

## Chapter 3

### Workforce readiness

3.1 This chapter examines workforce readiness, starting with an overview of current workforce shortages and needs, and the implications of these shortages for the national rollout.

3.2 The chapter then outlines recent policies and initiatives designed to grow the workforce before focusing on the barriers to grow the workforce identified by submitters. These include: employment conditions, NDIS pricing structure, training and professional development.

#### Workforce needs and shortages

##### *Disability workforce today*

3.3 The disability care and support workforce includes disability support workers that provide daily care and allied health professionals that provide specialised care.

3.4 It is difficult to profile the disability workforce because ABS labour force data is not classified in a way that allows analysis of the disability workforce.

3.5 However, despite the lack of comprehensive data, broadly it is accepted that:

- disability care workers are older than the workforce in general;
- about 80 percent of employees in the disability sector are women;
- about 60 percent of employees work part time; and
- the majority of disability care workers hold a certificate-level qualification.<sup>1</sup>

3.6 Casual and part-time work is the fastest growing type of employment in the disability sector, increasing by another three percent in the final quarter of 2017.<sup>2</sup>

3.7 According to the National Disability Services Workforce Wizard, the high casual employment in the disability sector (42 percent) is resulting in a very high rate of worker turnover.<sup>3</sup>

3.8 Anecdotal evidence suggests that staff without formal qualifications are increasingly being hired.<sup>4</sup>

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1 Productivity Commission, *National Disability Insurance Scheme (NDIS) Costs, Study Report*, October 2017, p. 321.

2 Victoria Council of Social Services, *Submission 80*, p. 19.

3 National Disability Services, *Australian Disability Workforce Report*, February 2018.

4 National Disability Services, *Submission 26*, p. 4.

*Anticipated needs*

3.9 According to the Productivity Commission, the disability workforce will need to increase by between 60 000 and 90 000 full-time equivalent employees (FTE) by 2019-20.<sup>5</sup>

3.10 In its submission to this inquiry, the NDIA estimated the need for an additional 70 000 workers by 2019-20.<sup>6</sup>

3.11 The NDIA also noted that the Productivity Commission found that the national disability workforce is currently growing at approximately 6 percent per year, but that the rollout will require workforce growth of 18 percent per year during the transition period in order to meet demand.<sup>7</sup>

3.12 The Future Social Service Institute reported that despite a workforce increase in the broader social assistance /personal assistance /residential care sectors, disability workforce shortages remain a major issue.<sup>8</sup>

3.13 The Victorian Healthcare Association noted that, based on 2016 figures, in Victoria alone the disability workforce must grow by 76 percent by 2019.<sup>9</sup>

3.14 There are disparities in workforce shortages depending on geography and professions.

*Regional challenges*

3.15 According to the Productivity Commission, the disability workforce will need to more than triple to meet demand in some regional, rural and remote areas.<sup>10</sup>

3.16 According to the NDIA, growth in total worker demand is likely to be higher in regional and remote areas than urban areas, and highest in Queensland and the Northern Territory.<sup>11</sup>

3.17 For example, in Queensland, Bundaberg, Beenleigh and Maryborough are expected to require the largest proportional increase, as the current estimated workforce is less than 40 percent of the estimated NDIS workforce.<sup>12</sup>

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5 Productivity Commission, *National Disability Insurance Scheme (NDIS) Costs, Study Report*, October 2017, p. 323.

6 NDIA, *Submission 52*, p. 10.

7 NDIA, *Submission 52*, p. 12.

8 Future Social Service Institute, *Submission 79*, p. 3.

9 Victorian Healthcare Association, *Submission 30*, p. 2.

10 Productivity Commission, *National Disability Insurance Scheme (NDIS) Costs, Study Report*, October 2017, p. 323.

11 NDIA, *Submission 52*, p. 10.

12 NDIS, *Market Position Statement Queensland*, May 2016, p. 23.

### *Shortages*

3.18 There is a critical shortage of disability support workers. According to the NDS *State of the Disability Sector Report 2017*, around 60 per cent of disability service providers had moderate to extreme difficulty recruiting disability support workers.<sup>13</sup>

3.19 In the same report, service providers also described difficulties in recruiting allied health professionals, especially psychologists, speech and occupational therapists and physiotherapists despite workers from these professions not being in shortage at a national level. The NDS report argues that this may point to a real issue in connecting the allied health workforce to the disability sector.<sup>14</sup>

