a number of competing ideas. One of these is consumer-driven concepts of policy. Here, care recipients are active consumers of state-funded services, but this does not mean that they need to be delivered by the state (Needham, 2013). This is a pro-market-type ideology of reform. However, others have argued for personalization from a stance of human rights frameworks. According to such a perspective, governments have a responsibility to "care" for citizens in need, but, to be active participants in this process, individuals should be able to tailor services according to their specific needs and goals (Glendinning et al., 2011; Needham, 2010). It has been argued that the political success of gaining commitment to personalization has been achieved precisely because it appeals to individuals and groups across the full political spectrum; for the left, it can be viewed as empowering citizen choice and meeting a wider range of needs, for the right it repositions citizens as consumers responsible for their own decisions and expands markets into the heart of welfare services (Dickinson & Glasby, 2010; Malbon et al., 2019; Needham, 2010).

In this article, we explore what happens for providers as a result of this kind of institutional plurality. We suggest that the plurality of institutional logics within the NDIS appears to be resulting in higher than anticipated levels of administrative burden, which could threaten the financial sustainability and diversity of providers within the NDIS. We question whether the high levels of administrative burdens are an emergent property of system change, or if they are being exploited by government as a cost-cutting tool to shift administrative burden out of government and onto service providers. Moreover, we explore whether a productive space can be found within these competing frames.

Prior to discussing the survey and our findings, we provide an overview of disability policy and the NDIS.

Disability Policy and the Personalization Trend

The field of disability policy has become increasingly internationalized over the last few decades. This has been buoyed by commitments such as the 2007

UN Convention on the Rights of Persons with Disabilities, which sets out a powerful desire to support people with disability to live active and meaningful lives in the context of their communities. In recent years, articulations such as this have taken hold in different nations in the form of the "personalization agenda" (Carey, Malbon, et al., 2018). The personalization agenda places emphasis on the empowered choices of individuals with disability, using various forms of individualized resourcing mechanisms to support choice and control (Dickinson, 2017). We have now seen significant experiments with the individualization of disability funding and services across Europe, North America, and now Australia (Carey, Malbon, et al., 2018; Gadsby, 2013; Purcal et al., 2014).

It is worth noting that the terminology of personalization is far from agreed on in the sense that it represents a range of different types of arrangements. As Leadbeater (2004) describes, the term personalization represents a continuum from shallow at one end to deep at the other. Shallow personalization offers the potential for modest customization of mass-produced, standardized services to partially adapt them to user need and preference. Deep personalization gives users a greater role for designing services, but this also comes with greater responsibility in designing solutions. Deeper variants of personalization come with individual freedom, but also seek to achieve citizen rights through democratic values and inclusion in society. A common feature of personalization schemes in disability services involves the devolution of budgets to individuals. This can be in the form of a direct transfer of cash held by the individual or a third party, as a notional budget that the state holds and purchases services from according to the direction of the individual or simply in the form of a voucher system (Alakeson, 2010; Glasby & Littlechild, 2009). The important idea is that the person with disability is making resource allocation decisions and not the state, albeit the precise nature of the system provides more or less room for the individual to tailor and control services.

For providers of services, who are the focus of this article, personalization also represents a radical shift. Rather than being contracted directly through block funding or other means, service providers operate within a quasi-market (Carey, Dickinson, et al., 2018). Service users "purchase" services from this marketplace. For the third sector organizations that operated in disability services previously (and make up the bulk of the Australian sector at present), this has meant major transitions in operations, forcing the sector toward business-type models (Dickinson & Glasby, 2010; Spicker, 2013). Historically, such organizations have not been required to enter into these kinds of arrangements and have not operated on large profit margins. Indeed, under block funding arrangements, any surplus generated would typically be returned to government, so unless the organization had other income streams it would not accumulate surpluses to support major investments in the types of systems and processes required of individualized funding. Moreover, personalization schemes have been characterized by administrative complexity, which is challenging for providers and users alike (Fleming et al., 2019). While launching later than its international counterparts, the Australian NDIS and providers operating within it have been met with similar challenges.

The NDIS

The NDIS was advocated for by a number of different groups on the basis that Australian disability services were underfunded, inflexible, and built around the needs of the system, rather than of the individual (Australian Productivity Commission, 2011). Traditionally, disability services have been the responsibility of state and territory governments, and different models had developed across the eight jurisdictions (Fisher et al., 2010). The NDIS promised to bring greater consistency in disability services across the country and the federal government committed to funding it to the tune of AU$22 billion per year (Australian Productivity Commission, 2011). To be eligible for the scheme, a participant must be born with or acquire a severe and permanent disability. The scheme began implementation in 2013 in eight trial sites and, as of 2016, was expanded nationwide (Carey, Malbon, et al., 2018). At full implementation, it is anticipated that it will encompass more than 450,000 participants across diverse geographical areas and disability types (Australian Government Productivity Commission, 2011).

