



JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME

Questions on notice - responses from Dr Natasha Cortis and Dr Georgia van Toorn

1. What did the survey reveal about perceptions of the quality of the NDIS for support workers compared with participants? Do perceptions seem to be improving? Do you think the Government grasps these on-the-ground perceptions?

The survey reported in *Working in New Disability Markets*¹ captured perceptions of the quality and impact of the NDIS primarily through workers' ratings of how strongly they agreed or disagreed with statements about the Scheme:

- 'Participants receive good quality services under the NDIS' (see page p38-40)
- 'The NDIS has been positive for the participants I work with' (p41-43)
- 'The NDIS has been positive for me as a worker' (p44-45)

A summary of responses is in the table below. For each statement, the proportion of respondents who agreed was relatively low (a third or less), although many workers were neutral on each measure. A relatively low proportion agreed the NDIS was positive for them as a worker (21%).

	Agree/strongly agree (%)	Neutral (%)	Disagree / strongly disagree (%)
'Participants receive good quality services under the NDIS'	27	35	38
'The NDIS has been positive for the participants I work with'	34	30	36
'The NDIS has been positive for me as a worker'	21	37	42

There is some evidence perceptions may be improving, but we recommend such conclusions be drawn cautiously. In 2017, a survey asked some similar questions of disability support workers who were working in NDIS rollout areas or with NDIS participants.² As shown in

¹ Cortis, N., & van Toorn, G. (2020). Working in new disability markets: A survey of Australia's disability workforce Sydney: Social Policy Research Centre, UNSW Sydney <http://doi.org/10.26190/5eb8b85e97714>.

² Cortis, N. (2017). Working under NDIS: insights from a survey of employees in disability services (SPRC Report 13/17). Sydney: Social Policy Research Centre, UNSW Sydney. <http://doi.org/10.4225/53/5988fd78da2bc>



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Working in New Disability Markets (Figure 5.4, page 41; Figure 5.7, page 44) a higher proportion agreed the NDIS was positive for participants in 2020 than in 2017. The proportion who agreed the Scheme was positive for them as a worker was also higher in 2020 than in 2017, and smaller proportions disagreed with the statements.

This may indicate some improvement as the NDIS has rolled out. However, it should be noted that new workers entering the industry tend to be more positive about quality and the impact of the NDIS compared with workers with longer experience in the industry. This is shown on pages 39, 42 and 45. In addition, comparison of information reported in 2017 and 2020 should be considered with caution, due to differences in the sample. An ongoing and robust research study specifically designed to track workers' experiences of the Scheme over time is needed in order to draw more definitive assessments.

We are not aware of evidence indicating government grasps on-the-ground perceptions. There is no mechanism in place, such as a robust research study or other information system that is routinely transferring knowledge from frontline workers to government. Without this it would be difficult for government to track change in the characteristics, experiences and perceptions of frontline workers in a systematic way. Developing a mechanism to ensure a routine flow of information from the frontline to government would help inform policy makers and support responsiveness of the Scheme to actual needs on the ground.

2. The report states “Unpaid work was common among full and part time workers and was considered essential for completing core service delivery tasks.” Do you think this is unique to the NDIS or are there other sectors where this is common?

Unpaid work is not unique to the NDIS. Research shows it is common in other social and community services. For example:

- A 2019 survey of aged care workers (n=985) indicated two thirds of workers (65%) agreed with the statement “We work unpaid hours to ensure older people get the support they need”.³ Unlike in *Working in New Disability Markets*, that survey did not capture estimates of the amount of unpaid work performed, nor the activities performed during unpaid hours.

³ Meagher, G., Cortis, N. Charlesworth, S., Taylor, W. (2019). Meeting the social and emotional support needs of older people using aged care services. Sydney: Macquarie University, UNSW Sydney and RMIT University. <http://doi.org/10.26190/5da7d6ab7099a>.