3.20 Some professions are experiencing shortages at the national level. For example, a recent analysis of the Australian orthotic/prosthetic workforce indicates that no state or territory meets the recommended rates for optimal provision.<sup>15</sup>

### *Need for more information*

3.21 The NDIA Market Position Statements published in 2016 provide nominal information about workforce needs but lack detailed data.<sup>16</sup>

3.22 Some submitters reiterated the recommendation made by the Productivity Commission that the Australian Government should fund the ABS to collect policy-relevant data on the disability care workforce.<sup>17</sup>

3.23 The Victorian Government also recommended greater sharing of data and information between the NDIA, the Commonwealth Government and providers to ensure workforce development opportunities are aligned.<sup>18</sup>

### *Implications of workforce shortages*

3.24 Overwhelmingly, submitters reported significant challenges in recruiting qualified staff to meet the demand for services.<sup>19</sup>

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13 National Disability Services, *State of the disability sector report 2017*, 2017, p. 49.

14 National Disability Services, *State of the disability sector report 2017*, 2017, p. 49.

15 Australian Orthotic Prosthetic Association, *Submission 35*, p. 4.

16 See NDIA Market Position Statements available at <https://www.ndis.gov.au/market-position-statements.html> (accessed 20 August 2018)

17 See for example: Victoria Council of Social Services, *Submission 80*, p. 5; Victorian Government, *Submission 90*, p. 12.

18 Victorian Government, *Submission 90*, p. 12.

19 See for example: Catholic Social Services Australia, *Submission 11*, p. 4; Sunnyfield, *Submission 1*, p. 3; Ella Centre, *Submission 18*, p. 3; National Disability Services, *Submission 26*, p. 1; Victoria Healthcare Association, *Submission 30*, p. 2; Victorian Council of Social Service, *Submission 81*, p. 14.

3.25 Ms Maree Geraghty, a service coordinator, who has worked in the disability sector for 19 years, reported that her organisation was struggling to recruit qualified staff:

Just two weeks ago, I did some interviews for a support worker position, and 95 per cent of the people that were applying had no experience in the disability industry. So, when you're interviewing, there's just not enough people trained at the moment to actually get people qualified. We used to always ask, prior to NDIS, for minimum certificate III or willing to obtain in disability work or equivalent. Now we don't ask for that. So there are no qualifications required to get a job now.<sup>20</sup>

3.26 Based on the NDS's Annual Market survey, the outlook for 2018 suggests the supply gap will continue to widen with only 43 percent (compared with 53 percent in 2016) of disability service providers expecting to meet demand.<sup>21</sup>

3.27 The Queenslanders with Disability Network noted that 'the lack of available and qualified staff is impacting on the people's choice and control, particularly for younger participants who are seeking support staff who can help them learn new skills to achieve their goals around social and economic participation'.<sup>22</sup>

3.28 Submitters reported that the lack of available qualified staff and constant change of staff have concerning implications for participants as it impacts on the quality and continuity of care.<sup>23</sup>

3.29 Ms Deborah Anderson, who has worked in the disability sector for over ten years, told the committee:

I'm fearful that, for frontline positions, the sector is attracting unskilled, untrained workers with little to no qualifications. This puts the people that we're looking after at risk of harm.<sup>24</sup>

3.30 Mr Stewart Little from the Public Service Association of NSW reported that 'inexperienced staff have been brought into some homes, which has led to a sharp increase in the anxiety – and, some cases, violence – of the clients they are caring for'.<sup>25</sup>

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20 Ms Maree Geraghty, Member, Australian Services Union, *Committee Hansard*, 14 June 2018, p. 15.

21 National Disability Services, *State of the Disability Sector Report 2017*, 2017, p. 7.

22 Queenslanders with Disability Network, *Submission 48*, p. 9.

23 Victoria Council of Social Services, *Submission 81*, p. 5. And see also: Catholic Social Services Australia, *Submission 11*, p. 5; Dr Fiona Macdonald, Senior Research Fellow, School of Management, RMIT University, *Committee Hansard*, 14 June 2018, p. 29.

24 Ms Deborah Anderson, Member, Australian Services Union, *Committee Hansard*, 14 June 2018, p. 15.

25 Mr Stewart Little, General Secretary, Public Service Association of New South Wales; and Branch Secretary, New South Wales Branch, Community and Public Sector Union (State Public Services Federation Group), *Committee Hansard*, 14 June 2018, p. 17.