As part of the personalization trend, a key component of the NDIS is self-directed care, based on the idea that giving the person with disability control of a budget will allow them to purchase services tailored to them and meet their specific needs (Australian Government Productivity Commission, 2011). Each participant receives a personalized budget (known as a “plan”) from which services are purchased from registered providers, forming a quasi-market (Australian Productivity Commission, 2011). Initial estimates suggested that the scheme would be cost-effective given the gains that could be made through additional investment in disability services. The Productivity Commission (2011) estimated that, for every 1% increase in productivity within disability services, scheme costs would be reduced by AU$130 million. In the original design for the scheme, it was acknowledged that the scheme would need to rely on effective planning processes and robust disability service markets. Since its launch, cost “blowout” has been a major concern (National Disability Insurance Agency [NDIA], 2017). This has led to a range of cost-cutting efforts, including reductions in care packages

(Morton, 2017a) and staffing constraints on the main implementation agency—the NDIA (Joint Standing Committee on the NDIS, 2018).

Hence, the scale and scope of change envisaged under the NDIS has resulted in a wide range of implementation challenges (Carey, Dickinson, et al., 2018; Malbon et al., 2018; Nevile et al., 2018, 2019; Olney & Dickinson, 2019). This article explores the impact on providers, with a focus on administrative burden and financial sustainability.

Method

Data for this article are drawn from NDS' (2018) annual market survey of the disability sector. NDS is the peak body for the disability sector and the survey seeks to understand the financial sustainability of the sector, future trends, and pressures. Ethics approval was obtained from the University of New South Wales [HC180636]. The survey is administered through the NDS membership list and a general callout by the organization and partners. The survey was hosted online in Qualtrics and completed by one representative member of the organization (typically the CEO or other member of senior management).

The survey covers multiple topics relevant to disability service providers: their views on the current NDIS operating environment, their organization's strategy, and organization logistics such as discussions about mergers and profit/loss margins. Quantitative survey items assess attitudes to NDIS policy and rollout using five-point Likert-type scales (*disagree strongly* to *agree strongly*, with an "I don't know" option), as well as cost of service provision estimations using a three-point Likert-type scale (e.g., *costs will not grow as fast as growth in service volumes* to *costs will grow at a rate faster than growth in service volumes*, with an "I don't know" option).

A total of 626 organizations took part in the survey, but fewer completed all items in the survey. This article presents data from the 382 text comment responses gleaned. The qualitative findings are drawn from two open-ended questions: "Do you have any comments on the operating environment of disability services?" and a "Further comments" field at the end of the survey. Descriptive frequencies of the 456 organizations that responded to items about administration and the current policy environment are presented to complement the qualitative analysis. Qualitative data collected from these open-ended questions were analyzed 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 hypothesizing about consequences and likely explanations for the appearance of certain phenomena (Strauss, 1987). Below, we report direct quotes from respondents to the survey and indicate the participant number after quotes in brackets.

Findings

Administrative burden (i.e., excessive or high levels of administrative tasks) was the most commonly raised issue within the qualitative results of the survey. This is backed by quantitative responses, whereby 73% of responding organizations disagreed or disagreed strongly that systems and processes in the NDIS are working well (9.8% agreed or agreed strongly). More specifically, more than half of all responding organizations (55.6%) said that within the NDIS there are too many unnecessary rules and regulations that their organization has to follow.

In this section, we present the results of the thematic analysis of qualitative comments pertaining to administrative burden. We identified two sources of burdens: The first relates to those necessary to function within the new marketized disability service system and the second relates to helping others (individuals, carers, families) navigate the system. We explore each of these in turn, before examining the impact on the functioning and financial sustainability of the sector.

Burdens Emerging From a Marketized System

Increased administrative burden emerging from new requirements associated with the introduction of a marketized system takes a variety of forms, from administration in dealing with the processes and requirements of government, registration and compliance, and the training of staff for the new processes of the NDIS.

