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Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

Submitted via email: ndis.sen@aph.gov.au on 8 March 2018

Dear Committee members,

Thank you for the opportunity to comment on the market readiness of provision of services under the NDIS.

The Future Social Service Institute (FSSI) is a collaboration between the Victorian Council of Social Service and RMIT University. FSSI draws together practitioners, service users, academics, advocacy groups and policy-makers to co-design and co-deliver education, training and research to foster sustainable, long term growth in the social service sector.

Working at the interface between these different constituencies, FSSI has a unique perspective on workforce issues in the social service sector. Our submission focuses on the development of the disability workforce to support the emerging market and highlights the urgent need for new, innovative approaches to education and training to rapidly grow the disability workforce in line with ever increasing demand for services and supports. Our submission also highlights shortcomings in the NDIS funding model that are forestalling attempts to build and sustain a suitably qualified workforce.

A copy of the Institute's submission is included at *Attachment 1*.

Kind regards,

Professor David Hayward
Director
Future Social Service Institute

Attachment 1

Future Social Service Institute Submission to Joint Standing Committee on National Disability Insurance Scheme – Market Readiness

About the Future Social Service Institute

The Future Social Service Institute (FSSI) welcomes the opportunity to provide input to this inquiry.

FSSI supports the not-for-profit social service workforce to be service-delivery leaders at a time of major growth and disruption. We hold a vision of a strong Victoria supported by a responsive and innovative social sector, and co-produce leading training, education, information and research to support a highly skilled paid and unpaid social sector workforce.

FSSI is a collaboration between the Victorian Council of Social Service and RMIT University, supported by the Victorian Government.

Recommendations

To help to ensure market readiness for the full implementation of the NDIS, specifically the development of the disability workforce to support the emerging market, the Future Social Service Institute recommends:

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|---------------------------|--|
| Recommendation #1: | Greater investment in developing new types of integrated qualifications that combine practical vocational skills with higher education knowledge and are co-designed by education providers and the disability sector. |
| Recommendation #2: | More support for a diverse range of people to pursue careers in the disability sector through scholarship programs for individuals and grants programs for organisations . |
| Recommendation #3: | Increasing pay rates for disability care workers to attract and retain a high quality disability workforce to support the full implementation of the NDIS. |
| Recommendation #4: | Dedicated funding for supervision activities to support and maintain an effective workforce and reduce the risk of 'burn-out'. |
| Recommendation #5: | Refine funding and pricing models to ensure prices reflect costs; and to enable service providers to employ and properly supervise disability support workers, and provide their workers with opportunities to further develop and upskill. |

Introduction

The introduction of the National Disability Insurance Scheme (NDIS) has been aptly described as the biggest social reform in Australia since the introduction of Medicare.

Despite significant issues observed during the NDIS' trial and implementation, its philosophy and promise to provide participants with greater choice and control over the services and support they access is broadly supported by people with disability, disability advocates and social service practitioners.

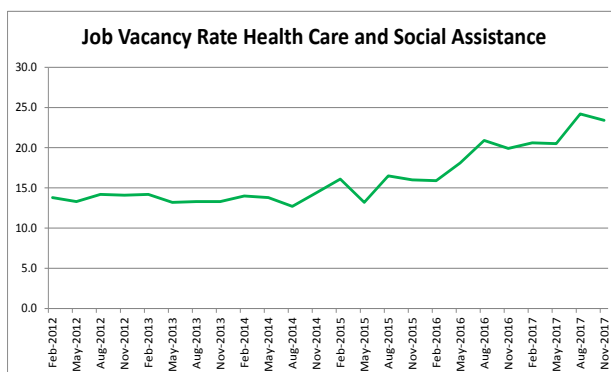
The NDIS rollout, combined with Australia's rapidly aging population and a commitment to tackling complex societal issues, such as family violence, is driving an ever increasing demand for support and services. This in turn is fuelling unprecedented growth in Australia's largest sector, Health Care and Social Assistance.

The opportunities the NDIS presents for participants, its workforce and the broader community are considerable, but so are the challenges. One of the most pressing challenges is growing the disability workforce rapidly enough to meet the ever increasing demand for high-quality services.