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### *Committee view*

3.31 The committee is concerned that there is no clear picture of the disability workforce. The lack of data and monitoring of trends on the disability workforce makes it difficult to develop appropriate responses and programs to address workforce shortages.

3.32 The committee agrees with the Productivity Commission's view that the ABS should regularly collect and publish information on the disability care workforce, including allied health professionals.

### **Recommendation 8**

**3.33 The committee recommends the Australian Government fund the ABS to regularly collect and publish information on the qualifications, age, hours of work and incomes of those working in disability care works, including allied health professionals.**

### **Initiatives to grow the workforce**

3.34 The Department of Social Services (DSS) has the lead role in addressing national issues relating to the disability market, sector and workforce. The DSS's role includes identifying national workforce issues and working with relevant Commonwealth programs to develop a suitable workforce pool from which providers can attract, train and retain sufficient workers with appropriate skills to meet the needs of NDIS participants.<sup>26</sup>

3.35 The NDIA and states and territories are responsible for supporting the DSS in this leadership role.<sup>27</sup> DSS coordinates this work through Market Readiness Working Groups in each jurisdiction, and nationally through the Market Oversight sub-Working Group of the Disability Reform Council Senior Officials Working Group.<sup>28</sup>

### *Australian Government initiatives*

3.36 DSS also administers sector development funding and programs, including the NDIS Sector Development Fund (SDF) from 2015 to 2018 (administered by the NDIA from 2012 to 2015), the new NDIS Jobs and Market Fund (JMF), and the Boosting the Local Care Workforce Program.<sup>29</sup>

### *Sector Development Fund*

3.37 As discussed in Chapter 1, the SDF was established to support the substantial changes required in the disability sector to realise the vision of a flourishing support market driven by the choices of people with disability.

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26 NDIA, *Submission 52*, p. 10.

27 NDIA, *Submission 52*, p. 10.

28 Answers to Question on Notice, *General issues around the implementation and performance of the NDIS*, DSS received 20 August 2018, pp. 2 to 4.

29 Answers to Question on Notice, *General issues around the implementation and performance of the NDIS*, DSS received 20 August 2018, pp. 2 to 4.

3.38 The SDF was available from 2012 to 2018 to support the transition to the NDIS environment and funded a range of projects, including some aimed at assisting with the expansion and diversification of the workforce required to meet increased demand.<sup>30</sup>

3.39 Over six years, \$105 million was provided through grants to organisations and state and territory governments.

3.40 For example, it provided \$4.9 million to the Innovative Workforce Fund (IWF) project managed by National Disability Services. The IWF aimed to encourage the development and sharing of innovative workforce practices to support rollout of the NDIS.<sup>31</sup>

3.41 In October 2016, the Victorian Government released *Keeping our Sector Strong: Victoria's Workforce plan for the NDIS*, which comprises nine workforce priorities. The Plan was supported by a \$26 million investment, which included \$4.88 million funded through the SDF.<sup>32</sup>

3.42 Some inquiry participants expressed their support for the SDF and IWF as it allows individuals and organisations to apply for grants to support the development of the disability workforce and recommended continuation of these types of programs.<sup>33</sup>

#### *Boosting the Local Care Workforce Program*

3.43 \$30 million of the SDF funding was transferred to the Boosting the Local Workforce Program in the 2017-18 budget.<sup>34</sup> The \$33 million program is aimed at developing the capacity of disability and aged care providers to operate effectively and expand their workforces, with a particular focus on boosting local job opportunities in rural, regional and outer suburban areas.<sup>35</sup>

3.44 On 15 December 2017, the Minister for Aged Care announced the appointment of a consortium led by Ernst & Young (EY), and including not-for-profit organisations and an employment service, to implement the job-creating initiative.<sup>36</sup>

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30 NDIS, *What is the Sector Development Fund?* <https://www.ndis.gov.au/SDF/whatisSDF.html> (accessed 20 August 2018)

31 NDIA, *Table of SDF projects*, <https://www.ndis.gov.au/SDF/whatisSDF.html> (accessed 20 August 2018)

32 Victorian Government, *Submission 90*, p. 12.

33 See for example: National Disability Services, *Submission 26*, p. 3; Occupational Therapy Australia, *Submission 46*, p. 4; Mental Health Australia, *Submission 75*, p. 5.

34 NDIA, *Table of SDF projects*, <https://www.ndis.gov.au/SDF/whatisSDF.html> (accessed 20 August 2018)

35 Answers to Question on Notice, *General issues around the implementation and performance of the NDIS*, DSS received 20 August 2018, pp. 2 to 4.