Many providers commented on the fact that the NDIS is a complex system that can be difficult to navigate for providers. To some extent, we would expect a new system of this size and scope might be complex in nature and in the shift from block contracting to individually purchased plans there would be additional transactional costs involved. However, providers expressed concern at just how much additional administrative work is being generated: "Most of our work involves cumbersome administration. In fact admin work accounts for 80% of hours" (P349). Another provider explains why this situation has arisen:

> Administrative burden now enormous—transactional nature of business, requirements to have service agreements with every customer, data capture huge to provide evidence, back office increase dramatically to be able to get

> paid and manage transactional nature of scheme, quality and safeguarding has added another layer of burden and additional cost (no funding for external audit process). (P203)

As this quote demonstrates, it is not simply in terms of transactions where the administrative burden lies, but also in providing feedback to the NDIA, a lack of coordination between government agencies and registration for various quality and safeguarding processes. Organizations are also required to register to provide NDIS services and to comply with a number of standards. There are important reasons for this, but many report this places significant pressure on organizations: "The bureaucracy and systemic administrative burden (all unfunded) is a VERY significant overhead to all organisations when registering, retaining compliance to be a provider and delivering supports to NDIS participants" (P297).

These issues cause significant challenges in and of themselves, but, as a number of participants also observe, the amount of "churn" in the system—a much commented on problem with the implementation of the NDIS (Morton, 2017b; Nevile et al., 2018, 2019)—also adds to this situation: "The ever changing policy landscape makes it difficult to provide a consistent service and increases the administration costs to an unacceptable level" (P157). It is not simply a case of providers needing to learn the new NDIS system, but to continue to relearn as new systems and practices and processes are put into place. These new burdens are not perceived to be covered by NDIS prices. "The Administrative costs and additional work we are being expected to do with no additional funding is crippling us" (P131).

In response to this increased administration, some organizations are funding positions to specifically deal with these demands. In many cases, these are being paid for from financial reserves as these activities are not explicitly funded:

> The introduction of the NDIS has increased our administrative burden but we receive reduced funding to undertake that administration. The NDIA portal is cumbersome and not user friendly, as a result we have had to introduce a brand new unfunded position to deal with just the issues surrounding the portal. (P124)

Additional costs that many providers had not foreseen include travel time for senior managers to work through the implementation of the scheme:

> From a financial position, the portal issues have cost our organisation money. We are anticipating the need to increase our FTE in finance once we are fully NDIS live. This is a financial overhead that we had not budgeted for and is now

> impacting on our overall ability to work within the current pricing constraints. The other area of additional overheads incurred is the time and amount of travel that a number of our senior managers have had to undertake to move our implementation project forward. I would anticipate in the vicinity of multiple AU$10,000 plus. (P178)

Organizations indicate that they anticipate an increase in administration expenses that will outpace growth in service volumes. Of the 382 organizations that responded, half said that they expected administration expenses to outpace growth in service volume, and one in four (26.4%) said that they expected costs to keep pace with changes in service volume. However, organizational expectations varied according to organization size.[1] A lower proportion of very small organizations (income less than AU$1 million per year) indicated that they expected costs to outpace service growth, and a higher proportion of medium (less than AU$20 million) and large (more than AU$20 million) organizations indicated that they expected costs would not grow as fast as growth in service volumes ($\chi^2 = 51.83$, $p < .001$).

Burdens Emerging From the Previous System or System Changeover

A second source of administrative burden was also identified whereby service providers are investing significant time in helping participants navigate the new NDIS system. Many service providers have been supporting their clients since before the NDIS and are a known "face" to them. A high proportion of those providers that are mission driven may find their goodwill toward clients means that they pick up additional work that others are not undertaking. Consequently, many service providers feel motivated to assist clients in navigating the NDIS systems, despite there being specific NDIS-funded people in place to do this (such as Local Area Coordinators (LACs) and planners):

> The NDIS introduction has overall caused more angst for my clients than before, far outweighing the benefits of cash in their hands. This has a major effect on my relationship with them. I am taking on far more work in liaison and support coordination than I expected. Yet their budgets for my services do not reflect that, so much is unpaid. (P119)

Although the scheme may be intended to reduce pressure on carers, rather than ameliorating these pressures, they appear instead to have been shifted onto service providers: "The NDIA processes are challenging for providers and impossible for families, therefore pushing the family support role onto providers in an unfunded manner" (P218). Many providers report that, given their link with users and their families, they inevitably undertake an amount of bridging activity in terms of skilling up individuals and their families. This is particularly important when something goes wrong with the planning process or payment systems—increasing the administrative burden on providers, which is largely unfunded:

