



AUSTRALIAN SERVICES UNION SUBMISSION

Re: NDIA Pricing Review

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Attachment A Report to Fair Work Commission Four Yearly Review of the SCHDS Award

Attachment B Report by Dr Natasha Cortis, Dr Fiona McDonald, Bob Davidson and Dr Eleanor Bentham

Attachment C Baines Report

Attachment D SCHDS Award allowance sheet

The ASU

1. The Australian Services Union (ASU) is one of Australia's largest unions, representing approximately 135,000 members. The ASU was created in 1993. It brought together three large unions – the Federated Clerks Union, the Municipal Officers Association and the Municipal Employees Union, as well as a number of smaller organisations representing social welfare workers, information technology workers and transport employees.

2. Currently ASU members work in a wide variety of industries and occupations because the Union's rules traditionally and primarily cover workers in the following industries and occupations:
 - Disability support
 - Social and community services
 - Local government
 - State government
 - Transport, including passenger air and rail transport, road, rail and air freight transport
 - Clerical and administrative employees in commerce and industry generally
 - Call centres
 - Electricity generation, transmission and distribution
 - Water industry
 - Higher education (Queensland and South Australia)

3. The ASU has members in every State and Territory of Australia, as well as in most regional centres. Around 50% of ASU members are women, the exact percentage varies between industries, e.g. in social and community services around 70% of our members are women.

Who we represent in the disability sector

4. The ASU is the largest union of workers in the social and community services sector, which includes workers in disability support services across the country. We are the major NDIS union

in Queensland, New South Wales, ACT, and South Australia. We also represent public sector disability support workers in Queensland.

5. The ASU's expertise in disability arises from representing the disability support workforce working in a range of different jobs roles including disability support work, care management and coordination, disability advocates, local area coordinators, team leaders, and managers in disability providers. The ASU ran the Social and Community Sector (**'SACS'**) equal remuneration case, winning the Equal Remuneration Order (**'ERO'**) which sets minimum wages in the sector. The ASU is extensively involved with the *Social, Community, Home Care and Disability Services Industry Award 2010 ('the Award')*, including its review by the Fair Work Commission Four Yearly Review of Modern Award. We also represent our members in the sector with issues relating to industrial compliance and wage theft.
6. We ask to be involved in the NDIS Cost Model for Disability Support Worker working group. The ASU can contribute its industrial expertise and extensive experience of representing disability sector workers, including employees, sole traders, platform workers, contractors and labour hire employees.

General submission – The NDIA's approach to pricing

7. The ASU is concerned that the use of 'price caps' in the regulation of NDIS pricing is hindering the implementation of the scheme. Setting the upper limit of what may be charged by reference to the legal minimum entitlements for workers in the scheme has two effects. Firstly, employers in the sector are unable to offer rates of pay higher than the legal minimum. This limits the scope of enterprise bargaining, which could be used to improve pay and conditions. Consequently, employers are struggling retain their existing skilled staff and attract sufficient numbers of suitable new employees to meet demand.
8. The use of price caps forces employers into a race to the bottom. A Price cap incentivises wage theft if that cap is based on the legal minimum terms and conditions. The race to the bottom can also be seen in the significant increase in casual employment in the disability sector since the introduction of the NDIS and the growing incidence of wage theft. In a Report

prepared for the Fair Work Commission Four Yearly Review of the SCHDS Award (**Attachment A**), Dr James Stanford notes that in response to the NDIS employers are attempting to *'shift the resulting uncertainty and risk associated with these fluctuations in demand onto their employees, through the imposition of increasingly insecure and unstable employment relationships, rostering practices, and compensation'*.¹ This is having a significant impact on the quality of care provided by the NDIS, because the sector is struggling to retain its existing workforce, and attract and train new employees.

9. Dr Stanford expressed his opinion that:

*'In sum, there is no doubt that the increasing fragmentation and insecurity of work for DSWs under the NDIS, the pattern of inadequate training, supervision and team support, and the very high staff turnover experienced in the industry, are having negative consequences for the delivery of high-quality disability support services, and thus defeating the ambitious goals of the NDIS. It is incumbent on all stakeholders in the system – including funders, managers of agencies, workers and their unions, clients and their advocates, and regulators – to find ways to stabilise the pattern of work in the sector. This will have many positive impacts on the quality of service and care received by participants in the system.'*²

10. In order to attract sufficient workers, disability support jobs must be secure and well paid, with career paths to retain workers in the sector. We are concerned that these pricing assumptions do not meet the minimum Award conditions, nor do they reflect the reality of disability support work. In response, many providers are seeking to reduce NDIS workers' pay and conditions either through restructures or setting up new organisations to deliver disability support. This will only exacerbate the workforce shortages in the sector, and mean less quality and continuity in support for people with disability.

Case Study: Richmond Wellbeing Incorporated Enterprise Agreement 2019

- The ASU WA Branch is negotiating an enterprise agreement with the disability organisation, Richmond Wellbeing. The ASU had claimed above award rates of pay,

¹ Stanford, J (2019) *Expert Report of Dr James Stanford*, [8]. ('**Stanford Report**').

² *Ibid*, [73].

a classification structure appropriate to Richmond's operations, a right to request casual conversion, training leave, a tools allowance, and 10 days paid family and domestic violence leave.

- The Employer refused the claims on the basis that 92% of its funding was derived from government sources, especially the NDIS, which were pegged to the minimum award classifications. They presented evidence to the union that they would not be able to afford the union's claims.
- An enterprise agreement is likely to be made that will simply replicate the ERO pay and SCHDS Award conditions, with some minor adjustments.

11. We recommend that instead of price caps, the NDIA should adopt lower price limits that reflect the minimum legal entitlements for workers in the sector. The NDIA, as market steward, could then have confidence that they are not creating a market where providers are breaking the law.

Price limits for 1:1 supports

12. The pricing of 1:1 supports is inadequate to meet the needs of participants, providers and employees. NDIS pricing is contributing to under-classification of Disability Support Workers ('**DSW**'), time pressure, and unpaid work among disability support workers, primarily because of under-pricing through the base hourly rate. The current pricing is incentivising cost-cutting and creating imperatives for low quality provision.

13. We consider that a number of key assumptions underpinning the NDIS unit price are flawed. In particular:

- Prices wrongly assume that DSW's will be covered by lower award classifications. They do not set rates of pay at levels necessary to attract skilled staff or encourage upskilling. Nor do prices reflect the growing independence and autonomy of DSW's as providers scale back supervision due to budget constraints.
- The price model does not recognise the time needed to deliver quality services to NDIS participants. DSW's have inadequate time to build relationships with participants, follow up on participant's needs, coordinate and communicate with supervisors and other

workers, complete paperwork, debrief and handover between shifts. This results in low quality of care.

- Prices do not cover the cost of induction and training.
- Because the prices are set too low, they encourage the fragmentation of working time, casualisation, under-classification and underemployment. This undermines attempts to expand the workforce.

14. In 2017, the ASU, Health Services Union and United Voice commissioned research from Dr Natasha Cortis, Dr Fiona McDonald, Bob Davidson and Dr Eleanor Bentham. The relevant findings of the report, entitled (**see Attachment B**)³, are summarised in the table below:

Summary of findings of the Cortis Report
<ul style="list-style-type: none">• A majority of employers in the sector did not believe that NDIS funding allowed them to meet their industrial obligations or pay rates necessary to attract and retain quality workers.• The assumption that employment is at SACS level 2.3 of the SCHDS Award acts as a cap at entry level. This is too low given the tasks performed by disability workers who deploy a wide range of advanced skills in their work. By fixing the price at this low level, providers over-rely on inexperienced staff members.⁴• Assumed non-client time allocations are lower than is necessary for quality support. There is insufficient allowance for legal requirements such as breaks for workers.⁵ DSW's reported that they were not given time handovers and coordination tasks (essential where a participant receives supports from multiple support workers and agencies).• There is insufficient time allocated for supervision, training and development has been significantly reduced.⁶• The NDIS has increased the amount of paperwork associated with disability work, but this has not been factored into the assumptions.⁷• Travel time and associated costs are not properly funded with in the pricing model.⁸

³ 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. ('**Cortis Report**').

⁴ Ibid, page 29.

⁵ Ibid, page 31.

⁶ Ibid,, 31-35.

⁷ Ibid, 35, 40-41.

⁸ Ibid, 37-38.