Demand is outstripping supply

The pace of implementation has been slower than planned and there have been calls to extend the ambitious rollout schedule.¹ Despite the apparent slippage in timelines, there are signs that the development of the disability workforce to support the emerging market is not progressing at the required rate.

Australia's disability workforce is growing. The Australian Disability Workforce Report released in February, noted that "the Australian workforce as a whole increased by about 1.6% per year, but the workforce in the broader social assistance / personal assistance / residential care sectors grew much more strongly, by 9.5% per year".² Despite this growth, workforce shortages are a major issue, which is hardly surprising given the scale of growth necessary. It has been estimated an additional



60,000-90,000 workers (FTE) will be needed across Australia by mid-2019. Taking into account employee type (Full-time, Part-time and Casual) this translates to between 117,180 and 175,770 *additional* workers required to support the NDIS rollout.³

As the number of jobs continues to grow, so too does the job vacancy rate. As shown in this chart, the job vacancy rate in Health Care

¹ [Productivity Commission - Report on Inquiry into NDIS Costs](#), October 2017.

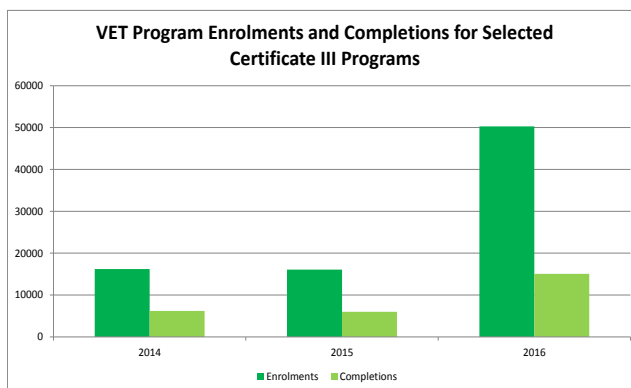
² NDS [Australian Disability Workforce Report February 2018](#), page 14.

³ Based on Productivity Commission estimates – [Productivity Commission - Report on Inquiry into NDIS Costs](#), page 223 – and [Workplace Gender Equality Agency data on employee type](#) for "Other Social Assistance".

and Social Assistance has been climbing since 2015, increasing from an average of 15,500 vacancies in 2015, to an average of 22,200 vacancies in 2017.⁴

The leaky pipeline

There is growing interest in qualifications that lead to entry-level qualifications in disability support. However the completion rates for these qualifications are unlikely to be able to support the enormous level of growth required to implement the NDIS.



As shown in this chart, despite increasing enrolments in Certificate III programs related to disability support in Australia, the number of students completing their courses remains low.⁵ To give a specific example, in 2016 there were 35,179 students enrolled in the Certificate III in Individual Support, but only 10,511 students completed.⁶

While completion rates in vocational education in Australia in general are “notoriously low”⁷, to build the disability workforce to a size able to support growing demand, we need to better understand why people commence but do not complete entry-level qualifications, so we can support them to finish their training and build successful careers in the disability service sector.

It is important to note that in addition to the thousands of personal care workers who are needed to provide services and supports to NDIS participants, there is also an urgent need for training for existing workers and leaders within the growing disability workforce. As the disability workforce expands, the management and leadership capability of that workforce must also be further developed. Ongoing training will be an important enabler supporting the workforce to successfully transition to the market based system and will be a crucial element of any State or Federal registration and accreditation system for the disability workforce.⁸

The next section outlines factors that may contribute to low completion rates of vocational education programs. Although this analysis focuses on students undertaking entry-level qualifications, many of the issues and barriers identified also impact on people already in the disability workforce who are seeking to undertake further study.

⁴ [ABS - 6354.0 - Job Vacancies, Australia, Nov 2017](#)

⁵ NCVER national data on “Total Program Enrolments” and “Total Program Completions” for the following programs: CHC30108 Certificate III in Community Services Work; CHC 30112 Certificate III in Community Services Work; CHC 30408 Certificate III in Disability; CHC30802 Certificate III in Community Services Work; CHC32015 Certificate III in Community Services; CHC33015 Certificate III in Individual Support.

⁶ NCVER national data on “Total Program Enrolments” and “Total Program Completions” for CHC33015 Certificate III in Individual Support.

⁷ Fieger, P. (2015) Determinants of course completions in vocational education and training: evidence from Australia in *Empirical Research in Vocational Education and Training* 7:14.

