



8 September 2022

Select Committee on Work and Care
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Dear Committee Secretariat,

Re: Inquiry into work and care

Thank you for the opportunity to make a submission to the inquiry into work and care. JFA Purple Orange is a social-profit organisation with a mission to create a better world for people living with disability through a range of peer-support networks and capacity building projects aimed at building capacity in community. One current project focus on issues of workforce quality and continuity, based on feedback from members of the peer network Disability Elders of All Ages. This year we have launched workshops and a community of practice for support workers to address the issues raised by the disability community. We hope that this inquiry, along with the new NDIA workforce plan and other national initiatives, will continue to alter the landscape for people living with disability and their workers.

To provide the most accurate and relevant information to this committee, we address selected points of the terms of reference. We acknowledge that while the terms of reference contains ten points in total, we will focus on points b, d, f and h in relation to paid disability support workers. This submission draws on experience of JFA Purple Orange staff who have been support workers, direct feedback from current workers, and our previous consultations with the South Australian disability community.

b) the impact of combining various types of work and care (including of children, the aged, those with disability) upon the well-being of workers, carers and those they care for

JFA Purple Orange does not currently have a policy position on the merging of disability and aged care support sectors. However, there are points that we would like taken into consideration as this discussion continues.

It is generally agreed that many of the support tasks can be transferable between aged and disability sectors. However, the feedback we have received from those who work in both sectors is that they require shifts in mindset, approach and processes, for example when moving from larger aged care facilities to individual homes or group homes. Furthermore, there are specific skill sets, knowledge and experience needed to work with

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individuals with high or complex needs in both the disability and ageing sector, where direct transferability cannot be assumed without more detailed examination of which skills are being applied how. For example, for a worker to be transferable across the two sectors, they would need to demonstrate how a support approach is nuanced by the person's life stage, and whether the support goal is capacity development, capacity maintenance, or adaptation to declining capacity. .

It is also worth noting that in many instances, because of the current pricing/allocation features of each sector, the demand for a support worker to complete numerous roles and tasks often exceeds the reality of time available to complete these tasks to a high level of standard and can result in the person being supported missing out on support other than meeting their basic needs. This will not bring strong outcomes.

Therefore, if these sectors were to be merged it would require considered restructuring to ensure authentic, outcome-focused, individualised, high-quality support to people, as well as establishing how these expectations are set out for workers and the people they support.

For this to happen, there needs to be a general recognition of the suite of skills that support workers draw on every day. Some of these specialised skills include health support, personal care support, behaviour support, in-home support, and community support. These skill should be properly accredited and acknowledged, which in turn should help ensure that people are supported by works who have a strong match with their support needs and preferences.

We hope that any merging of these sectors would streamline and strengthen processes rather than adding unnecessary complications or burdens to both the people receiving support as well as the support worker.

Recommendation 1

We recommend a considered approach to any merger, which centres on the voices of those who work within these sectors, and the people they support.

d) the adequacy of current work and care supports, systems, legislation and other relevant policies across Australian workplaces and society

Whilst there are many points that could be made on this topic, JFA Purple Orange wishes to highlight the following points for consideration:

There is a lack of consistency around support workers; their training, the way they practice, the support they receive. The NDIS worker course appears to be the only consistent requirement, and only for NDIS registered providers. The training is fairly comprehensive and a good introduction to disability support. However, it fails to explain the history of disability, the legacy of institutionalisation and existing barriers to full inclusion. It intimates, rather than specifically names, key theories such as the medical, social and human rights models, person-centred practice, supported decision-making and dignity of risk vs duty of care. Without a clear understanding of disability history and theory, support workers are unable to recognise when they are

* These attributes were chosen by support workers in May 2022, during a values workshop run by JFA Purple Orange.

perpetuating or dismantling outdated practices. We understand that the Certificate III in Individual Support is currently under review and welcome this. The changes across the sector and to best practice requires revaluation of key attributes, skills and expectations of workers.

There have been accounts of support workers with no training being hired for roles requiring high level of skill. For example, providing positive behaviour support with people with complex and challenging physical behaviours, including applying restrictive practices. In this specific example the service provider knew that the worker had no experience and said they would 'pick it up' on the job. Very rarely do we have all the skills necessary for a new role, however learning critical skills on the go opens the door to a high risk of harm, both to workers and the people they support. These risks are compounded by the rise of online platforms for hiring workers and limited opportunities for professional supervision or debriefing. We welcome the NDIA's consideration of micro credentialing in the NDIA Workforce Plan 2021-2025 as a way to recognising specific worker skills.

Recommendation 2:

We recommend and expect that any changes to curriculum or NDIS training would be undertaken with ongoing input from service users and workers, along with sector and education professionals.