- Low allowances for overheads feeds a cycle of under-investment and poor workplace relations.⁹

15. The issues identified by Dr Cortis in 2017 remain relevant today.

Prices misclassify Disability Support Workers and Supervisors

16. The pricing model continues to under-estimate the requisite classification of employees. This is particularly serious because it forces employers to under-classify employees. The Award does not set rates of pay according to the funding provided by funding bodies. It sets rates of pay by reference to an employee's skill, experience and duties. Consequently, the current funding arrangements force employers to choose between financial sustainability and industrial compliance. If they choose sustainability over compliance, they are open to underpayment claims and penalties under the *Fair Work Act 2009* (Cth).

17. Moreover, employees progress through the pay-points of each level according to their length of service. Currently, prices are capped at the third pay-point of the classification level (i.e. SACS Level 2.3). Consequently, the longer an employee remains in the sector, the greater their cost burden to the employer. Prices should be set by reference to the highest pay-point of the relevant level. This will remove barriers to permanent and secure employment.

18. Low rates of pay are a significant problem for a Disability sector facing labour shortages. Experienced workers are leaving the sector, taking their skills and institutional knowledge with them. In evidence to the Fair Work Commission review of the SCHDS Award, Dr James Stanford explained that some DSWs (including people with a long history of working in the sector) expressed an expectation that they would leave the industry due to the intolerably low pay and precarious working conditions.¹⁰ This finding from qualitative research is supported by the fact that turnover in the disability sector is very high: over one-quarter of workers change jobs in the course of a year. That is approximately three times higher than the average turnover rate in the overall Australian labour force.¹¹

⁹ Cortis, 47-48.

¹⁰ Stanford Report, [27]-[28].

¹¹ Ibid, 11, 14.

19. Further, new recruits appear to be less skilled, less trained, inexperienced and sometimes reluctant to work in the industry.¹² Dr Stanford notes that Baines's qualitative research is supported by empirical data. The National Disability Services database indicates that four-fifths of all agencies attempted to hire new staff during the March 2018 quarter. Of those, nearly one-third were unable to fill all the vacancies they advertised for, and unfilled positions accounted for 25% of all advertised positions. In the March 2018 quarter, 43% of employers with unfilled vacancies cited an absence of suitable qualified candidates as the main reason for their unsuccessful recruitment effort. That was up sharply from 29% answering the similar question a year earlier, attesting to the increasing recruitment challenges facing the industry.¹³

20. We recommend the following:

- Standard level care should have a lower limit at entry level rates of pay (SACS Level 2.4).
- A price floor for autonomous workers should be introduced, based on SACS Level 3.4. However, recent research suggests that providers of 1:1 care have significantly scaled back the direction and supervision of DSWs in response to inadequate funding. Consequently, many DSW's are working relatively autonomously, which would necessitate a higher classification.¹⁴
- Supervisor pricing should have a floor of SACS Level 4. Currently, Supervision pricing is capped at SACS level 3.2. While SACS Level 3.2 does describe an employee with some supervisory tasks, it does not describe the supervisory duties funded by the NDIA Price Guide. SCHDS Level 4 describes a worker with the type of supervisory duties expected by the NDIS.
- The floor for high intensity supports should be set at SACS Level 3.4. The adoption of high intensity supports priced at SACS level 3.1 and SACS level 3.2 is an important step forward, but does not reflect the fact that employees will eventually progress to SACS Level 3.4

¹² Baines, D, Macdonald, F, Stanford, J, Moore, J (2019) *Precarity and Job Instability on the Frontlines of NDIS Support Work*. Sydney: Australia Institute Centre for the Future of Work, 21-22, 28-29. ('**Baines Report**').

¹³ Stanford Report, [65]-[67].

¹⁴ Baines Report, 17,18

Mental Health Workers

21. The NDIA pricing model does not adequately fund mental health care workers. Mental health workers are a distinct section of the social and community sector workforce, working exclusively with high or exceptional needs mental health clients. Historically, mental health care workers have been classified at Level 4 or Level 5 of the Award, depending on their duties, skills and experience. However, the NDIS sets rates by reference to the classification of non-specialist entry level disability support workers.
22. Under-classification of mental health work is a significant problem. Mental health organisations cannot advertise for roles at higher classification levels and have been forced to make roles redundant and replace them with level 2 roles. Unfortunately, in many cases these new level 2 roles are filled by mental health workers who were previously employed at levels 4 or 5 of the Award.
23. There is a risk that unless funding is set by reference to the classifications of skilled professionals (Levels 4 or 5), the industry will lose many skilled workers. This will have significant impacts on quality of care.

Case Study: Anglicare SA

- In November 2018, Anglicare SA made 43 mental health care workers providing services under the NDIS redundant. These employees were classified at Level 4 of the Award. These employees worked with high needs clients, including at the SA Government mental health detention facility, James Nash House.
- Anglicare offered the employees the opportunity to apply new roles classified at level 2. For most of the affected employees, this would have been a pay cut of approximately \$300 per week.
- Anglicare explained that the redundancies were necessary because NDIS funding did not account for the high level of skill and experience required for mental health care work.

24. We recommend that the NDIS adopt two new price limits for mental health:
 - a. Standard Mental Health Support, fixed by reference to SACS Level 4.4; and
 - b. High Intensity Mental Health Support, fixed by reference to SACS Level 5.3.

Utilisation costs are insufficient

25. Utilisation costs' still do not cover adequate time for administration, training, induction, supervision, team meetings, and debriefing. Funding for this work is important to ensure that workers to comply with NDIS commission code of conduct and practice standards. The Baines Report (**Attachment C**) found that DSWs who work broken shifts in multiple locations rarely attend a central office or agency site, which prevents them from accessing information about clients or conferring with colleagues on treatment strategies.¹⁵

Family and Domestic Violence Leave is not funded

26. Family and Domestic Violence leave is not funded by the model. The NDIS workforce is predominantly female, and family and domestic violence is predominantly experienced by women. As a matter of social responsibility, but also as a practical measure to maintain its workforce, many employers wish to offer paid family and domestic violence leave. However, they are constrained by NDIA funding arrangements.

Allowances

27. We attached the SCHDS Award allowance sheet from the Fair Work Commission website (**Attachment D**).

Capacity building supports

28. Capacity building support price limits are currently inadequate. Employees providing capacity building supports are covered by the SCHADS Award. These are classified between SACS Level 4 and SACS Level 6 depending on the complexity of the role.
29. Increasing supports in line with WPI and CPI is inadequate for the prices to maintain their value. The 2.1% increase in prices for capacity building supports is inadequate to match the Fair Work Commission 2018/2019 annual wage increase of 3 %. Prices should be indexed

¹⁵ Baines Report, 28-30.

according to the Award and ERO annual wage increases, as these apply to capacity building workers in non-therapy roles.

Plan Management Supports

30. Plan managers are covered by the SCHDS Award and tend to be classified at SACS Level 6 and paid ERO rates of pay. Consequently, pricing should be set by reference to the SACS ERO rates of pay. These prices should include weekend and shift rates to account for SCHDS Award penalties attached to the different hours employees work. As noted above, Increasing supports in line with WPI and CPI is inadequate for the prices to maintain their value. The 2.1% increase in prices for capacity building supports is inadequate to match the Fair Work Commission 2018/2019 annual wage increase of 3 %. Prices should be indexed according to the Award and ERO annual wage increases.

31. Plan managers should be entitled to bill for provider travel. Plan managers are required to travel between work locations in the course of their duties. This is work, and the wages cost should be reflected in the pricing arrangements.

Cancellation rules

32. The client cancellation rules in the NDIA pricing guide are appropriate. The evidence of employer parties, representing providers, in the review of the SCHDS Award is that most cancellations occur within 48 hours of service delivery. Problems associated with client cancellations appear to derive from an over-reliance on part-time employment and the practice of strictly aligning DSWs' rostered hours with NDIA billable hours. Many of these problems would be alleviated by employing more full-time workers. If the NDIA adopted the ASU's recommendations in this submission, the funding barriers to full-time employment would be significantly reduced.

Provider travel rules

Non-labour travel costs

33. Non-labour travel costs should be funded by the NDIS. The disability sector cannot function with work related travel and providers are reliant on NDIS funding for income. We also note that many, if not most, employees in disability services are required to use their own vehicle for work. These employees are entitled to a per km allowance under clause 20.5(a) of the Award. This allowance is index according to the upward movement of the private motoring Consumer Price Index sub-group. Employers are legally obliged to pay this allowance and it should be funded through the NDIS.