36 The Hon Ken Wyatt AM, Media release, *Boosting the Local Care Workforce Program to support local job creation in the National Disability Insurance Scheme*, 15 December 2017, <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2018-wyatt002.htm> (accessed 20 August 2018)

3.45 The program is deploying Regional Coordinators and Specialist (issues based) Coordinators to raise awareness of employment opportunities, produce and distribute market intelligence, and recommend strategies to address workforce challenges. In addition, eligible disability service providers will be able to apply for business transition advice and grants to help them prepare their businesses to deliver services under the NDIS.<sup>37</sup>

#### *Jobs and Market Fund*

3.46 From 1 July 2018, the Jobs and Market Fund (JMF) replaced the Sector Development Fund (SDF). \$45.6 million is available through JMF funding until 30 June 2021 for targeted projects to grow the provider market and workforce in number and capability.<sup>38</sup>

3.47 Examples of projects that may be funded under the JMF include:

- work to support the development of an e-marketplace;
- online training modules for NDIS workers;
- initiatives to support Aboriginal and Torres Strait Islander organisations to become NDIS registered providers;
- information and programs that link school leavers and VET/university students with NDIS career opportunities; and
- projects to develop new delivery models for rural and remote communities.

3.48 It is expected that the first grants round will be open to applications by the end of 2018.<sup>39</sup>

#### *Other initiatives undertaken by the Department of Social Services*

3.49 DSS is also working with other Australian, state and territory departments, the NDIA and the sector to grow the disability workforce. Activities include:

- leveraging off existing employment and training programs such as *jobactive* and *Disability Employment Services* to place jobseekers into suitable jobs;
- funding the National Aboriginal Community Health Organisation and Indigenous Allied Health Australia to deliver projects to identify issues and solutions to enable Indigenous organisations and job seekers to deliver NDIS services;

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37 Answers to Question on Notice, *General issues around the implementation and performance of the NDIS*, DSS received 20 August 2018, pp. 2 to 4.

38 Department of Social Services, *What is the NDIS Jobs and Market Fund?* <https://www.dss.gov.au/disability-and-carers/programs-services/what-is-the-ndis-jobs-and-market-fund> (accessed 17 August 2018)

39 Department of Social Services, *What is the NDIS Jobs and Market Fund?* <https://www.dss.gov.au/disability-and-carers/programs-services/what-is-the-ndis-jobs-and-market-fund> (accessed 17 August 2018)

- working with culturally and linguistically diverse (CALD) organisations to develop resources which will assist NDIS providers that serve CALD participants; and
- communication activity to support the growth of the NDIS market and workforce which was announced as part of the NDIS Jobs and Market Fund Budget measure.<sup>40</sup>

### ***Workforce Strategy***

3.50 Sunnyfield reported a lack of a national approach to workforce planning and development and called for the development of a national strategy.<sup>41</sup> Similarly, Mr Symondson, CEO of the Victorian Healthcare Association called for a national approach to workforce planning:

A recommendation that we have is that there be a comprehensive approach to workforce planning in the disability space. Each state at the moment has its own view on this, and the Commonwealth another. We would like to see a unified approach to workforce across disability services so that these issues don't happen differentially across the country.<sup>42</sup>

3.51 Some submitters also called for workforce strategies to be developed for some specific sectors.<sup>43</sup> For example, Mental Illness Fellowship of Australia (MIFA) recommended the development of a rural and remote workforce strategy to support upskilling of people living in rural and remote areas.<sup>44</sup>

3.52 VICSERV and other submitters called for the development of a national mental health workforce strategy.<sup>45</sup>

3.53 UnitingCare Australia similarly recommended the development of a coordinated cross-agency strategy:

A coordinated strategy with resourcing, developed across the Commonwealth Departments of Social Services, Jobs and Small Business, as well as the NDIA, would better enable the emergence of workable and effective employment initiatives to aid NDIS implementation in service delivery organisations.<sup>46</sup>

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40 Answers to Question on Notice, *General issues around the implementation and performance of the NDIS*, DSS received 20 August 2018, p. 3.

41 Sunnyfield, *Submission 1*, p. 3.

42 Mr Tom Symondson, CEO, Victorian Healthcare Association, *Committee Hansard*, 14 June 2018, p. 33.

43 VICSERV, *Submission 22*, p. 5.

44 Mental Illness Fellowship of Australia, *Submission 39*, p. 14.

45 VICSERV, *Submission 22*, p. 6; Mental Health Council of Tasmania, *Submission 60*, p. 6; Mental Health Australia, *Submission 75*, p. 8.

