



JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME

Note: The Disability Council NSW has prepared the answers with assistance from individuals who are utilising NDIS services; support workers providing services under the NDIS; disability peak organisations; and two University of Newcastle doctorate candidates.

Questions on notice

1. What impact is the casualization of the disability workforce having from the perspective of your organisation and members?

Casualization of the workforce impacts both workers as well as people with disability. The disability workforce is the lifeblood of the NDIS and other disability services. There are so many people with disability living in the community, and residential care homes, who are so reliant on disability workers coming into their homes daily. If there is ever disruption to this, such as COVID-19, it will completely put at risk the lives of those reliant on care. The workforce needs to be categorised as essential and be given appropriate entitlements. Some of the key impacts of casualization of the disability workforces are:

- Casualization is likely to have resulted in high staff turn-over rates among support workers resulting in lack of good rapport and working relationship between client and workers. This means that the NDIS participant will need to seek another support worker at a moment's notice, increasing stress, and potentially reducing choice and control. The support worker may move on because they have obtained permanent employment, or decide for other reasons that their employment is not suitable. If permanent employment were available at competitive rates of remuneration and additional benefits, this may not occur so often.
- Casualization also means that people with disability often don't get to choose who they want as their support worker if disability workers are being allocated via an Agency.
- The process of educating a support worker about a person's individual need is time-consuming as personal preferences regarding their routine, activities and level of comfort around particular tasks need to be re-established. This, in turn, wastes the actual support time. It also takes time to build trust.
- Casualization might work for people looking for short term/fill in jobs who already work in other industries. It also means that support worker might not be fully disability aware or do not have a certificate in Disability. This cohort of casual workers may be suitable for NDIS participants who choose interests and qualities of the support worker over



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disability qualifications. It might be good to look at options of both casual, part-time and full-time options for hiring / employing / booking staff as different things suit different people.

- Parents of children with disabilities tend to have a better relationship with their early intervention provider if they are consistent and can form a relationship with the service provider. The more consistency with service providers, the better the potential for a positive practitioner-person with disabilities relationship. Casualization of the workforce reduces consistency.
- Another issue casualization of the workforce is poor client notes, contributing confusion to the support worker about any specific needs.
- The casual workforce requires an opportunity to upskill disability-related knowledge. This has been demonstrated by the popularity of the University of Newcastle (UoN) short course in disability. This short course has one of the largest enrolments of any short course offered by UoN. Enrolments in this short course are mainly disability workers.
- Another issue that casualization of the workforce may contribute to, is the overall quality of support workers available. People who are well qualified for support work may choose not to gain employment in this area, due to lack of benefits such as annual leave, superannuation contributions or sick leave. While it cannot be said that all support workers are not as well educated or competent in their work as people who are permanently employed in other fields, the quality of workers, at least anecdotally speaking, varies widely within the field of disability support work. This situation might be alleviated if permanent employment were to be made available in this field.
- Language and cultural barriers – many support workers now are from non-English speaking backgrounds. While this is good for some, and matching, for example, an Arabic speaker with an Arabic customer, someone with limited English capability can be challenging.

2. Do you think rural and remote employees can be incentivised to work in the sector long term? If so, what incentives do you think need to be offered?

Travel is one of the major costs faced by support workers working in rural areas, as well as by clients living in these areas. As a result, service providers can be reluctant to establish offices in areas outside major regional centres, both due to distance, and because there is a comparatively small client base in these areas. As mentioned, the



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casualization of the workforce has major impacts on the number and quality of support workers available. This is only exacerbated in regional and rural areas.

- Yes, there are many ways to incentivise the workforce to deliver a service in rural, regional and remote (RRR) Australia.
- Investing in skills development by providing quality professional learning opportunities that are government subsidised could be an incentive for RRR service providers. Mentoring could be achieved by having specialist urban providers receive grants for mentoring practitioners in RRR Australia. Some of the conditions of the grant could be monthly mentoring over videoconferencing and two or three in-person visits during the year to build relationships with key stakeholders.
- It is also very important to support the local communities to be the workforces. This will also ensure long-term commitment. Technology such as videoconference could be used for training.
- Another incentive could be a longer-term contract or permanent working conditions at competitive rates of remuneration, with applicable benefits such as personal leave, along with additional transport and travel subsidies for those working in rural areas.
- The workforce could also be incentivised by giving recognition.
- Incentives could include offering RRR service providers no-cost post-graduate qualifications if the RRR service provider commits to staying for a specified length of time (similar to the Teach for Australia program)
<https://www.teachforaustralia.org/>
- Travelling long distances is a problem for parents of children with disabilities, so incentivise service providers to offer a mixed method of in-person and telepractice. Perhaps provide government assistance with the cost of telepractice costs, e.g., technology and wifi.
- However, avoid incentivising service providers based on numbers. This is a perverse incentive and may cause reduced quality of service.