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- A 2017-8 study of domestic and family violence workers showed 41% were working unpaid hours each week⁴. Unpaid work was higher among CEOs and senior managers than others, but was reported by more than 3 in 10 practitioners and other frontline workers. Again, this survey did not seek to quantify the amount of unpaid work performed, or the tasks involved.
- High levels of unpaid work in community services have been documented for many years. The 2010-2012 SACS Equal Pay Case heard evidence of the way unpaid work is underpinned by funding arrangements in community services, and the undervaluation of female-dominated work.⁵ Similarly, the decision in the QLD Equal Pay Case noted high levels of unpaid and underpaid work in community services as dedicated workers sought to compensate for funding shortfalls and ensure service continuity for clients.⁶

Although unpaid work is not unique to the NDIS, it is significant in the context of the Scheme for the following reasons:

1. The amount of unpaid work performed by support workers seems large. Based on the information collected, we estimate that around 7% of total time worked each week is unpaid.
2. *Working in New Disability Markets* showed tasks performed during unpaid time include essential activities such as recording case notes, and sharing information with colleagues and supervisors. Other research has also shown high levels of unpaid work to travel between clients, support clients and complete administration.⁷ Insufficient paid time for these tasks places service quality and safety at risk.
3. Unpaid work arises from the resource model of the NDIS, and the inadequacy of pricing arrangements.⁸

⁴ Cortis, N., Blaxland, M., Breckenridge, J., valentine, k. Mahoney, N., Chung, D., Cordier, R., Chen, Y., and Green, D. (2018). *National Survey of Workers in the Domestic, Family and Sexual Violence Sectors* (SPRC Report 5/2018). Sydney: Social Policy Research Centre and Gendered Violence Research Network, UNSW Sydney. <http://doi.org/10.26190/5b5ab1c0e110f>.

⁵ Fair Work Australia, Decision, Equal Remuneration Case, 16 May 2011

<https://www.fwc.gov.au/documents/sites/remuneration/decisions/2011fwafb2700.htm>.

⁶ Commissioner Fisher (2009) Queensland Community Services and Crisis Assistance Award – State 2008 Application for New Award, (Matter A/2008/5), Queensland Industrial Relations Commission Decision. See also Meagher G; Cortis N. (2010) *The Social and Community Services Sector in NSW: Structure, Workforce and Pay Equity Issues*, NSW Department of Industrial Relations, Sydney. https://research-management.mq.edu.au/ws/portalfiles/portal/20887658/Meagher_Cortis_April2010_SACS_Industry_Profile.pdf

⁷ Macdonald, F., Bentham, E. & Malone, J. (2018). 'Wages, underpayment and unpaid work in marketised social care', *The Economic and Labour Relations Review*, 29(1): 80- 96. <https://journals.sagepub.com/doi/full/10.1177/1035304618758252>

⁸ 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. https://www.arts.unsw.edu.au/sites/default/files/documents/NDIS_Pricing_Report.pdf



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3. What impact does the ‘person-centredness’ of the NDIS have on disability workers? How could this be managed without detracting from the core principles of the scheme?

The data in *Working in New Disability Markets* indicates workers are not sufficiently supported to work with people with disability in ways that place them (rather than services) at the centre. Contrary to the person-centred ethos of the NDIS, two in five workers (40%) said they work under pressure to meet KPIs regardless of the actual needs of the people they support, and two thirds (64%) said they were worried that clients don’t get what they need from disability services.

Working in person-centred ways requires that support workers have sufficient time, appropriate skills, a degree of autonomy, supervision, and flexibility in tasks they perform so they can proactively respond to the changing needs and priorities of people they support. However, under the NDIS, flexibility has been pursued via a ‘low road’ strategy of numerical flexibility, job insecurity, and fragmentation of work time. A ‘high road’ strategy would focus on ensuring work was organised to provide workers with the skills, autonomy, time and functional flexibility needed to work in person-centred ways.

4. With recently publicised cases of neglect and abuse in the NDIS, the data presented on supervision and support is alarming. Was there any information about whether supervision is increasing or decreasing and what kind of things influenced levels of supervision?

In *Working in New Disability Markets*, many workers said they don’t receive sufficient support from a supervisor, and many (including less experienced staff) felt they had to make decisions about client care and support on their own. For example, one care worker explained:

I am expected to report to my line manager who also is responsible for 11 other team mates, our 50 clients and due to the nature of her job is often out of the office. Calls and emails are rarely answered. ... We only see teammates once a month at meetings, otherwise isolated and alone in the community in a high stress job. I feel grossly unsupported.

The information collected indicates little change in the provision of supervision to disability support workers.