⁸ VCOSS [A high quality disability workforce: VCOSS submission to registration and accreditation consultation paper](#), October 2017.

Key drivers of non-completion

There are several reasons why students do not complete a training program. As shown in the diagram below, these may include ecosystem level factors related to the program's overall design, factors related to the training provider, including curriculum design, program delivery and student experience, as well as personal circumstances of individual students.



Some authors have noted that non-completion in the VET sector may indicate "students have achieved the[ir] specific training goal".⁹ While it is certainly true that students may acquire specific skills and then choose to discontinue the program, the sheer number of students that do not complete entry-level qualifications in disability support is cause for further thought.

⁹ Fieger, P. (2015) Determinants of course completions in vocational education and training: evidence from Australia in *Empirical Research in Vocational Education and Training* 7:14

Much of the literature around student attrition focuses on personal circumstances and institutional factors, however FSSI maintains that a range of factors within the education and training ecosystem contribute in major – although not always easily quantifiable – ways to the rate of non-completions. These ecosystem-level factors, along with factors associated with training providers and the circumstances of individual students, are described briefly below.



The competency approach

At an ecosystem level, training packages are not suited to the complex and rapidly changing area of disability support and to the social service sector in general. Training packages, which have come under greater scrutiny in recent years,¹⁰ were initially developed for trades – such as carpentry and plumbing – and are framed around a set of closed questions about whether or not a specific competency has been demonstrated, for example “construct wall frames”.

While this is useful in many contexts, the competency approach does not translate well in areas such as social care, where there is often not a single “right” answer to a problem. Frequently in social care, practitioners need to apply sophisticated analytical and reasoning skills to identify solutions to complex problems, such as dealing with someone exhibiting ‘challenging behaviours’, such as verbal or physical aggression, or actions that result in self-harm.

As noted by VCOSS “[t]here is widespread concern about the quality and suitability of existing disability course content”.¹¹ Making changes to training packages can take over two years, which is inhibiting capacity for innovation and potentially contributing to a poor student experience.



Study silos

It is possible within the training package model to import units of competency from other packages, however opportunities to share and scale program architecture are often unrealised and “there is evidence of duplication”.¹² This leads to training silos that treat disability support and other parts of the social service sector as discrete, standalone professions, foregoing opportunities to provide students a solid foundation in aspects of Consumer Directed Care and transferrable skills, along with opportunities to develop more in-depth, specialised knowledge in specific fields like disability support. With acute workforce shortages across the fields of disability care, aged care and family violence, a system that limits or inhibits mobility within and between these fields is not only ill-advised it is also risky.

¹⁰ See for example Wheelahan cited in [Ross, 2017](#)

¹¹ VCOSS [A high quality disability workforce: VCOSS submission to registration and accreditation consultation paper](#), October 2017, page 15.

¹² [TAFE Directors Association](#), 2015, p. 4



Fees and funding

The funding arrangements of the vocational education system are also possibly contributing to high rates of non-completion. VET expenditure has “declined dramatically” since 2005-2006¹³ putting pressure on the sector to deliver high quality outcomes with fewer resources. The disastrous VET FEE-HELP loans scheme has seriously damaged the reputation of the VET sector with “high incompleteness rates, high student debt, bankruptcy of colleges and predatory behaviour by RTOs to enrol students and obtain funding”.¹⁴ Funding pressures created by declining public funding and marketisation failure have direct and indirect impacts on vocational education students who – unlike many higher education students – are frequently required to pay their fees up-front at rates that are not necessarily reflective of the quality of the program.



Course quality

Working with training packages that are not fit-for-purpose and that can be “large, repetitive and complex documents which are difficult to interpret and use”,¹⁵ institutions design curriculum and assessment that may not be high quality and engaging. As noted by VCOSS in its response to the Victorian Government’s consultation paper on the Victorian disability workforce registration and accreditation scheme, the quality of disability qualifications “varies substantially and there is a lack of trust in the quality of courses”.¹⁶ At an institutional level, poorly designed curriculum and poor quality teaching can be major factors influencing students’ decisions not to continue and complete their program.¹⁷



Accessing campuses

Access to adequate infrastructure – including an absence of effective industry linkages – directly affects students. In some cases access may be sufficiently poor to prompt a student to discontinue their program. Access to infrastructure to support learning can be especially difficult for students living in rural and regional areas, who often “face considerable distances to access[ing] education and training facilities” which is further exacerbated by “limited public transport options”.¹⁸

¹³ [Mitchell Institute](#), 2017, p. 4-5

¹⁴ Braithwaite, V. [Social Service Futures: Marketization and regulation of vocational education and training](#), in The Power to Persuade Blog, 23 May 2016.