> There is too much reliance on disability organisations to do the work of the NDIA in terms of upskilling the participants, the public and their families. There is too much reliance on the goodwill of disability organisations to support participants [administratively] when things go wrong with the planning process. (P349)

One particular point that seems to have created some significant stress for providers and users alike is transitioning between plans. As the NDIS has been in a rollout phase and therefore charged with getting significant volumes of individuals onto plans, there have been delays in reviewing plans in some areas. In many cases, this has been compounded by workforce difficulties. If a plan ends before a new one can be created, this poses somewhat of a gap for individuals and providers. Providers can continue to deliver services, under the promise that they will be paid once a new plan is delivered, but it means going without payment for a period of time. Clearly, this is something that only providers of a particular size or with financial reserves can achieve. As one respondent explained,

> Insufficient funding support for essential administrative costs and duties including invoicing, risk management, attention required to review NDIS Plans which results in supports for individuals being in jeopardy during transitions between NDIS Plans. (P46)

For some individuals, providers can be the only consistent contact they have in their life and so these organizations inevitably end up picking up issues and filling any gaps that emerge at times of transition. Even where plans do exist, they may not be of high quality for a number of reasons and may therefore need to be redone or need significant work to make these relevant and useful for consumers.

It is worth noting that survey respondents expressed great frustration with the current system, suggesting that there are also psychological burdens associated with personalization markets. The frustration of providers can be seen in the quotes below regarding interacting with the NDIA:

> 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. (P562)

> The Agency could do more to develop meaningful relationships with service providers, the lack of regular interaction makes it a lot harder than it needs to be. (P81)

> There is total confusion, lack of accountability and clarity in the system. (P43)

> Things are improving slowly but no longer can the NDIA give the excuse that this is a new system. (P104)

> The lack of communication channels with NDIA staff is staggering. (P349)

The emotional labor expended in responding to and working with the NDIA poses risks to staff within the sector (Biron & Van Veldhoven, 2012). Although these seem to relate to experiences of navigating the new system and its many changes, no doubt psychological burdens existed in the previous system also.

Implications of Administrative Burdens

The implications of increased administrative burden mean that many service providers have exited that NDIS, and more are considering exiting (NDS, 2018). As Herd and Moynihan (2019) note, burdens shape the success of public programs. The different burdens identified above are creating financial pressure on providers, who identified this as a reason for withdrawing or reducing services from the NDIS market. As one provider commented, "We are struggling to remain in this sector. The administrative hours that are required to be put into every referral is not sustainable" (P238). Indeed, we have already witnessed some significant exit from this space, with the majority of local government organizations deciding that they would not register to provide services under the NDIS based on financial decisions (NDS, 2018). Similarly, another provider commented,

> Many of my colleagues have dropped out of providing services to NDIS customers because the system is administration heavy and services more complex . . . Many of us will probably drop out once our registration is up because the process of maintaining registration seems expensive and administratively heavy . . . When things are working well the system is good—payment is easy and quick. But when things go wrong it is a large, faceless organisation that is difficult to talk to (but is getting a bit better). (P230)

Overall, many providers felt that what is being implemented in terms of the NDIS sits at odds with what they had expected, as one provider commented,

> The NDIS in principal [sic] is a great thing, the reality of what we have is far from the goal we had. The Administrative costs and additional work we are being expected to do with no additional funding is crippling us. (P131)

Discussion

Herd and Moynihan's (2019) work suggests that redistribution of administrative burden is "policy making by other means" (p. 2). In this sense, administrative burden is not an accidental emergent property of the systems of government, but rather is redistributed in ways that meet political and ideological goals. Although Herd and Moynihan (2019) are primarily concerned with redistribution of administrative burden to individual citizens, this insight is informative when considered in relation to political and policy decisions regarding the resourcing and governance of the NDIS. When applied to the NDIS, we can see that efforts from many disability service providers to perform their new administrative burdens and also ensure that their clients can navigate their own new administrative burdens have put unprecedented pressure on some service providers, resulting in withdrawal from the scheme. This high level of administrative burden could be an emergent property of "system change," or a cost containment tool for government.