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Page 68 shows similar supervisory load in 2017 and 2020. In both years, 13% of supervisors said they were supervising 12 or more staff members. In 2020, 23% of staff with supervisory responsibilities said they can't provide proper supervision because they have too many people to supervise, which is close to the figure reported in the 2017 survey (25%).

The resource model of the NDIS is a source of pressure on supervision. The NDIS Cost Model revised in 2020 has continued to assume 1 supervisor for 15 staff. This assumed supervisory span is not based on a model of good practice.

5. The report states that 45% of workers said they were aware of harm to a client in the last 12 months. Did workers indicate levels of satisfaction with resolving 'harm'? What were some of the other safety issues?

45% of workers said they were aware of a client being subject to bullying, harassment, violence, abuse or neglect in the last 12 months. The survey asked about confidence in reporting harm, which showed that those with better access to supervisors were more likely to feel confident reporting harm (see Section 11 of the report). We did not ask a structured question about satisfaction with responses to harm, but would recommend that future surveys do so.

Although it was not specifically asked, many workers left comments in the survey that indicated dissatisfaction with responses to harm in their organisations. For example:

"I have reported such things both internally and externally and nothing changes."

"Higher levels of management always appear more concerned protecting themselves & the organisations reputation than the safety & wellbeing of both residents & staff."

"Managers often ask staff to change incident reports and risk matrix."

"I did try to report bullying and negligence to NDIS but was not able to do it without being anonymous and could not risk losing my job as I have mortgage and bills to pay."

Barriers to effectively responding to harm relate to lack of follow up or inappropriate response (e.g. moving perpetrators to another site); lack of transparency in response; lack of support for staff reporting risks or harms; culture of blame or cover-up; pressures of workload, staff shortages and lack of paid time to complete reports; job insecurity; normalisation of risks.

We did not capture an exhaustive list of safety issues, however comments left by respondents in the study indicate serious issues such as physical assault, abuse, bullying, sexual harassment, and domestic violence.



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6. Are the levels of training in the NDIS workforce comparable to other industries? Did workers report the impact of a lack of training?

We do not have information to provide a systematic comparison of levels of training in the NDIS workforce compared with other industries. In *Working in New Disability Services*, many staff commented on lack of training and its impacts. Examples of comments are provided on pages 76-79.

7. How applicable is this survey to the entire NDIS workforce?

The survey is the biggest study of the NDIS workforce and provides the most detailed analysis of workers' experiences available. However, because we recruited via union networks, it over-represents workers who have benefited from union presence in their workplace. Groups likely to be under-represented include workers new to the industry, younger workers, those in smaller workplaces or working alone, self-employed workers and contractors operating in the gig economy, those working in private homes, those with very short hours, those in casual roles or with more marginal attachment to the industry. As the survey sample is skewed towards the better end of the workforce, conditions across the industry as a whole are probably worse than depicted in the report.

8. In the report's conclusion, it states 'Australia's disability service system has been predicated on the undervaluation of support work, and on under-resourcing of frontline service delivery'. How would you expect this to have been affected by COVID and the bushfires?

The impacts of COVID-19 and the 2019-20 bushfires have illuminated and exacerbated undervaluation and under-resourcing. This is evident in the lack of preparation and the slow, inadequate response to COVID-19 in disability service settings.⁹

In addition, many low-income households received increased resources to manage the impacts of COVID-19, via the coronavirus supplement paid to some income support recipients. This alleviated some pressure which would otherwise be felt in the community service systems¹⁰. However, this dynamic is not so evident in the disability service system, as

⁹ Cortis, N. and van Toorn, G. (2020). *The disability workforce and COVID-19: initial experiences of the outbreak*, Sydney: Social Policy Research Centre, UNSW Sydney. <http://doi.org/10.26190/5eb0e680cbb04>

¹⁰ Cortis, N & Blaxland, M (2020). [Australia's community sector and COVID-19: Supporting communities through the crisis](#). Sydney: ACOSS.



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recipients of disability support pension and carer payments were excluded from increased payments.

9. The Government recently announced a Participant Service Guarantee and Independent Assessments. Are you aware of these announcements? Do you see any workforce issues arising from these changes?

No comment, these issues are beyond the scope of our research.