3. Are there any risks or issues that could arise from traineeships? How could they be mitigated?

Not all disability support workers receive formal training. Nor should there be barriers put in place to stop people entering into disability work. Traineeships can assist with providing formal training, particularly around compliance and acknowledgement of the rights of people with disability. If appropriate supervisory mechanisms are in place, traineeships might be a good way of upskilling people wishing to enter the sector for employment. Traineeships could also be a good way of identifying those entering the sector with motivations which could negatively impact on clients, such as a desire for power or the need for co-dependent relationships. To examine workers motivations; to



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overcome risks; and to ensure trainees that aren't allocated to support tasks they aren't yet adequately trained to do, mitigation strategies can be kept in place. Such as:

- Provision of highly-qualified supervisors.
- Good Human Resources system that restricts the type of client's trainees can provide a service without direct supervision.
- Job customisation to allocate tasks on the basis of skills and capabilities. For example, strip out basic/non skilled tasks from professional roles to create trainee roles.
- Mitigate risk by providing comprehensive professional learning opportunities along with mentoring for novice practitioners.

4. Does your organisation and/or your members have a view on how are interfaces between NDIS and other government services currently working?

The Council understand that the service streams still operate as silos. There is still a significant lack of integration across services. The NDIS needs to find a way to improve how it interacts with health, housing, employment etc. An NDIS participant living in the community will need access to accommodation, community health, employment or vocational/educational support.

Services should be structured so they communicate better with each other to ensure families understand the differentiation of funding.

The intersection between NDIS and Education funding is unclear to most families of children with disabilities. It is also often ambiguous to principals of schools.

There should be consistency between NDIS and state and territory Departments of Education funding policies and procedures. A child spends the majority of their day at school and the interaction between disability funding and education funding, particularly the use of therapists in school settings, required urgent national consistency. This could be achieved via consultation with peak professional bodies (e.g., Australian Physiotherapy Association, Speech Pathology Australia, etc.).

It has also been observed that children can be disadvantaged by the disagreement between the NDIA and state education departments regarding who should pay for which services and equipment. For example - children who are blind or vision impaired require equipment that they use in the classroom to be available to them at home, in order to reinforce the skills they are learning at school. Education departments typically do not



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allow children to take equipment which the department owns home with them. Assistive technology, such as screen readers, braille note takers and displays, or CCTV's are expensive, and often beyond the budgets of many families. These are costs which a family whose child does not have a disability do not incur.

In-school and outside of school provision should be aligned too. For example - behaviour support/ speech or physiotherapy could be potentially carried out at school and supported in a classroom to make learning easier for children with disability. This provision will also help schools being able to host multi-disciplinary teams of allied health professionals for multiple children. This must be seen as a partnership with parents if it is to work.

An example of a successful partnership is Hearing Australia and the early intervention programs. This relationship is generally seamless and efficacious.

5. How could workers and workplaces be better regulated under the NDIS? Do you have any thoughts about the current operation of the NDIS Quality and Safeguards Commission?

This need careful consideration so that over-regulation doesn't compromise choice and control for people with disability.

- Regulation could be placed so that people with disability gets better support from planners. Currently it is generally felt that planners or Local Area Coordinators don't have an adequate level of disability awareness to help develop meaningful plans. Similarly, Plans are generalised rather than looking at specific individual needs and what is really required.
- Audiologists and speech pathologist are self-regulated causing difficulties for people with disabilities and their families. It is much better if this process is independent and unbiased.
- More information on breaches, and trends, would give providers information they could use to improve their practices.
- A regular summary of audit findings, including a focus on what types of non-compliances were being identified, would be particularly useful to the sector. Knowledge will help improve practice.
- The NDIS Code of Conduct is a clear and sound document that guides staff and organisations on expectations about how they will work with and support NDIS participants. It has a strong education and expectation role in driving the delivery of high quality and safe supports to people with disability.
- Better preventative measures should be in place to identify and eradicate workers who have a history of emotional, physical and sexual abuse are required.



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- Providers, particularly those that are smaller (including small therapy providers) and operating in rural and regional areas, continue to report that the cost of audit causes them to refrain from registration. An analysis of this issue is warranted.

NDIS Quality and Safeguard is a very new organisation that is still setting up its frameworks and operations. The paperwork requirements and associated costs of the NDIS Quality and Safeguards Commission are resulting in many independent service providers leaving the sector. In the latest Quarterly Report (March 2020), 33% of providers were inactive. This data was collected before Covid-19. The administrative burdens are too substantial for small providers. In the hearing sector, even medium and large providers do not want to manage the NDIS. This is causing a very narrow market in hearing services which is heading towards a large service provider monopoly. Larger service providers are cannibalising smaller service providers. Reduced competitors in the market result in a lack of choice and control for parents - a key aim of the NDIS.