As noted in the background section of this article, the NDIS has been characterized by fear over cost blowout and a wide range of implementation challenges. As a result, there have been a number of political decisions which have altered the design and administration of the scheme (Carey, Kay, & Nevile, 2017; Nevile et al., 2018). For example, the NDIA was originally intended to employ around 10,000 individuals to support the planning and administrative aspects of the scheme (Whalan et al., 2014), but the federal government initially restricted the number of staff who could be employed directly to 2,500 (Nevile et al., 2019). The NDIA was originally designed with the staffing resources to better orientate and support users to the new scheme. With the cap on staff numbers, however, the burden of helping NDIS participants navigate the new NDIS system has been pushed out of government and onto providers and individuals. This interpretation raises questions about whether the administrative burdens on providers have been driven by an ideological goal of reducing government staffing costs and/or driving sector consolidation as providers are forced to merge to gain economies of scale and share back-office functions. As noted throughout the "Findings" section of this article, providers report that they are picking up unpaid and uncosted work created by the scheme—which may be exploited by government for the purposes of cost containment.

Stepping back from the experiences of providers to take a broader view of what is driving administrative burdens, it is worthwhile considering the literature on institutional change. Various streams of work into "institutionalism" have sought to understand the processes of change and stability within institutions (Béland, 2005; Mahoney & Thelen, 2009; Streeck & Thelen, 2005). At the core of this work is the notion that institutional change is rarely complete, and ultimately reforms end up characterized by different "layers" or forms of hybridity. The NDIS is no exception. Although described as a transformative policy change, in shifting from former block-funded systems to a personalization approach, various forms of hybridity have emerged (Carey, Kay, & Nevile, 2017; Nevile et al., 2019). The term hybridity is most commonly used to refer to complex organizational forms that arise across government, nongovernment, and for-profit spaces (Skelcher & Smith, 2015). In this article, we take Skelcher and Smith's (2015) definition of hybridity, where hybridity is approached as a feature of an organization or system, rather than a category, and that hybridity emerges out of a plurality of institutional logics. Broadly, institutional logics can be understood as ideas about how a system (whether an organization or something larger like a service system) should function. Institutional logics are symbolic, they are structured organizationally, and they are defended politically (Skelcher & Smith, 2015). All of which is to say, that institutional logics are not inconsequential for the experiences of those within the system.

Within the NDIS, institutional plurality and hybridity has emerged through a complex interplay of political, administrative, and governance issues (Carey, Kay, & Nevile, 2017; Nevile et al., 2018, 2019). In seeking to understand how policymakers are navigating these challenges, Malbon et al. (2018) examined narratives of accountability within the NDIS since its implementation, with an emphasis on uncovering institutional logics at play within personalization. Picking up on trends in new institutionalism, Malbon et al. (2018) highlight the ways that "ideas" are central to processes of institutional change. Here, we can think about the disability care system as an institution—with different, and contested, ideas about how it should work.

Building on the work of Mol (2008), through a series of "accountability dilemmas," Malbon et al. (2018) found that the NDIS is characterized by *both* a human rights logic and a consumer rights logic. As previously noted, a human rights logic is embedded in notions of citizen empowerment; through choice, citizens are empowered to create better lives by gaining access to services that meet their needs. A consumer rights logic positions citizens as consumers, who are responsible for their own decisions and outcomes through engagement with the market (Dickinson & Glasby, 2010; Needham, 2010, 2013). This institutional logic repositions providers, shifting them from contracts with government to operating within a market whereby they compete for clients. However, as a quasi-market, they also continue to have responsibilities in terms of accountability to government and compliance with government rules and regulations, which stem from more traditional notions of government responsibility and the role of the welfare state.

The plurality of institutional logics identified by Malbon et al. (2018) can be seen in provider descriptions of administrative burden. Throughout the "Findings" section, providers explain that accountability to government is playing out through complex administrative processes around registration, receiving payments, communication with the NDIA, and so forth. Administrative processes for quality and safety assurance are essential for the NDIS, ensuring that government and providers are ensuring safe service practice, but the costs of this compliance are not adequately reflected in service prices. This has been necessarily compounded as the new NDIS regulatory body—the Quality and Safeguards Commission—rolls out (Carey & Malbon, 2018). The Quality and Safeguards Commission is bringing with it further important administrative processes regarding compliance, oversight, and financial reporting (Commonwealth Department of Social Services, 2015, 2017). At present, in the context of the NDIS, the institutional logic consumerism and markets have generated new administration burdens through the way in which the scheme is designed and being implemented.