46 UnitingCare Australia, *Submission 92*, p. 6.

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### ***Committee view***

3.54 The committee acknowledges the current grant funding programs in place to grow the disability workforce in number and capability. Such programs are critical to building and growing the market. Funding priorities need to be clear to maximise outcomes. The committee is concerned that in its evaluation of the SDF, the ANAO found that there was limited evidence that the DSS adopted a strategic approach to grant-making.<sup>47</sup> The committee urges the DSS to ensure that the JMF program funds are distributed according to priorities identified through the development of an overall national disability workforce strategy.

3.55 At present, there is no clear national strategy to grow the workforce. The 2015 Integrated Market, Sector and Workforce Strategy is now outdated and lacked details for the transition. As described by the ANAO, the Strategy did not provide a clear basis for coordinated actions and did not include any commitment to specific deliverables.<sup>48</sup>

### **Recommendation 9**

**3.56 The committee recommends the DSS develop and publically release a national strategy to develop the disability workforce.**

### **Barriers to grow the workforce**

3.57 Submitters cited the changes in working conditions, the casual nature of the work, the low number of hours offered, a lack of relevant qualification pathways and professional development opportunities and pay conditions as key barriers to growing the disability workforce.<sup>49</sup>

### ***Transition to market***

3.58 The transition to market has been disruptive both for service providers and disability workers.

3.59 For example, Flinders University explained that in South Australia the workforce was not prepared for a marketised environment of allied health service provision, nor the need to change service delivery models to meet demand.<sup>50</sup>

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47 ANAO (Australian National Audit Office), *National Disability Insurance Scheme - Management of the Transition of the Disability Services Market*, Report no. 24 2016-17, Canberra, p. 34.

48 ANAO (Australian National Audit Office), *National Disability Insurance Scheme - Management of the Transition of the Disability Services Market*, Report no. 24 2016-17, Canberra, p. 32.

49 See for example: Dr Natasha Cortis, *Submission 53*, p. 5; Maurice Blackburn Lawyers, *Submission 54*, p. 4; Dr Fiona Macdonald, Senior Research Fellow, School of Management, RMIT University, *Committee Hansard*, 14 June 2018, p. 26; Flinders University, *Submission 58*, p. 1; Australian Services Union, *Submission 69*, p. 7.

50 Flinders University, *Submission 58*, p. 1.

3.60 The Australian Services Union pointed out that the traditional model of permanent employment with a single service provider is being supplanted by alternative employment models, which can result in insecure work arrangements and overall casualisation of the workforce.<sup>51</sup>

3.61 Dr Fiona Macdonald explained that the transition to market has disrupted the organisation of work and led to fragmentation of working time arrangements and highly variable and unpredictable work. These factors contribute to underemployment and low pay.<sup>52</sup>

### ***Casualisation of the workforce***

3.62 Many submitters raised the issue of the casualisation of the workforce as a major barrier to workforce growth.<sup>53</sup> For example, the Benevolent Society noted:

The promise of the sector for those looking for work is being undermined by the increasing casualisation of the workforce which is acting as a deterrent to attracting more staff.<sup>54</sup>

3.63 According to the NDS *State of the Disability Sector Report 2017*, underemployment in health care and social assistance is among the highest of any industry at nearly 11 percent.<sup>55</sup>

3.64 Scope explained that the reliability and availability of casual staff can be problematic both for disability workers who may experience under employment and service providers who may be unable to roster workers in response to customer demand or choice.<sup>56</sup>

3.65 Dr Natasha Cortis believes the casualisation of the workforce is contributing to a high staff turnover and the disruption of services.<sup>57</sup>

3.66 Similarly, Catholic Social Services Australia (CSSA) explained that the 'increasing casualisation of the disability support workforce has reduced continuity of workers and services'.<sup>58</sup>

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51 Australian Services Union, *Submission 69*, p. 7.

52 Dr Fiona Macdonald, Senior Research Fellow, School of Management, RMIT University, *Committee Hansard*, 14 June 2018, p. 26.

53 See for example: Scope, *Submission 40*, p. 6; Dr Natasha Cortis, *Submission 53*, p. 5; Maurice Blackburn Lawyers, *Submission 54*, p. 4; Victorian Aboriginal Community Controlled Health Organisation, *Submission 66*, p. 4; Australian Services Union, *Submission 69*, p. 7; Ability Options, *Submission 77*, p. 8.