Other issues

34. The limits on billable travel time have a perverse interaction with clause 25.6 of the Award. Employers rely on clause 25.6 of the SCHDS Award ('Broken Shift Term') to structure an employee's shifts so that paid time coincide exactly with client-facing work within unpaid breaks between that work. Employers in the sector often do not pay their employees for work related travel, even where they would be entitled to claim provider travel payments.
35. This practice reduces the employees' effective hourly wage, forcing them to work longer hours to earn a sustainable income. The effect of this on the employee according to Stanford can be that, 'The time spent in travelling to and from work under these split or broken shifts, and the often wasted time between these short periods of work, has the effect of greatly reducing the effective skill level hourly income associated with this work – as well as imposing considerable stress on the workers and their families.' (Paragraph 29, Stanford Report). The time spent travelling by the employee between broken shifts cannot be characterised as private time to conduct private affairs it is work. It should be remunerated accordingly.
36. This practice of breaking shifts also reduces the incentive to rationally allocate work to their employees. Because employers are not obliged to pay their workforce for time spent travelling, they have no need to choose clients or allocate work to employees in a manner that minimises

the cost of travel. This effectively outsources the cost of an important part of service provision to the employee. If the cost of travel is shifted to the employee, employees will have less incentive to accept work in remote or distant locations.

Expert Report of Dr. James Stanford

Fair Work Commission

Four-Yearly Review of Modern Awards:

**AM2018/26 Social, Community, Home Care and
Disability Services Industry Award 2010**

September 2019

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Glossary of Acronyms

ABS – Australian Bureau of Statistics

DSW – Disability Support Worker

NDS – National Disability Services (peak body of disability service providers)

NDIA – National Disability Insurance Agency (agency empowered to administer the NDIS)

NDIS – National Disability Insurance Scheme

NILS – National Institute of Labour Studies

QSF – Quality and Safeguarding Framework

RCM – Reasonable Cost Model

RTO – Registered Training Organisation

SACS – Social and Community Services (classification stream in SCHDA Award)

SCHDS – Social, Community, Home Care and Disability Services

SCHDS Award – Social, Community, Home Care and Disability Services Industry Award

TTP – Temporary Transformation Payment

Summary

1. I am Economist and Director of the Centre for Future Work, a labour market policy research institute based in Sydney, NSW, and associated with the Australia Institute. I have 25 years of professional experience in applied labour market research and policy analysis. My full curriculum vitae is appended to this report (Attachment A).

2. The purpose of this report is to provide my expert opinion on the following four questions addressed to me by the Australian Services Union, as part of its instruction letter to me dated 27 August 2019 (Attachment B):

“1. What training, skills and qualifications are required by the disability sector?

2. What is the connection between the terms and conditions of the SCHDS Award, including broken shifts and unpaid travel time, and the disability sectors’ ability to attract a sufficient number of appropriately skilled workers?

3. Is the disability sector able to attract a sufficient number of appropriately skilled workers?

4. Are there any implications for quality of care?”

3. My expert opinion is based primarily on original research which I conducted as a co-investigator of two significant research projects examining changes in the nature and conditions of work for disability support workers (DSWs) in the wake of the roll-out of the new National Disability Insurance Scheme (NDIS).

4. The first of these original research projects involved qualitative interviews with 19 front-line DSWs (including service coordinators and local area coordinators) working in the Hunter region of NSW, along with subsequent analysis of the data and development of policy conclusions and recommendations. This work was conducted jointly with Prof. Donna Baines (formerly Chair of the School of Social Work at the University of Sydney, now Director of the Department of Social Work at the University of British Columbia) and Dr. Fiona Macdonald (Vice-Chancellor’s Senior Research Fellow in the

School of Business at RMIT University). To date this research work has led to the publication of four reports (three of which were subject to formal academic peer-review), which are appended to this expert submission, and are listed in the Bibliography:

- i. Baines and Macdonald (2019; Attachment C)
- ii. Baines, Kent and Kent (2019; Attachment D)
- iii. Baines, Macdonald, Stanford and Moore (2019; Attachment E)
- iv. Baines, Macdonald and Stanford (forthcoming; Attachment F).

5. The second original research project involved an investigation into the intensifying skills and training requirements faced by the disability services workforce as the sector increases its overall activity to meet the operational targets of the NDIS. This project also developed a proposal for a new system for financing ongoing training requirements for workers in the sector (both new recruits and longer-term workers). This work was conducted jointly with Dr. Rose Ryan: then an independent labour market researcher and analyst, now Manager of the Workforce and Workplace Evidence and Insights Branch of the New Zealand Ministry of Business, Innovation and Employment. Two key publications arising from this research are also appended to this submission and listed in the Bibliography:

- i. Ryan and Stanford (2018; Attachment G)
- ii. Stanford (2018; Attachment H).

6. My expert opinion is also based on my own further exploration of published literature, official statistical data, and government policy documents. That review of external resources was conducted in part as input to the two original research projects described above, and in part to supplement my knowledge in preparation for this expert opinion. The sources which I consulted in the course of that research, and which are referred to in my report, are listed in the Bibliography.

7. My report is organised according to the following structure. Part I provides a general review of the labour market for disability services work in Australia, in the wake of the roll-out of the NDIS and consequent significant expansion in demand for disability services. This section highlights some of the major challenges facing workforce development in the sector, and some of the specific consequences arising from the observed increase in the instability and precarity of work in the industry. Part II discusses in turn the four specific questions addressed to my attention by the Australian Services Union. The Conclusion of this report summarises and restates my views.

8. As will be discussed in more detail in this report and the supporting attachments, it is clear that work in the disability support services industry is being dramatically transformed as a result of the implementation of the NDIS. The individualised, market-based system which the NDIS uses to deliver services to participating clients is creating a profound fragmentation and instability in the nature of delivered services. Demand for specific services fluctuates constantly due to changes in the number of clients, their approved budgets, their specific choices of services, and other factors. In the context of the NDIS's unit-price model for funding disability services provision, this instability imposes financial uncertainty on the agencies and employers which undertake to provide these services. In turn, those agencies are attempting to shift the resulting uncertainty and risk associated with fluctuations in demand and other causes of revenue fluctuations onto their employees, through the imposition of increasingly insecure and unstable employment relationships, rostering practices, and compensation. A clear consequence of this structural shift in the nature of work in the sector has been a marked increase in precarious work practices in various forms, including: casualisation, increased part-time employment, irregular and discontinuous shift assignments, requirements that DSWs work in multiple locations (often in the course of a single day, and often working inside clients' private residences), and the expectation that DSWs provide private or informal transportation services in the course of their work (including transporting clients, in some cases without compensation).

9. This observed deterioration in the stability of work in disability services occurs in the context of the sector's need to undertake a substantial increase in the total number of people working in the sector. The full roll-out of the NDIS is anticipated to increase employment in the sector by some 70,000 full-time equivalent positions. That represents an approximate doubling of the sector's workforce over the coming transition period (as the new system is rolled out).¹ In addition to recruiting a large number of new workers to the sector, the industry faces the related challenge of quickly developing the skills and capacities of those workers – many of whom will have never worked with people with disabilities before. Given this daunting workforce development challenge, the deteriorating quality and stability of work in the industry can only exercise a counterproductive influence. Many of the front-line workers we interviewed as part of our original research (most of whom had several years of experience in the sector) were considering leaving the industry altogether in response to intolerable insecurity and deteriorating conditions. Without urgent measures to enhance the stability, conditions, and compensation associated with these jobs, it is unlikely that the industry will be able to recruit and retain the motivated, trained workers that will be essential if the NDIS is to meet its goal of providing high-quality, individualised service to all Australians with disabilities.
10. In the context of the deep challenges of labour force development in this rapidly growing industry, myself and my co-investigators identified several specific issues which are undermining the predictability, stability, and fairness of work in the sector. Two of the specific problems we identified are now being considered in the course of this Four-Yearly Review of the SCHDS Industry Award: the problem of discontinuous or “split” shifts, and the financial and other burdens associated with increasingly onerous requirements on DSWs to provide transportation services as part of their normal work (including using their own vehicles, often without compensation, and often to transport clients).

¹¹ Productivity Commission, 2017a, pp. 36-37.

11. In my judgment, the increasingly common practice of scheduling DSWs to work split or broken shifts considerably undermines the quality and sustainability of work in disability support services. Hourly wages in this industry are generally relatively low, and hours are already uncertain and often inadequate. If, on top of that unappealing starting point, workers are now expected to divide their working days between multiple even-shorter shifts, then the effective hourly wage received for their labours is reduced even further (once account is taken of the transportation time, preparation time, and other fixed costs associated with performing any single engagement of work).