There is little support for workers. Employee Assistance Programs are available and useful, however within service providers, team leaders and managers are often themselves struggling with the requirements of their roles and have little time to support the workers. There is also little chance that EAP appointments will help if the issues are workplace culture, processes or expectations that the worker has little to no control over. Support workers lack a peak body to turn to for advice on practice and support. The aforementioned rise in sole trader workers working independently provides more choice to some while reinforcing the isolation and lack of cohesion and connection for worker across Australia.

Recommendation 3:

We recommend exploring with support workers the potential value and role of a peak body, akin to Australian Primary Health Care Nurses Association and the Law Council of Australia.

f) the impact and lessons arising from the COVID-19 crisis for Australia's system of work and care;

The disability sector was largely ignored during the COVID-19 pandemic, worse during the initial few months. In contrast, the ageing sector received considerably greater consideration, communication and support. Support workers in the disability sector expressed frustration that they and the people they work with were forgotten. This understandably significantly increased fear and anxiety throughout the sector, considerably more than the general population.

The pandemic exacerbated existing issues and shone a spotlight on how fractured disability support systems already were. The staffing crisis deepened to the point where

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general managers were attending shifts to ensure there was support available. It highlighted the friction between the high demand for workers, the need for high quality support, and how difficult it is to comfortably sit with both realities.

Even prior to the pandemic, there were significant workforce issues with high turnover across the sector, resulting in minimal continuity of workers for people receiving support, as well as changing managers for support workers. The pandemic significantly worsened this. People with disability put an enormous amount of effort in selecting and training staff to their requirements, only to have them leave or be moved by service providers. Self-managed NDIS participants who hire their own staff are constantly concerned about losing a member of their team leading to a gap in their supports. Support workers receive various levels of instruction and support from supervisors, leading to inconsistent support practice and minimal opportunities for mentoring of workers.

A gap analysis of the communication and collaboration between sector and government should be undertaken as part of this process. This should include supply chain management issues and priorities, in light of the Personal Protective Equipment shortages that occurred and review of incentives such as the Aged Care Workforce Bonus Payment and a lack of similar bonuses for disability workers. This review should produce a series of recommendations for improvements for future unprecedented events (pandemics or other emergency situations) and be made publicly available.

Recommendation 4:

We recommend that a review of the processes created to support the disability sector during the pandemic be undertaken, to be better prepared for future pandemics and other larger scale emergency situations.

h) consideration of differences in experience of disabled people, workers who support them, and those who undertake informal caring roles

It is important to acknowledge that people living with disability do not all receive support and that they are not only the recipients of support. There are many people living with disability who provide informal support to others, or work in formal roles as support workers or are peer mentors. This is not often acknowledged which results in a missed opportunity to boost the disability sector workforce as well as increase the employment rate of people living with disability – therefore increasing life opportunities. The mental health sector has recognised the benefits of peer workers (employees with lived experience) for decades.

Recommendation 5:

We recommend that the disability sector recognises the significant potential of lived experience in support worker roles.

There is a large difference between levels and types of support that people require. Some individuals require 24-hour support with most aspects of life, others seek specialised support to connect with their interests and local community (to name two such roles). This variety exists also in the quality of support received. In the right circumstances support workers can help individuals, and families, make significant beneficial changes. However, it remains unfortunately common that support workers

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infringe on the human rights of people living with disability, both accidentally and intentionally. To take up economic and social roles in their community, therefore advancing their life chances, people living with disability need their support needs to be met. A lack of consistent and quality support plus poor functioning of the system reduces life opportunities, and increases the potential for poor life outcomes, harm, isolation and stagnation for individuals.

The NDS State of the Sector 2021 report found that 70% of service providers reported difficulties recruiting support workers, up from 59% in 2020. There is a complex balancing act taking place; the need to recruit support workers to fill shortages, and the need to recruit, train and retain a compassionate, respectful, competent and trustworthy* workforce. Due to this balancing act, many people receiving support are ending up with undertrained or poorly matched support workers. Turnover is high due to pay, work conditions, lack of support and being unprepared for the work, as described above.

While we understand the need to recruit 'skilled' support staff to fill shortages, it is recommended that values are explored more deeply and become the basis for recruitment above, or at least equal to, skills. The rationale behind this is that skills such as medication management, manual handling, nutrition and other frequently required skills can be taught. If a support worker has strong values of compassion, learning and respect for all people, they will put these skills into practice in a way that is already more respectful of the participant and will lead to better outcomes for everyone involved. In this way the sector can continue to recruit high numbers of workers, while feeling increasingly confident that workers are providing respectful support which aligns with their values, possibly leading to lower turnover.

Recommendation 6:

We recommend that greater emphasis is placed on worker values by providers when recruiting for support worker roles.

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We would like to thank the Committee for the opportunity to lodge this submission. We hope that this letter is useful in conveying these key points and we welcome further conversation on this inquiry.

Yours Sincerely

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