54 The Benevolent Society, *Submission 87*, p. 7.

55 National Disability Services, *Submission 26*, Attachment 1, *State of the disability sector report 2017*, p. 50.

56 Scope, *Submission 40*, p. 6.

57 Dr Natasha Cortis, *Submission 53*, p. 2.

58 Catholic Social Services Australia, *Submission 11*, p. 5.

### *Pricing*

3.67 Most service providers are of the view that under the current pricing structure, it is very difficult to recruit and retain staff.<sup>59</sup> The Community and Public Sector Union (CPSU NSW) summarised the view of many in saying 'wages are inadequate to attract staff'.<sup>60</sup>

3.68 Professor Hayward from the Future Social Service Institute told the committee:

I can say that the feedback we're having uniformly is that the prices are set too low to enable workforce growth to happen in a good way.[...] At the current level of pricing there is no way you're going to be able to pay disability workers what's needed in order to make it an attractive place to stay.<sup>61</sup>

### *Competing with other sectors*

3.69 As a result, some workers are leaving the sector. For example, the Ella Centre stated that current unit pricing for direct care gives little incentive for skilled and experienced workers to stay in the sector.<sup>62</sup>

3.70 Buzza reported that because staying in the disability sector is no longer profitable, highly experienced and skilled people are leaving for adjacent sectors, including Child Protection, Aged Care, Education and Health.<sup>63</sup>

3.71 VICSERV identified 'a mass exit of qualified and experienced workers from the [mental health] sector' due to the NDIS pricing structure.<sup>64</sup>

3.72 UnitingCare Australia noted that various sectors, including aged care and health are currently competing for the same workers.<sup>65</sup>

### *Impacts on quality of care*

3.73 One of the risks of inadequate pricing identified by submitters is that the disability market may come to rely on a largely unskilled workforce.<sup>66</sup> CPSU NSW

59 See for example: MJD Foundation, *Submission 6*, p. 6; Catholic Social Services Australia, *Submission 11*, p. 4; VICSERV, *Submission 22*, p. 4; Dr Natasha Cortis, *Submission 53*, p. 5; Australian Services Union, *Submission 69*, p. 5; Victoria Council of Social Services, *Submission 80*, p. 19; Ms Linda White, Assistant National Secretary, Australian Services Union, *Committee Hansard*, 14 June 2018, p. 14.

60 Community and Public Sector Union NSW, *Submission 72*, p. 4.

61 Professor David Hayward, Director, Future Social Service Institute, *Committee Hansard*, 14 June 2018, p. 5.

62 The Ella Centre, *Submission 18*, p. 3.

63 Buzza, *Submission 37*, p. 7.

64 VICSERV, *Submission 22*, p. 4.

65 UnitingCare Australia, *Submission 92*, p. 6.

contended that 'this is already occurring and has led to a de-professionalising of the disability workforce'.<sup>67</sup>

3.74 This can have devastating consequences on the quality of care delivered to participants but also, at times, put unskilled and unsupervised workers at risk of harm.<sup>68</sup>

### ***Training and qualifications***

3.75 Professor Hayward from the Future Social Service Institute (FSSI) believes there has not been enough focus on looking at the qualifications needed in the disability workforce:

One thing that has struck me about the NDIA and the NDIS is that there has been too little attention paid to the disability workforce and the qualifications needed, and not just at the vocational level but at the higher education level.<sup>69</sup>

3.76 Submitters reported that there has been a lack of investment in TAFEs and universities to develop a qualified disability support.<sup>70</sup>

### ***Entry level qualifications***

3.77 FSSI noted that despite increasing enrolments in Certificate III programs related to disability support, the number of students completing their courses remains low. For example, in 2016, there were 35 179 students enrolled in Certificate III in Individual Support, but only 10 511 students completed.<sup>71</sup>

3.78 There are several reasons why students do not complete a training system and may include:

- training packages that are not fit for purpose;
- training siloes;
- funding arrangements and costs;
- poor quality teaching; inadequate facilities and infrastructure;
- lack of personalised support; and

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66 See for example: Community and Public Sector Union NSW, *Submission 72*, p. 4; Mental Health Australia, *Submission 75*, p. 6; Dr Fiona Macdonald, Senior Research Fellow, School of Management, RMIT University, *Committee Hansard*, 14 June 2018, p. 29.