¹⁵ [TAFE Directors Association](#), 11.

¹⁶ VCOSS, [A high quality disability workforce: VCOSS submission to registration and accreditation consultation paper](#), October 2017, page 9.

¹⁷ It is hard to quantify how many students do not continue their study due to poor quality training. Student surveys such as those administered by Victoria’s Higher Education and Skills group only capture responses from students who completed their course.

¹⁸ VCOSS, [A high quality disability workforce: VCOSS submission to registration and accreditation consultation paper](#), October 2017, page 16.



Accessing support

Many students, particularly students from disadvantaged backgrounds, need various forms of additional support throughout their studies – for example support with study skills, assessment adjustments and counselling.¹⁹ Being unable to access these types of support may affect their ability to stay engaged in their program. Research and evaluation of the students who undertook FSSI's Certificate III in Individual Support in 2017 highlighted that students facing disadvantage are more likely to succeed if they are given financial aid and personalised support throughout their studies.



Study barriers

Many people, particularly people experiencing disadvantage, face significant barriers to participating in education and training. As outlined in the joint report by Youth Action, Uniting and Mission Australia on barriers to vocational education for disadvantaged young people, accessibility issues can be observed at an ecosystem level, training provider level and individual level.

At an ecosystem level “the complex overlapping responsibilities between the Australian Government” and state and territory governments limit the potential for “a coherent VET policy”²⁰ and students often have difficulty understanding and successfully navigating complex funding rules and service systems.

Training providers do not always provide clear and complete information, and the market-based approach can and does exacerbate accessibility issues with offerings skewed to profitable programs.²¹

At an individual level, “young people may experience a multitude of intersecting challenges when accessing or completing VET courses, including financial constraints, socio-economic factors, geographical remoteness and limited literacy and numeracy skills”.²²

¹⁹ Youth Action - Uniting - Mission Australia [Vocational Education and Training in NSW: Report into access and outcomes for young people experiencing disadvantage - Joint report](#), February 2018

²⁰ Youth Action - Uniting - Mission Australia [Vocational Education and Training in NSW: Report into access and outcomes for young people experiencing disadvantage - Joint report](#), February 2018, page 17.

²¹ Youth Action - Uniting - Mission Australia [Vocational Education and Training in NSW: Report into access and outcomes for young people experiencing disadvantage - Joint report](#), February 2018, page 17.

²² Youth Action - Uniting - Mission Australia [Vocational Education and Training in NSW: Report into access and outcomes for young people experiencing disadvantage - Joint report](#), February 2018, page 4.



Caring responsibilities

Nearly 2.7 million Australians provide informal care to people with disability and people aged over 65.²³ Caring responsibilities have an affect participation in paid work and income²⁴ and also participation in training and further education. Recent research undertaken by Carers Australia found that despite legal provisions to prevent discrimination against carers, universities and other tertiary education providers provide “very little formal support...for students who have a caring role”.²⁵ Carers Australia observed that “[w]ithout institution-based support, carers are pushed towards disengagement from their studies or drop out of their courses altogether”.²⁶

It is reasonable to surmise that difficulty balancing caring responsibilities with study and lack of support results in some student carers being unable to complete their program.



Juggling work and study

A large and growing number of students are juggling employment and study. Recent research by the Menzies Health Institute Queensland found “more Australian [tertiary] students are working in part-time jobs than ever before”.²⁷ For many students, particularly students with dependents or other caring responsibilities, the costs of study are prohibitive – both in terms of the tuition fees outlined above and foregone earnings through time spent studying instead of working – and it becomes difficult or impossible for them to complete their program.

For prospective students working in low paying industries – including people already working in disability care – the costs of study are substantial and in the absence of clearly defined standards for professional disability workers,²⁸ there is no guarantee these costs will be recovered through increased earnings.