12. Similarly, the requirement that DSWs perform informal and often uncompensated transportation services as part of their work days also imposes an additional burden on workers whose conditions and compensation are already challenging. With workers commonly being required to travel to places other than a central office or agency, often visiting multiple locations in the course of a day, the relative burden of transportation time becomes more severe. Our qualitative research confirmed that DSWs are commonly required to transport clients in their own vehicles (often without clear rules and practices regarding safety equipment, insurance, and other costs), and that compensation practices for both travel time and vehicle use are inconsistent. If DSWs are going to be required to undertake these transportation-related functions as a normal feature of work, the whole industry needs to quickly adopt and implement fair, transparent and safe practices and procedures: including fair compensation for all transportation time other than normal commutes to a single regular place of work, full compensation and insurance for the use of personal vehicles for work-related transportation, employer provision of adequate safety features and insurance, and adequate training for DSWs in the safe operation of vehicles while supervising clients. Including these requirements in the SCHDS Award is the most appropriate and effective way to ensure that the sector improves its practice in this regard.

13. These two problems (split or broken shifts and uncompensated transportation time) can interact to reinforce the negative impact on DSWs. Workers who are required to travel (without compensation) to and from several different locations in the course of a day

(often including clients' private homes), with paid work time often split across discontinuous shifts, will experience a doubly negative impact on their effective hourly wages.

14. On the other hand, addressing and ameliorating these two burdensome problems in the current pattern of disability support work holds the prospect of a dual benefit for the sector. First, reforms in these areas would enhance the fairness and quality of work for those already employed in this occupation. Second, they would lessen the negative impact of job insecurity and unreasonable scheduling and compensation practices on the industry's already-daunting recruitment and retention goals. If the disability services sector is serious about successfully meeting the challenge of building a high-quality, well-trained, and motivated workforce to achieve the goals of the NDIS, it must move quickly to resolve some of the most egregious and unsustainable work practices currently experienced by many DSWs. Addressing these two specific shortcomings would mark an important first step in that broader challenge.

Part I: General Condition of the Disability Services Workforce Under the NDIS

15. Disability support services constitutes one of the fastest-growing industries in Australia. This is largely a result of the historic increase in social resources being devoted to the provision of these services under the NDIS. Once fully rolled-out, the new scheme will allocate an estimated \$22 billion per year (shared across federal and state governments) to supporting Australians under 65 with a wide range of disabilities in accessing support services. It is anticipated that some 475,000 Australians under 65 will be receiving services under the NDIS once it is fully rolled-out; at present, about 300,000 individual clients are registered,² implying that the system is about two-thirds of the way toward full implementation.
16. Comprehensive and consistent statistics describing the disability services workforce are difficult to attain. The Australian Bureau of Statistics does not define a disability services sector in its regular labour market surveys and statistics; the sector is lumped in with other health and social service occupations in the large Health Care and Community Services sector (Australia's largest employer).³ Conditions of work differ greatly between different sub-sectors and occupations within that broad umbrella category, and hence it is impossible to generalise from that broader data regarding the specific employment patterns and practices in disability services.
17. One useful source of data has been developed by the National Disability Services peak body (which represents many disability service providers). This database is derived from the Workforce Wizard employment platform which NDS has supported, as part of the industry's efforts to recruit and match prospective workers.⁴ This data set is not comprehensive; at present it covers approximately 45,000 workers (NDS, 2018b, p.4),

² See NDIS (2019a) and Cluff (2019).

³ Even in the more detailed breakdowns of labour force statistics reported by the ABS (such as Labour Force, Australia, Detailed, Quarterly, Catalogue 6291.0.55.003), the definition of sub-categories is not sufficiently disaggregated to permit the isolation of disability services.

⁴ See NDS (2018b).

perhaps half of the current disability services workforce. But its sample is sufficiently broad to provide reasonably robust indicators of broad patterns in employment practice.

18. Key conclusions derived from the NDS data regarding employment and work practice include:

- a. About 80% of employees in the sector work part-time (NDS, 2018b, p.5).
- b. Women account for about 70% of the disability services workforce (NDS, 2018b, p.15).
- c. Casual and fixed-term employees account for over one-half of all jobs; permanent positions account for less than one-half of all jobs (NDS, 2018b, p.5).
- d. Fewer than 10 percent of the disability support workforce are employed on a full-time and permanent basis.⁵
- e. 44 percent of disability service workers are 45 years or older – making the sector’s workforce one of the oldest of any sector in Australia’s economy (NDS, 2018a, p. 46).
- f. Turnover in the industry is very high: over one-quarter of workers change jobs in the course of a year (NDS, 2018b, p. 9).⁶ That is approximately three times higher than the average turnover rate in the overall Australian labour force.⁷
- g. Average hours of work are low and highly variable. Workers covered by the database worked an average of 22 hours per week in the March 2018 quarter (NDS, 2018b, p. 10). Some workers work very short hours, and many workers experience regular fluctuations in their hours of work.

19. The NDS data also confirm that, in the face of increasing demand driven by the NDIS rollout, there is strong growth in employment in the sector of around 11 percent per year

⁵ NDS (2018a, p.23) reports that only 35 percent of permanent employees (which in turn make up just 19 percent of the total workforce) are employed on a full-time basis, implying that just 7 percent of the workforce work in permanent full-time positions.

⁶ The NDS (2018b) report does not directly report an annual turnover figure, but it can be derived from data presented on quarterly turnover for casual and permanent employees. The average quarterly turnover rate across those two categories is approximately 6.5%, implying an annual turnover rate of over 25%. This conclusion is affirmed explicitly in an earlier version of the NDS report (NDS, 2018a, p. 18).

⁷ See Australian Bureau of Statistics (2019, ‘Summary’), which reports average annual turnover of 8.5% among Australian employees in the 12 months ending in February 2019.

(NDS, 2018b, p.7). However, even this rapid expansion will be inadequate to meet the expected need for the disability services workforce to double by the time the NDIS roll-out is complete.

20. While positive, this employment growth masks two significant concerns. The first is that growing employment is being driven almost entirely by a growth in casual employment. The growth in casual employment in the sector was 26 percent per year, compared to just a 1.3 percent per year increase in permanent employment (NDS, 2018b, p.7). Virtually all the new jobs in the sector, therefore, are casual. Secondly, turnover issues remain a huge concern – exacerbated by the rapidly ageing cohort of more experienced workers, and the unattractive conditions and compensation of most jobs.
21. The Productivity Commission has also attempted to assemble a statistical portrait of the disability services workforce, in the face of the unavailability of precise data from conventional sources (Productivity Commission, 2017a and 2017b). The Commission developed its own estimates of employment numbers, qualifications, and other workforce characteristics by interpolating and disaggregating ABS data covering broader categories of employees. Key findings from the Productivity Commission’s analysis include:
 - a. Over half of all workers in the sector possess a Certificate III or IV as their highest qualification (Productivity Commission, 2017b, p. 334).
 - b. About 60% of disability support workers work part-time – twice as large a proportion as in the overall Australian workforce (Productivity Commission, 2017b, p. 333).
22. Providing services to a large and growing population of registered NDIS clients as the system is rolled-out will require many tens of thousands of new workers. It is estimated that the sector’s workforce will have to approximately double in order to meet the needs of the NDIS, growing by approximately 70,000 full-time equivalent positions.⁸ Since most DSWs are employed on a part-time basis, this implies a much larger total number

⁸ Productivity Commission (2017a), pp. 36-37.

of individuals who must be recruited to work in the sector.⁹ The growth in disability services employment is therefore projected to account for about one in five of all new jobs created in Australia over the period of the transition.¹⁰

23. One feature of the new system is its emphasis on individual choice in developing support plans and accessing desired resources. Registered clients meet with NDIS planners who identify and evaluate their needs, and determine overall individual budgets for their care and support. The clients then (on their own, supported by family members, or with the formal support of paid coordinators) identify and contract with suppliers to provide the desired services. Services are funded on a unit basis by the NDIS, following a schedule of prices which are reviewed and adjusted annually.
24. Traditionally, disability support services were provided by a mixture of government departments and charitable, religious or community agencies. The latter were funded primarily on a block- or grant-based basis by governments to perform specified services in their respective communities, typically supplemented by charitable donations. Under the new marketised NDIS system, funding for services now depends on each agency's success in contracting with individual clients to provide their services under their respective individual plans. This transition from block- or charitable funding to requiring agencies to successfully "market" their services to individual service users has proven very challenging for many of these agencies, some of which have experienced financial crisis, reduced their staff, and even entered liquidation.¹¹ The NDS annual Business Confidence Survey (NDS, 2016) found that 22 percent of providers reported a financial loss in the previous year, with immediate impacts on supervision and training provision. Many reported that they would not be able to continue to provide services at currently NDIA-set unit prices, and would have to reduce the quality of their services if prices did not improve.