67 Community and Public Sector Union NSW, *Submission 72*, p. 4.

68 Dr Fiona Macdonald, Senior Research Fellow, School of Management, RMIT University, *Committee Hansard*, 14 June 2018, p. 29.

69 Professor David Hayward, Director, Future Social Service Institute, *Committee Hansard*, 14 June 2018, p. 2.

70 One Door, *Submission 13*, p. 5.

71 Future Social Service Institute, *Submission 79*, p. 4.

- personal reasons including family and caring responsibilities, financial factors and academic ability.<sup>72</sup>

3.79 FSSI identified the need for more research to understand why students are not completing their training and identify the types of supports that can assist students to complete their program.<sup>73</sup>

3.80 Additionally, FSSI believes there is an urgent need for new suites of educational programs that are fit-for-purpose.<sup>74</sup>

3.81 Similarly, other submitters recommended a review of Certificate III in Individual Support and Certificate IV in Disability to ensure better relevance of qualifications.<sup>75</sup>

3.82 Ms Natalie Lang from the Australian Services Union (ASU) sees a need for a review of content in entry level qualifications but argued that qualifications remain important:

The experience that we found is that there does need to be some reimagining of the content in the Certificate III and Certificate IV, but it is certainly not a case to do away with minimum qualifications.<sup>76</sup>

3.83 Conversely, the NDIA is of the view that calls for mandatory entry-level qualifications for personal care workers may create a significant barrier to workforce growth and that there is no convincing evidence that it would improve quality of care or participant outcomes.<sup>77</sup>

### ***Professional development and training on the job***

3.84 FSSI is of the view that there is an urgent need for training for existing workers and leaders within the disability workforce to successfully transition to a market based system.<sup>78</sup>

3.85 With the transition to the NDIS system and pricing structure, opportunities for staff to engage in learning and development activities, compliance training, mentoring, induction and staff meetings are very limited.<sup>79</sup>

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72 Future Social Service Institute, *Submission 79*, p. 5.

73 Future Social Service Institute, *Submission 79*, p. 10.

74 Future Social Service Institute, *Submission 79*, p. 11.

75 See for example: Victoria Council of Social Services, *Submission 81*, p. 5; Ms Natalie Lang, Secretary, NSW and ACT Branch, Australian Services Union, *Committee Hansard*, 14 June 2018, p. 24.

76 Ms Natalie Lang, Secretary, NSW and ACT Branch, Australian Services Union, *Committee Hansard*, 14 June 2018, p. 24.

77 NDIA, *Submission 52*, p. 12.

78 Future Social Service Institute, *Submission 79*, p. 4.

79 National Disability Services, *Submission 26*, p. 5.

3.86 In the NDS's 2017 Annual Market Survey, around one-third of CEOs surveyed indicated their workers were not paid to attend training and development or to attend team meetings.<sup>80</sup>

3.87 Similarly, the Australian Service Union (ASU) members reported that 'the NDIS does not allow funding for staff development or team meetings'.<sup>81</sup>

3.88 Overall, service providers reported that within the current NDIS pricing model, there is no or very minimal funding available for training staff.<sup>82</sup>

3.89 Ms Linda White from the ASU explained that careers in the disability sector are not attractive because they offer little or no professional development opportunities:

On price pressure: what's happening is that training goes out the window because the price pressure means that you just can't train people, therefore the jobs are less desirable. [...]We think if you deskill a workforce you make it less desirable, and you're not going to attract anybody.<sup>83</sup>

3.90 The Autism Specific Early Learning and Care Centre recommended the development of a funding stream to enable on-site training and professional development for staff.<sup>84</sup>

#### *Portable training model*

3.91 The Centre for Future Work at the Australia Institute proposed a strategy for addressing training needs. It has developed a model for how, within the context of the NDIS, disability workers would have opportunities, both when they join the industry and on a career-long basis, to acquire skills and credentials that would improve their jobs but, most importantly, improve the quality of service that is delivered to NDIS participants.

3.92 Dr Jim Stanford from the Centre for Future Work explained to the committee the main features of the training model:

We imagine a system based on three tiers of training. The first tier would be induction training, consisting of a minimal orientation and training for new recruits to the industry of 50 hours training total[...].

The second tier would be a foundation level of training that, in our judgement, should be compulsory training and recognition of a credential for people to work in this field, that would be equivalent to a certificate III

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80 National Disability Services, *Submission 26*, p. 6.