However, as new institutionalism would suggest, these new ideas have not displaced previous institutional logics which underpinned the former disability system (Malbon et al., 2018). Malbon et al. (2018) argue that processes of path dependency have meant that the previous ideas about how governments, and service providers, must "care" for citizens have actually been quite dominant during implementation. Here, path dependency refers to state of stability or rigidity within an institution or a system that is difficult to shift, often because resources and other forms of capital have been devoted to it (Cairney, 2016). Although they document this at the level of policymakers, the results presented in this article show that this is still common among providers. We can see this in provider decisions to place time and resources into assisting individuals and families to navigate the new NDIS system, beyond what the NDIS pays them for. Internationally, this is a trend that has been noted in regards to austerity movements (though austerity has not been a prominent feature of Australian social policy, as it has in countries such as the United Kingdom; Cepiku et al., 2016; Jones et al., 2016; Power & Bartlett, 2019).

Hence, at present, the continued presence of plural institutional logics within the scheme appears to be creating significant administrative burdens for providers. The survey results show that a number of providers remain unsure as to whether they will be able to continue to deliver services via the NDIS. This leaves open the possibility for the emergence of market failure—or what has been termed thin markets in the context of the NDIS (Carey, Malbon, et al., 2017). Although this has been raised as an issue within specific geographical areas (e.g., rural and remote; Carey, Malbon, et al., 2017), the findings in this article suggest that concerns over thin markets could be far more widespread. The level of administrative burden could mean that those providers who deliver greater volumes of service might encounter these issues even more acutely and we could see real loss of service availability within urban and inner-city areas. Moreover, provider responses suggest that smaller organizations are more vulnerable in these times of transition than their larger counterparts. This situation is problematic in a context where evidence suggests that provider size is important in terms of the quality of care delivered in human services. Needham et al. (2015) argue that micro-enterprises (organizations with five or fewer employees) have been demonstrated to provide better quality services than some larger organizations. Furthermore, their size means that they can operate more nimbly and without some of the same overheads of larger organizations.

The unexpected and unfunded administrative burdens falling on the disability sector are likely to prove problematic for the NDIS. Organizations will be forced to either withdraw from the scheme due to financial pressures or abandon the additional, unfunded work that may place more burden on remaining providers, or on families who are left with nowhere to turn if this administrative burden is not picked up by government or advocacy organizations. It is worth noting that growth in administrative burdens has been a feature of personalization schemes internationally (Fleming et al., 2019). Generally, these have been attributed to the design of overly complex systems that have emerged naturally out of poor design and could therefore be corrected through redesign (Fleming et al., 2019). However, there may be deeper drivers worth investigating. For example, new institutionalism suggests that these burdens could be arising out of the hybrid logics at play within the personalization, which does not exclude Herd and Moynihan's (2019) argument that administrative burden can be policymaking by other means. Here, governments may be exploiting institutional hybridity for the purposes of cost containment.

Although our research has shown that there are certainly risks arising from the plurality of institutional logics at play with the NDIS, Skelcher and Smith's (2015) work suggests that there could also be potential gains. Plural or hybrid logics can be a source of innovation. For example, organizations can take identity and meaning from different logics available to them, but reinterpret these and ultimately reshape them within specific organizational contexts. In other words, the existence of powerful normative logics does not deny opportunities for agency and organizational creativity. Some of these innovations may prove more effective—in terms of both surviving within a personalized market and providing benefits for service users—than others.

Conclusion

This article has explored service provider perceptions of Australia's NDIS. This important new scheme promises to transform this country's disability services into those that are fit for the contemporary era and that should address some of the profound challenges and inequities that have beset this field. Our research identifies growing administrative burdens from the sector emerging with two sources: the rollout of new administrative systems associated with marketization and the preexisting administrative burdens pertaining to the position and role of providers within the previous system. We have placed these burdens in the context of institutional logics at play within the scheme.

Although the presence of plural logics can offer a source of innovation, through the agency of individuals and organizations to draw on them in different and creative ways, we found that at present they are often resulting in unproductive tensions for the service sector.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iDs

Gemma Carey https://orcid.org/0000-0001-7698-9044

Helen Dickinson https://orcid.org/0000-0003-3852-8815

Gordon Duff https://orcid.org/0000-0003-1897-9643

Note

1. Organization size was classified by annual income: very small (less than AU$1 million); small (less than AU$5 million); medium (less than AU$20 million); and large (more than AU$20 million).

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Author Biographies

Gemma Carey is an associate professor and a Research Director at the Centre for Social Impact, University of New South Wales.

Helen Dickinson is a professor and the Director of the Public Sector Research Group at the University of New South Wales.

Eleanor Malbon is a Research Fellow at the Centre for Social Impact, University of New South Wales.

Megan Weier is a Research Fellow at the Centre for Social Impact, University of New South Wales.

Gordon Duff is an Independent Advisor, National Disability Research Partnership, with Melbourne Disability, Melbourne University.