⁹ With DSWs working an average of just 22 hours per week (para. 18 above), this implies a need to recruit over 120,000 workers in order to provide an additional 70,000 full-time equivalent positions.

¹⁰ Productivity Commission (2017b), p. 331.

¹¹ See, for example, Campbell (2018) and Lenaghan (2016).

25. Research regarding initial experience under the NDIS confirms that providers are experiencing severe difficulties in recruiting new staff to even maintain existing operations, let alone scale up to the dramatic degree implied by forecasts of fully rolled-out NDIS operations.¹² This challenge has been exacerbated by inadequate conditions of work in the sector: most workers are engaged in casual, part-time, and irregular positions; staff turnover is high; and there has been a consequent reduction in the availability of training (including in-house supervision and support) provided for employees – just as new workers need more skills to fulfil the goals of the NDIS. This situation poses significant challenges for the quality of service received by NDIS participants, for the job quality and opportunities of disability support workers, and for the organisational stability and financial viability of providers.

26. I was a co-investigator on an original qualitative research project to investigate the impact of the NDIS on the quality and stability of jobs in disability services work. The research involved structured interviews with front-line DSWs in the Newcastle, NSW region (one of the first regions to experience the trial roll-out of the NDIS model). The data gathered through this research confirmed widespread and acute concerns with the fragmentation and insecurity of work under the new system.¹³ This research identified eight broad categories of concern on the part of these front-line workers, including:

- a. The new system is not providing sufficient support for participants with intellectual and other cognitive disabilities, including in designing and managing their individualised programs of care;
- b. DSWs are experiencing increased instability and precarity in their jobs, elevated levels of mental and physical stress, and irregular hours and incomes;
- c. New workers joining the disability services sector are often less skilled, less trained, less experienced, and sometimes reluctant;

¹² Other research documenting these growing challenges experienced by workers under the NDIS include Macdonald and Charlesworth (2016), Cortis *et al.* (2017), and Macdonald *et al.* (2018),

¹³ Findings of this original research are detailed in Baines and Macdonald (2019); Baines, Kent and Kent (2019); Baines, Macdonald, Stanford and Moore (2019); and Baines, Macdonald and Stanford (forthcoming). These four publications are attached to this submission in full.

- d. DSWs experience particular challenges working in the private realm of NDIS clients' homes;
- e. The informal and inconsistent provision of transportation and other necessary support functions to NDIS clients results in a significant shift of costs and risks to workers;
- f. DSWs are experiencing increased levels of violence in their work;
- g. Relationships with managers have changed dramatically under the new system, undermining effective supervision, coaching, and training; and
- h. Worker turnover, given the insecurity of work and income and the challenging conditions of work, is extreme.

27. Despite expressing a strong commitment to the profession of disability services in general, and the goals of the NDIS in particular, several of our research participants (most of whom were long-term employees in the sector) expressed an expectation that they would leave the industry, due to the intolerable nature of some of these problems.

28. These first-hand reports of dissatisfaction with conditions of work in the industry, and a growing risk of departure from the sector, reinforce aggregate data regarding high rates of turnover in the disability services sector. NDS (2018b) reports average job turnover of over 25% of workers per year in disability services (derived from NDS, 2018b, p. 9), about three times as high as turnover in the overall labour force (ABS, 2019, Summary).

29. It is important to note that two of the most commonly-expressed problems encountered in our qualitative research relate directly to the topics under consideration in this Four-Yearly Review of the SCHDS industry Award. Multiple interviewees reported the great difficulties of managing very unstable and unpredictable shift and roster schedules, and balancing the demands of such unpredictable work with their other family and community responsibilities. The assignment of DSWs to work discontinuous shifts, often in diverse locations, greatly exacerbates the personal cost and stress of this instability in work. The time spent in traveling to and from work under these split or broken shifts, and the often wasted time between these short periods of work, has the

effect of greatly reducing the effective hourly income associated with this work – as well as imposing considerable stress on the workers and their families.

30. Similarly, multiple interview participants expressed strong concern about the growing requirements to perform transportation services as part of their jobs as DSWs. It is now common to require DSWs to use their own personal vehicles – both to travel to multiple sites of work, and in many cases to transport NDIS clients. Reported practices are highly inconsistent regarding compensation for the costs involved in that use (with some participants instructed by employers to claim these costs as business expenses on their income tax returns, rather than being directly reimbursed). Provision of safety equipment, appropriate insurance, and training in the safe operation of vehicles while supervising clients (who may have pressing and immediate needs),¹⁴ was also found to be inadequate or non-existent.

¹⁴ This challenge is particularly acute for DSWs transporting clients with intellectual, cognitive, or complex needs, who may require immediate attention from their carers.

Part II: Responses to Specific Questions Addressed

31. In this section of my expert opinion I will respond in turn to the four specific questions addressed to me in the letter of instruction received from the Australian Services Union.

A. Training, skills and qualifications required by the disability sector

32. The disability services workforce is very diverse. Some workers are specialised professionals who have obtained advanced education and qualifications. Some workers do not possess any formal post-school training or qualifications at all.

33. One important concern regarding the implementation of the NDIS, given its reliance on decentralised and individualised decisions regarding service provision, is the extent to which financial and cost-cutting pressures may steer the industry toward the provision of lower-cost services by workers with less formal training and qualifications.

34. The NDIS is still developing its approach to regulating the registration and qualifications of service providers. At this point there is no required qualification or registration procedure for individual DSWs employed at service-providing firms or agencies.¹⁵ Effective 1 July 2020, workers in certain specified roles will need to be screened and receive a check (similar to existing checks for people working with children).¹⁶ But there is no required formal training or qualification for people to be hired as DSWs. This means that individuals working in these roles may have no formal training or qualification in this occupation.¹⁷

¹⁵ Agencies and organisations providing disability support services must register with the NDIA and, where relevant, state governments. And of course, some specialised health services are covered by NDIS funding, and the allied health professionals delivering those services are covered by the same regulations and qualification requirements that normally apply to their respective professions. For individuals employed in general disability support work, however, similar regulations and requirements are absent.

¹⁶ NDIS Quality and Safeguards Commission (2019).

¹⁷ The State of Victoria is considering a system of mandatory registration and accreditation for disability support workers that would be the first step toward regulating qualifications for DSWs. See Department of Premier and Cabinet of Victoria (2017).

35. A common misperception about work in disability services is that it is unskilled and that workers in the industry do not need any special qualifications to work there. This stands in contrast to the view of clinicians, social workers, disability specialists and participants themselves: namely, that this work requires sophisticated communications skills, a high level of emotional intelligence, and (depending on the complex and varied needs of the participant) specialist knowledge (for example, in relation to particular medical conditions, dealing with challenging behaviour, or understanding the side-effects of medications). In addition to multiple and complex needs, people with disabilities may also need support in managing multiple and complex interactions with government and non-government agencies in the course of addressing their housing, medical, and educational support needs.
36. At present there is no requirement for disability support workers to have any minimum industry-relevant qualification. However, analysis of the skills and qualifications of the existing workforce in the lead-up to the introduction of the NDIS confirms that many are in fact very well-qualified. In 2010, a survey undertaken by the National Institute of Labour Studies (NILS, 2010, p. 129) found that 72 percent of non-professionals working in the industry held a nationally recognised Certificate III or IV qualification, with 48 percent of these holding a Certificate IV in Disability. Although not compulsory, the NDIA advises registered providers that a Certificate III or similar is desirable for support roles (Windsor and Associates, 2014b), and the industry as a whole regards the Certificate III as a minimum base-level qualification.
37. In addition to those holding these industry specific qualifications, a high proportion of the current workforce also have additional tertiary level qualifications. An online survey of 300 respondents undertaken by the Australian College of Community and Disability practitioners between November 2016 and March 2017 found that 31 percent held a Bachelor's or Master's degree or graduate Diploma, 28 percent held a Diploma-level qualification, and 38 percent had Certificate III or IV level qualifications.¹⁸ The Productivity Commission estimated that over 80% of the current workforce in aged and

¹⁸ Australian College of Community and Disability Practitioners survey, cited in Ryan and Stanford (2018, p. 24). The survey did not indicate whether the qualifications were directly related to disability services.

disability care roles possess some form of tertiary qualification (Productivity Commission, 2017b, p. 334).