81 Australian Services Union, *Submission 69*, p. 6.

82 See for example: Aspect, *Submission 27*, p. 2; Autism Specific Early Learning and Care Centre, *Submission 51*, p. 6; Dr Natasha Cortis, *Submission 53*, p. 19; Future Social Service Institute, *Submission 79*, p. 11.

83 Ms Linda White, Assistant National Secretary, Australian Services Union, *Committee Hansard*, 14 June 2018, p. 18.

84 Autism Specific Early Learning and Care Centre, *Submission 51*, p. 6.

level of training from the existing vocational education and training system [...].

The third tier [...] would be to establish an entitlement for workers providing disability services funded under the NDIS for a portable training entitlement. As they work in the field and accumulate experience, they would gain entitlement to certain numbers of hours of paid training. The training would be covered, and they would be paid their average wage while they were taking the training. We've proposed setting this entitlement at a ratio of one hour of paid training entitlement for every 50 hours of work performed under an NDIS compensated service.<sup>85</sup>

3.93 The Centre for Future Work estimated the cost over the first five years of the program would be around \$190 million per year in total. This would cover all three tiers of training and administration.<sup>86</sup>

3.94 Dr Jim Stanford believes this innovative model 'fits with the spirit of the NDIS for a flexible, individualised model of service delivery'.<sup>87</sup>

3.95 The ASU is of the view that this proposed portable training entitlement system is essential to ensure the recruitment and retention of a skilled and high-quality workforce.<sup>88</sup>

### ***Committee view***

3.96 The committee is concerned that there are currently virtually no incentives to choose a career in the disability support sector. Submitters who have worked for a very long time in the sector described how working conditions have dramatically deteriorated under the NDIS. In short, they reported a rise in underemployment and insecure work arrangements, inadequate wages and no prospect of professional development opportunities. Under these conditions, it is hard to imagine how to retain highly experienced and qualified workers and attract new workers, including young people entering the workforce.

### ***Employment conditions***

3.97 It is becoming apparent that with the introduction of the NDIS, it has become challenging for service providers to offer secure full-time employment to their staff. In addition, because of the NDIS pricing structure, service providers are unable to offer training and professional development to their staff. The committee is also concerned that staff supervision and mentoring have also been reduced, which is potentially compromising the quality of care offered to participants. The committee is of the view

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85 Dr Jim Stanford, Director, Centre for Future Work, Australia Institute, *Committee Hansard*, 14 June 2018, p. 3.

86 Dr Jim Stanford, Director, Centre for Future Work, Australia Institute, *Committee Hansard*, 14 June 2018, p. 3.

87 Dr Jim Stanford, Director, Centre for Future Work, Australia Institute, *Committee Hansard*, 14 June 2018, p. 3.

88 Ms Linda White, Assistant National Secretary, Australian Services Union, *Committee Hansard*, 14 June 2018, p. 14.

that these issues are directly related to NDIS pricing. Pricing is further discussed in Chapters 4 and 5 of this report.

#### *Training and qualifications*

3.98 The committee is of the view that having qualified staff working in disability supports is important to ensure quality of care and safety of participants. On this basis, the committee believes that a range of qualifications should be available both at vocational and tertiary education levels.

3.99 The committee is conversant with the low rate of completion of VET qualifications, including in programs related to disability support. The committee sees value in the suggestion made by several submitters that some education vocational programs could be reviewed. This may assist in delivering training programs that are better aligned with jobs and increase rate of completion.

#### **Recommendation 10**

**3.100 The committee recommends the Australian Skills Quality Authority undertake consultations with the industry, state and territory governments on the adequacy of current VET programs offered in disability care.**

#### *Professional development*

3.101 The committee recognises that opportunities for training and professional development activities are important to ensure workers keep up-to-date with practices and gain new skills. In the context of the NDIS there is, at present, no provision for access to funding for training for disability workers who deliver NDIS services as employees of an organisation or as sole traders. The committee sees merit in the proposal of a portable training entitlement system for people who are working for NDIS registered organisations or are sole-traders registered with the NDIS. Such a system would ensure that disability workers continue to upskill and provide high quality care to participants. This would also assist in making the disability sector a more attractive career option and in retaining some of the workforce currently considering moving to other sectors. The committee is of the view that the Quality and Safeguards Commission is best placed to review options on how to ensure disability workers under the NDIS can access funded training to ensure a high quality of care and safe environments for participants.

#### **Recommendation 11**

**3.102 The committee recommends the Quality and Safeguards Commission review options on how to ensure disability workers under the NDIS can access funded training, including considering the introduction of a portable training entitlement system.**