The position of these prospective students was encapsulated by VCOSS members in the following comment: “comparatively low pay within the disability sector makes it difficult for workers to justify the time and cost to gain formal qualifications”.²⁹

²³ [2015 Survey of Disability, Ageing and Carers \(SDAC\) – Results for Carers](#)

²⁴ See ABS [Survey of Disability and Carers 2015](#); Carers Australia [All about Carers](#), 29 January 2018, page 8;

²⁵ Carers Australia [Carers Australia's Submission to the Urbis Disability Education Standards 2015 Review](#), June 2015, page, 5-6.

²⁶ Carers Australia [Carers Australia's Submission to the Urbis Disability Education Standards 2015 Review](#), June 2015, page, 6.

²⁷ See [Students stressed from work/study juggle, says Griffith study](#)

²⁸ VCOSS [A high quality disability workforce: VCOSS submission to registration and accreditation consultation paper](#), October 2017, page 10.

²⁹ VCOSS [A high quality disability workforce: VCOSS submission to registration and accreditation consultation paper](#), October 2017, page 19.

Managing health issues



Many students are dealing with health issues, including growing numbers of students with mental health issues.³⁰ Mission Australia's Youth Survey 2012-2016 found around a third of young people with no probable serious mental illness were "very" or "extremely" concerned about school or study problems. This figure rose to nearly 60% for respondents with a probable serious mental illness.³¹ Health issues can have a major impact on students' ability to undertake and successfully complete their program.



Learning barriers

Finally, for many students, perceived or actual shortcomings in terms of academic ability as well as poor language, literacy and numeracy can create significant barriers to pursuing post-school training and education and to progression and completion of those programs.³²

There are a range of compelling and intersecting factors inhibiting students' ability to complete their programs and become part of Australia's disability care workforce. These need to be understood and addressed, urgently. More research and evaluation must be undertaken to understand why students are unable to continue their training and to identify the types of supports that can assist students to complete their program.

Issues with workforce pay and conditions

The limitations of the NDIS funding model have been explored at length.³³ Feedback from providers and participants indicates prices often do not reflect actual costs and many critical activities are not funded under the NDIS.³⁴ These activities include supervision, assertive outreach, advocacy, redesigning processes, implementing new management systems and managing the significant cultural change involved in the transition to the NDIS.³⁵ The application of a single funding rate to all participants, including complex cases, is also problematic.

Flaws in the NDIS funding model are compromising the outcomes for participants³⁶ and are also inhibiting the development of a high-quality disability workforce. Caring for others is hard work – physically, mentally and emotionally – however this work is chronically undervalued³⁷ and "social

³⁰ See Mission Australia [Youth Mental Health Report: Youth Survey 2012-2016](#), See also [Venness, B. The Wicked Problem of University Student Mental Health, January 2016](#)

³¹ See Mission Australia [Youth Mental Health Report: Youth Survey 2012-2016](#), page 17-18

³² [Mission Australia Youth Survey Report – 2017](#)

³³ See for example Productivity Commission, [National Disability Insurance Scheme \(NDIS\) Costs - Study Report](#), October 2017; VCOSS [Funding the NDIS in full: VCOSS submission to the Productivity Commission's review of NDIS costs](#), April 2017.

³⁴ VCOSS [Funding the NDIS in full: VCOSS submission to the Productivity Commission's review of NDIS costs](#), April 2017.

³⁵ VCOSS [Funding the NDIS in full: VCOSS submission to the Productivity Commission's review of NDIS costs](#), April 2017.

³⁶ Productivity Commission, [National Disability Insurance Scheme \(NDIS\) Costs - Study Report](#), October 2017, page 33.

³⁷ The [Fair Work Ombudsman Minimum Wage Fact Sheet \(July 2017\)](#) states that the national minimum wage is \$694.90 per 38 hour week (before tax). There are a number of awards that apply to workers in Health Care and Social Assistance including the Health Professionals and Support Services Award 2010. The [Pay Guide - Health Professionals and Support Services Award 2010](#) provides a weekly pay rate

assistance services, which includes disabilities assistance, receive on average \$9.30 less per hour than workers in other industries”.³⁸

As highlighted by VCOSS members “the NDIA pricing structures are inadequate to sustain a qualified workforce” and do “not provide adequate funding for ongoing professional development, or other costs such as supervision”.³⁹ Research indicates that “[g]ood supervision is a key element of quality service provision, but one which is poorly recognised under NDIS pricing arrangements”.⁴⁰

This funding gap must be addressed to promote greater retention rates within the disability workforce and help reduce the increasing rate of burn-out among workers observed by the community sector.