38. Unfortunately, despite the significant qualifications possessed by the current workforce, evidence collected by NDS (2018b) indicated that most new recruits to the sector do not possess any formal qualification in disability services work. Just one in five new recruits to the industry in 2017 held a Certificate III designation in disability services or higher qualification (NDS, 2018b, p.19).
39. Similarly, citing Department of Employment survey research, the Productivity Commission reported that 89% of employers in the disability and personal care field indicated that a certificate-level qualification was essential for the job (Productivity Commission, 2017b, p. 339). Contradicting this view, however, over one-quarter of responding employers indicated that they regularly hire workers with no formal qualifications.
40. The gap between the broadly-shared view that high-quality disability services work requires workers with specialised tertiary qualifications, and the fact the most new recruits do not possess such skills (in the context of the rapid expansion of disability services provision under the NDIS) indicates a looming crisis in both quality of work (for workers in the industry) and quality of care (for NDIS participants). It also constitutes prima facie evidence that the industry needs to improve its “offer” to prospective employees. It is impossible to imagine that the requisite number of qualified, skilled and motivated workers could be attracted to this industry, given the unappealing or even intolerable conditions and insecurities which they would face in their new jobs.
41. We may now consider some of the current vocational education offerings that are presently available in Australia for prospective workers who wish to specialise in disability services work. Two qualifications in the sector are recognised nationally as part of the formal Vocational Education and Training (VET) framework. These two qualifications are:

- a. *CHC 33015: Certificate III in Individual Support (Disability)*;
- b. *CHC 43115: Certificate IV in Disability Support*.

42. For a Certificate III, students must undertake 7 core and 6 elective Units of Competency; and complete 120 hours of work experience (including completing a set of written and practical tasks in the workplace).

43. Defined qualifications for the sector are overseen by SkillsIQ (the Skills Service Organisation that covers the disability support sector as part of the wider community and social services area). No higher-level qualification vocational pathways are formally defined for disability support work, although many people working in the sector have higher-level qualifications in health or allied health disciplines (such as nursing and social work).

44. For a workforce that is low-paid and works a limited number of hours, there are significant barriers to enrolment and completion of vocational qualifications. There are a large number of private RTOs offering these and other relevant training packages (including some larger employers that have their own internal training and development divisions); and a considerable amount of training is undertaken in publicly-funded TAFEs. The costs of courses vary from provider to provider (and may depend on government-determined eligibility for funding requirements), but can range upwards of \$2,000. A compulsory work placement (of 120 hours), with workplace assessments, is also required, along with course work. There is no reliable evidence about the extent to which those completing these qualification are employed during the course of their training (i.e. people may complete courses on a pre-employment basis); whether they pay the costs of their own training; and whether costs of attendance (including paid time off) are met by their employer.

45. In recognition of the need for workers to complete some minimal level of training to work in the sector, an accredited induction skill set, *CHCSS00081 Induction to Disability*, was approved in 2015. It comprises four units of competency from the Health and the Community Services Training Packages, all focused on NDIS-specific aspects of

broader care work. The *Induction to Disability* skill set is designed for newly appointed disability support workers. It can be included as credit towards completion of the Certificate III Individual Support (Disability) or other national qualifications. However, take-up of this program by employers has so far been relatively rare.

46. In my original research with Ryan on the unmet skills needs of the disability services sector (Ryan and Stanford, 2018), we identified the instability of employment arrangements, the low wages, and the absence of defined and regulated career paths as key barriers inhibiting current and prospective disability support workers from accumulating more formal training. We proposed several measures to help improve and stabilise working conditions, and suggested that efforts to regulate more closely the job classifications and qualifications of different roles in the industry could reinforce efforts through other channels (including changes to the SCHDS Award) to develop better jobs.
47. Finally, it is worth considering further how the implementation of the new market-driven, individualised structure of the NDIS is affecting the industry's skills requirements. Indeed, the NDIS pricing model has had significant consequences for training and development in the sector. One of the major concerns has been a reduction in the time allocated for training within agencies, as a result in part of the lack of resources to support these broader overhead functions under the NDIS's unit-pricing model. Team meetings having all but disappeared; supervision has been severely curtailed; and many casual workers have been newly-employed with almost no supervision at all. These concerns are corroborated by employers, over a third of whom agree that support staff are not paid to attend regular team meetings or attend training and development activities (Cortis *et al.*, 2017).
48. A well-trained workforce is essential for achieving the quality of support promised by the system, but the experience so far in Australia supports international findings (Iancono, 2010) that consumer-directed delivery models tend to pay little attention to the need for long-term workforce development. Market forces cannot autonomously resolve these fundamental shortcomings; it will require pro-active regulation, attention and fiscal support to mobilise the ongoing investments in skills upgrading that the sector

requires. One of those pro-active initiatives would be to stabilise working hours, incomes, and conditions, to make the prospect of a career in disability services more appealing, and hence motivate the entry of additional recruits. Moreover, by stabilising and regulating work, opportunities are opened up to attach greater formal training requirements to job classifications and career paths.

B. Connection between the terms and conditions of the SCHDS Award, including broken shifts and unpaid travel time, and the disability sector's ability to attract appropriately skilled workers

49. The SCHDS Award plays an important role in establishing a benchmark of minimum wages, working conditions, and practices that applies across the broader community and human services sector, in line with the general Modern Awards objective to “provide a fair and relevant minimum safety net of terms and conditions.”¹⁹ Without the influence of the Award, there is no doubt that the downward pressure on job stability, compensation, and working practices that has been evident in the sector as it transitions toward the NDIS would be even more intense and damaging. The provisions of the Award clearly moderate the extent to which the fiscal pressures and operational flux associated with the roll-out of the new system have impacted on the stability and quality of work for disability service workers.

50. The unit price framework specified by the NDIS for disability services (under the NDIS's Reasonable Cost Model, RCM) makes explicit reference to the need of disability services agencies and employers to at least meet the minimum conditions specified in the Modern Award.²⁰ The price guides published by the NDIA proscribe maximum hourly payments for different categories of support (with slight variations depending on time of day, complexity of support needs and for remote locations). Those hourly payments explicitly require that all costs of providing support by a support worker employed under the SCHDS Award by a “reasonable” service provider be

¹⁹ Fair Work Act, Section 134(1). The full text of the Award is at Fair Work Commission (2019).

²⁰ NDIS participants with self-managed plans can determine their own prices for contracted services, presumably in negotiation with providers.

included in the cost base. However, since the roll-out of the NDIS began, the realism of this pricing model in relation to the true costs of providing support, and the transparency of the decisions made in respect of price-setting, have come under increasing criticism (Cortis *et al.*, 2017; McFadden, 2017).

51. Many agencies report challenges in covering the costs of those minimum standards from within the unit prices specified under the NDIS. For example, one survey of approximately 130 registered NDIS providing organisations found that current pricing levels do not enable them to meet the obligations specified under the SCHDS Award, to recruit or retain staff, and/or to cover the costs of support workers travelling between clients (Cortis and Blaxland, 2017, p. 10). In this regard, inadequacies in the NDIS fiscal system – including both inadequate unit price levels, and the deeper failure of the unit price system to allocate sufficient resources for overhead and infrastructural tasks (like training, supervision, and consultations among staff) clearly establishes a negative context for the development of a skilled, motivated disability services workforce.

52. Partly in response to these criticisms, the NDIA has recently announced some significant revisions to unit prices under its RCM, effective 1 July 2019.²¹ These changes include:²² price increases for various services (ranging between 1 and 5% for most services); adjustments to pricing for group activities; a new Temporary Transformation Payment (TPP) to supplement revenue for registered providers during the transition to the NDIS;²³ and an expansion of allowable transportation charges for some services (in some cases, such as core support services, allowing for up to 30 minutes travel time charged for traveling to an appointment in urban areas, and up to 60 minutes in regional areas).²⁴

53. These changes will incrementally improve the ability of service providers to cover reasonable and necessary costs for their workers, as well as for overhead functions (like

²¹ See NDIS (2019b).

²² See Naufal (2019).

²³ The TPP will be phased out over time.