In its report on NDIS Costs, the Productivity Commission noted there is “evidence that higher rates of pay can help retain workers in disability care roles and attract new workers to the sector”.⁴¹ However in the face of the funding shortfalls mentioned above, providers are often not in a position to offer pay commensurate with the complexity of the work, or offer rates of pay that promote greater retention.⁴² Providers must also self-fund or find alternative funding sources for activities – like supervision – that enhance the conditions, experience and career development of their workers. The NDIS funding model emphasises the provision of specific services and does not adequately fund broader activities essential to ensuring high quality service delivery.⁴³

What can be done?

Much can be done to build the disability workforce to support the emerging market. Many of the factors limiting students’ ability to complete their qualifications and limiting the ability of NDIS service providers to attract and retain qualified workers can be addressed, and indeed must be addressed, if we are to expand the disability workforce in line with the demand being generated by the emerging market.

The education and training ecosystem must enable educational innovation and embrace new ways of conceptualising skills that promote greater mobility within and between industry sectors. There is an urgent need for new suites of educational programs for pre-service and post-service students including those who are experts by experience, that are industry-wide but which enable specialisations, which are flexible, portable and able to be entered and exited, permanently and temporarily. Educational silos must be replaced with fit-for-purpose education in the fastest growing labour market segment in Australia.

range of \$738 to \$1,955. It is important to bear in mind that, according to [Workplace Gender Equality Agency data](#), only 26.3% of workers employed in “Health Care and Social Assistance” work full time.

³⁸ VCOSS [A high quality disability workforce: VCOSS submission to registration and accreditation consultation paper](#), October 2017, page 19.

³⁹ VCOSS [“A high quality disability workforce: VCOSS submission to registration and accreditation consultation paper”](#) October 2017.

⁴⁰ Cortis, N., Macdonald, F., Davidson, B., and Bentham, E. (2017). [Reasonable, necessary and valued: Pricing disability services for quality support and decent jobs](#) (SPRC Report 10/17). Sydney: Social Policy Research Centre, UNSW Sydney.

⁴¹ Productivity Commission, [National Disability Insurance Scheme \(NDIS\) Costs - Study Report](#), October 2017 page 333

⁴² Cortis, N., Macdonald, F., Davidson, B., and Bentham, E. (2017). [Reasonable, necessary and valued: Pricing disability services for quality support and decent jobs](#) (SPRC Report 10/17). Sydney: Social Policy Research Centre, UNSW Sydney.

⁴³ See for example vcoSS [Funding the NDIS in full: VCOSS submission to the Productivity Commission’s review of NDIS costs](#), April 2017.

Prices must reflect actual costs and funding models must support the wide range of activities that are required to deliver high quality services.

Service providers must receive adequate funding to employ and properly supervise disability support workers and to provide their workers with opportunities to further develop and upskill.

Education and training providers must enable access to students from all backgrounds, provide them with high-quality learning and personalised support to enable them to successfully complete their qualification and transition into employment in the social service sector.

In practical terms this means supporting more Australians to become qualified, motivated and supported to work in disability care by ensuring:

- The education and training ecosystem is more streamlined and responsive to changing industry needs and enables innovation in program design and delivery through partnerships with industry;
- Training and education programs are of the highest quality and aligned to the needs of the sector;
- Training and education programs are delivered by teaching teams – including teachers, disability support practitioners and experts by experience – who are highly qualified, diverse and motivated;
- Training and education programs are supported by real and meaningful connections with industry that span program design, program delivery and industry placements;
- Students can access financial support to enable them to complete their program;
- Student can access additional personalised support throughout their program, including support to develop study skills, assessment adjustments based on their personal circumstances etc; and
- The NDIS funding model encompasses the wide range of activities required to deliver high-quality services, including fair rates of pay, ongoing support for workers and increased funding to support the management of complex cases.