²⁴ Workers providing capacity building supports can charge more travel time, including return trips to their central place of work.

staff meetings, training and supervision). But they will clearly not eliminate the fiscal “squeeze” on the ability of the industry to meet the needs of NDIS clients, while simultaneously respecting the minimum standards set out in the SCHDS award, let alone aspiring to set higher standards in work practice. In particular, allowing providers to charge participants for things like travel and non-face-to-face overhead activities will mean little if participants’ personal budgets are still unrealistically constrained; without additional funding to participants, these changes in allowable billing may simply force clients to abandon certain aspects of their personal programs in order to stay within their respective budgets.

54. While the SCHDS Award contains important provisions which protect DSWs from some of the worst potential consequences of the industry’s shift toward a more fragmented, irregular, and market-driven mode of service delivery, features of the Award have nevertheless permitted and facilitated the growth in insecurity and precarity which has been confirmed by our original research. In particular:
- a. The SCHDS Award has permitted the growing use of casual labour, which now accounts for most employment in the sector (and virtually all new hires). Casual workers are not protected by many of the same basic provisions (for example, regarding stability in shift scheduling or entitlements to notice of termination or redundancy pay) as permanent workers.
 - b. The SCHDS provisions for minimum call-out periods are weak; casual DSWs can be engaged for as little as 2 hours at a time, and there is no minimum call-out period for part-time workers.²⁵ The absence of stronger rules on minimum call-out has clearly facilitated the evolution of work in disability services toward discontinuous, unstable, and irregular hours of work.
 - c. The Award also allows employers to assign “broken shifts” (with one or more uncompensated non-meal breaks within any 12-hour period), to both permanent and casual employees in disability services, with no penalty.²⁶ This also facilitates the fragmentation and disruption of normal work schedules, complicates the challenges

²⁵ Sections 10.3 and 10.4.

²⁶ Section 25.6.

facing disability service workers to maintain health work-life balance, and undermines their effective hourly compensation (since time between portions of broken shifts typically occurs at sub-optimal locations and times of the day, thus preventing workers from experiencing full “value” for their leisure time).

55. Our original research noted the importance of the growing burden of transportation-related duties in contributing to the insecurity of work for DSWs, adding to their stress and safety risks, and undermining their effective hourly compensation. On this matter, the SCHDS Award is also clearly incomplete in establishing minimum safety net protections. It broadly specifies that the required use of a private vehicle for work purposes must be compensated by employers at \$0.78 per kilometer.²⁷ However, our original research has indicated that this provision is not uniformly applied in practice.²⁸ The SCHDS Award is silent on the other important problems we discovered regarding DSWs’ performance of transportation services, including inadequacy of necessary safety equipment and insurance, and inadequacy of training in safe operation of vehicles for work purposes. These issues are especially important when workers are required to transport clients in their own vehicles. Nor does the Award discuss issues regarding extra costs related to damage of personal vehicles during work use (which was also identified as a major concern by participants in our original research).

56. Finally, and perhaps most importantly, the Award presently does not specify minimum standards of practice regarding compensation for workers in work-related travel. Given the fragmentation of work assignments under the NDIS, and the increasingly common requirement that DSWs must travel to their clients – in some cases to multiple locations in the course of a day – work-related transportation is occupying a growing share of DSWs’ total time. This is especially true for the casual employees who now make up the majority of employees. Failure to compensate workers for this often-onerous transportation time (a practice, again, that was confirmed in our original research with

²⁷ Section 20.5.

²⁸ See Baines, Macdonald and Stanford (2019), pp. 22-26.

front-line workers²⁹) thus translates into a substantial reduction in effective compensation. To describe an extreme example, if a part-time worker were required to attend to 4 different clients in the course of a day, with each visit compensated for one hour, and requiring 1 hour of travel or non-compensated down time between assignments³⁰ plus 30 minutes travel at each end of the day, then the worker spends a total of 8 hours time to perform 4 hours of compensated work. Thus their effective compensation per hour spent working or getting to work is cut in half relative to the nominal amount specified in the Award: to under \$11 per hour for a worker at the SACS Grade 1 level. Allowing employers free reign to organise work in such a fragmented, inefficient and unfair manner will only further degrade effective conditions and compensation in the sector, and clearly exacerbate the challenges of recruitment and retention.

57. Note that the hyper-flexibility permitted by the SCHDS Award in shift scheduling, short assignments, broken shifts, and required but uncompensated travel time serves to eliminate the incentive or pressure on employers to try to organise work in the most efficient and stable manner. From the employer's perspective, there is little if any incentive to avoid scheduling work in small, discontinuous blocks (motivated, presumably, by the fragmented and unpredictable nature of demand from clients), nor to geographically plan the assignment of appointments to minimise travel time. When something is "free" (in this case, the disruption and uncompensated time of workers), it will not be treated with value and used efficiently. The weakness of the SCHDS Award in addressing these problems of instability and unpredictability in working arrangements is thus clearly facilitating the further fragmentation and destabilisation of work in the sector.

58. Other ways in which the framework determined by the SCHDS Award does not fully regulate working conditions and practices in the industry include the fact that it applies

²⁹ See Baines, Macdonald and Stanford (2019), pp. 22-26.

³⁰ Since the shifts can be broken without penalty, there is no requirement for the employer to align assignments in an efficient and continuous manner, so it would be unusual for the timing of assigned visits to perfectly align with travel schedules.

only to employees in the sector (not to independent service providers, contractors, and suppliers), and the fact that NDIS participants with self-managed plans are able to negotiate their own prices for contracted services (and hence are not directly bound by the minimum compensation and practice standards specified in the SCHDS Award, unless they contract with registered providers who are themselves bound by the Award).

59. In my judgment the two proposed revisions to the SCHDS Award – to specify penalty wage rates in cases of split or broken shifts, and to require minimum payment at normal rates for work-required transportation services – are both well-justified responses to problems of work fragmentation and unfairness that were documented in our original research, and in other studies. They would represent small, partial but important steps in addressing the growing fragmentation of work in this sector: a trend that is undermining the quality of work life for DSWs, the quality of service for clients, and the fundamental economic efficiency of agencies and employers.

60. In addition to these important reforms, the Commission, the Fair Work Ombudsman, and the industry need to pay more attention to regular enforcement of the Award’s provisions. Our original research indicated that even existing provisions of the Award regarding transportation (such as the requirement to compensate workers for use of their personal vehicles) are not always applied in practice.

C. Disability sector’s ability to attract a sufficient number of appropriately skilled workers

61. As our original research, and other published literature, has confirmed, the profound and growing instability and precarity of working arrangements in the disability services sector is clearly contributing to the industry’s workforce development challenges. With good reason, potential and motivated new recruits have grave doubts about their ability to earn a decent, stable living in this industry, or their ability to balance work and family/life commitments in a sustainable and healthy manner (given the constant turmoil they should expect to experience in their working lives). By endorsing and facilitating this degradation and destabilisation of work, the SCHDS Award as presently specified is

clearly failing to address this growing challenge – despite its incremental benefits in establishing and improving minimum standards and practices in some important areas. I expect that the sector’s recruitment and training difficulties will become more acute over time, as the demand from NDIS participants grows, as the sector becomes even more casualised, as disability service jobs become even more precarious, and as the existing cadre of more experienced and skilled workers continues to exit the industry (due to normal retirement or to premature departure as a result of intolerable conditions).

62. At present, the majority of new workers recruited to work in the sector do not possess any formal qualification in disability services work. According to the NDS (2018b) database, just one in five new recruits to the industry in 2017 held a Certificate III designation in disability services or higher qualification (NDS, 2018b, p.19).

63. This suggests that new recruits to the industry have considerably less training and qualifications than the existing workforce (as described by the Productivity Commission, 2017b, p. 334). This finding is consistent with the findings of the original qualitative research I conducted with Baines and Macdonald (Baines, Macdonald and Stanford, 2019, pp. 18-21), which similarly reported that incoming recruits had relatively weak qualifications and capacities; this resulted in an increase in workloads, responsibilities, and stress for existing more senior workers (who had to try to fill in tasks which new recruits were unable to perform).

64. The relatively less-skilled nature of new recruits reinforces the urgency of developing and funding ongoing training programs to enhance the skills and capacities of new recruits. It also underlines the importance of trying to stabilise the existing workforce and reduce turnover, thus preserving the skill base and human capital of current DSWs. Finally, it certainly reinforces the conclusion that the industry is unable, given its current practices, to attract the skilled workers that will be required to meet the expanded service delivery needs associated with the NDIS.

65. There is additional empirical evidence confirming that employers in the sector face major challenges in attracting new workers to the industry. The NDS (2018b) database indicates that four-fifths of all agencies attempted to hire new staff during the March 2018 quarter (NDS, 2018b, p.21). Of those, nearly one-third were unable to fill all the vacancies they advertised for, and unfilled positions accounted for 25% of all advertised positions (NDIS, 2018b, p. 22). Some agencies advertise permanently for new recruits, with no limit on hiring – in essence hiring all the new staff they can find.
66. In the March 2018 quarter, 43% of employers with unfilled vacancies cited an absence of suitable qualified candidates as the main reason for their unsuccessful recruitment effort (NDS, 2018b, p. 23). That was up sharply from 29% answering the similar question a year earlier, attesting to the increasing recruitment challenges facing the industry. Employers also cited the requirement “to work flexible hours in order to fit shifts that align with client needs” as another factor in their recruitment challenges (NDS, 2018b, p. 22).
67. At present, in conclusion, it is clear that the disability services sector is not meeting the challenge of recruiting, retaining and training a workforce of suitably qualified and motivated disability service workers that will be essential to meet the laudable goals of the NDIS. Part of the problem in this regard clearly rests with inadequacies in the structure and funding model of the NDIS itself. But part of the problem also related directly to the practices of disability agencies and providers, which are shifting the risks and uncertainties associated with the new system onto the backs of their workers. In most respects the SCHDS Award has permitted and facilitated this shifting of risk and uncertainty, and in so doing is contributing to a situation in which the quality of work and the quality of care in this sector are both damaged.
68. Disability sector employers can rightly complain about the failures of current NDIS funding practices to allow for normal costs of high-quality, sustainable service delivery: including inadequate allowances for training, supervision, and other overhead staff functions; and an unrealistic and extreme unit pricing system which fails to recognise that it is impossible to organise disability services work without down time, travel time,

and non-face-to-face time. But if providers are allowed to respond to those pressures by simply shifting the resulting costs, risks, and instability to workers, the long-run result will certainly be a workforce that is unstable, demoralised, and unqualified. Moreover, pressure to fix the underlying problem (flaws in the design of the NDIS pricing and delivery models) will be dissipated. It is unreasonable to expect DSWs to effectively subsidise the operation of an inadequately designed and funded system, through their own precarious and intolerable working conditions.

69. In this regard, by establishing firm benchmarks for fair and sustainable work practices in this rapidly-changing industry, and preventing employers from forcing DSWs to “pay” for the resulting fragmentation and uncertainty, these reforms to the SCHDS Award will contribute to the longer-run task of improving NDIS design. Agencies may have to go back to the NDIA (as part of the annual unit price review process) to argue for additional resources to account for changes in the SCHDS Award (regarding fair compensation for broken shifts and transportation time).³¹ But that is necessary in a system which is still “finding its way” in building a fiscal system within which high-quality disability services can be sustainably provided.

D. Implications for quality of care

70. There is a well-established relationship reported in peer-reviewed international research from a range of disciplines that the quality of care provided to recipients of various human services depends importantly on the stability, tenure, training, and motivation of the caring workforce.³² Improving the quality and appeal of jobs in human and caring services occupations will thus have a direct and necessary impact on improved quality of care. As summed up by the Organisation for Economic Cooperation and Development,

³¹ The 2019 adjustments to unit pricing will provide some additional resources to address those problems.

³² Representative examples of this extant literature from education, health care, aged care, disability services, and other caring industries include: Aiken *et al.* (2002); Dieleman and Harnmeijer (2006); Steinwachs *et al.* (2003); Kashen *et al.* (2016); Geisler *et al.* (2019); Carr (2014); Hotta (2007); Baines and Armstrong (2015); and Molineuvo *et al.* (2014).

“measures to improve retention can have a good return on investment, such as lower turnover, higher job satisfaction and better quality of care.”³³

71. In the specific context of disability services provision in Australia, accumulating evidence paints a similar picture that high levels of staff turnover; inadequate training, especially of new staff; inadequate opportunities for supervision and support of workers; inadequate systems for exchanging information between DSWs; inadequate provisions for transportation services related to accessing services; and other shortcomings in service delivery are all serving to negatively affect the quality of service and care received by NDIS participants.³⁴
72. Our original research interviews with front-line workers under the NDIS in the Newcastle region revealed several ways in which instability and fragmentation of work, high staff turnover, inadequate and unfair compensation, inadequate training, inadequate supervision and support, and unreasonable requirements on staff all directly undermined the quality of service and care which DSWs are able to provide to their clients. Some of these specific channels of impact on quality of care include:
- a. DSWs who work broken shifts in multiple locations rarely attend a central office or agency site, which prevents them from accessing information about clients or conferring with colleagues on treatment strategies (Baines, Macdonald and Stanford, 2019, pp. 28-30).
 - b. Very high staff turnover exacerbates problems with underskilled new workers, who do not have the skills or experience to address complex needs, consequently resulting in a higher burden of responsibility on the remaining more senior staff (Baines, Macdonald and Stanford, 2019, pp. 18-21).
 - c. The requirement that DSWs transport clients in their own vehicles creates situations where DSWs cannot simultaneously meet their clients’ needs and safely operate their vehicles (Baines, Macdonald and Stanford, 2019, pp. 22-26).

³³ OECD (2008), p. 199.

³⁴ Concerns regarding quality of care under the NDIS, and the connection between quality of care and the stability and conditions of work, are discussed by Cortis (2017), pp. 41-42; United Voice (2017); Ryan and Stanford (2018), pp. 33-34; and Australian Service Union (2019).

- d. Working without peer support in clients' private homes exposes DSWs to greater risk of violence and safety issues, and there is no opportunity to consult with or get support from colleagues in difficult situations (Baines, Macdonald and Stanford, 2019, pp. 21-22).

73. In sum, there is no doubt that the increasing fragmentation and insecurity of work for DSWs under the NDIS, the pattern of inadequate training, supervision and team support, and the very high staff turnover experienced in the industry, are having negative consequences for the delivery of high-quality disability support services, and thus defeating the ambitious goals of the NDIS. It is incumbent on all stakeholders in the system – including funders, managers of agencies, workers and their unions, clients and their advocates, and regulators – to find ways to stabilise the pattern of work in the sector. This will have many positive impacts on the quality of service and care received by participants in the system.

Conclusion and Declaration

74. My original research (in conjunction with co-investigators) of working practices, working conditions, and training needs in disability services work under the NDIS has confirmed that the new system is having a major negative effect on the stability and quality of work. In particular, work has been increasingly casualised, working hours have become highly irregular and fragmented, training and staff supports are sadly inadequate, and (as a result of these problems) staff turnover is very high.
75. This general finding is confirmed by my review of the extant academic, statistical and policy literature regarding negative trends in job stability, turnover, training and supervision for disability service workers, and the resulting negative impacts on both the retention and quality of the disability services workforce and the quality of care for people with disabilities.
76. The very important and laudable ambitions of the NDIS to provide disability services in a more respectful, democratic, and flexible manner will be squandered without urgent attention to the emerging crisis in the stability and quality of work in the sector. Urgent attention should be given by all stakeholders to the priority of improving job quality, stability, training, and compensation as a precursor for attracting and retaining the skilled, motivated workforce that is essential to the future success of the scheme.
77. To this end, I find the proposed amendments to the SCHDS Award to be modest, incremental, and sensible. They would make a small but important difference in stabilising jobs and schedules, preventing the further needless fragmentation of work, and somewhat improving fairness in compensation practices. Much more needs to be done to address the issues of precarity and fragmentation in disability service work, but these two steps would constitute a significant step in the right direction.

78. I have made all the inquiries that I believe are desirable and appropriate and no matters of significance that I regard as relevant have, to my knowledge, been withheld from the Commission.

A handwritten signature in black ink, appearing to read 'J. Stanford', with a large, stylized initial 'J' and a long, sweeping underline.

Signed:

Dr. James Stanford

Sydney, Australia

23 September, 2019

Bibliography

Aiken, L.H., Clarke, S.P., and Sloane, D.M. (2002). Hospital staffing, organisation and quality of care: cross-national findings. *Nursing Outlook* 50(5), pp.187–194.

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Collings, S., Dew, A., and Dowse, L. (2016). Support planning with people with intellectual disability and complex support needs in the Australian National Disability Insurance Scheme. *Journal of Intellectual and Developmental Disability* 41(3), pp. 272-276.

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Cortis, N., and Blaxland, M. (2017). Workforce issues in the NSW community services sector: Social Policy Research Centre, UNSW.

Cortis, N., Macdonald, F., Davidson, B. & Bentham, E. (2017). Reasonable, necessary and valued: Pricing disability services for quality support and decent jobs. Sydney: Social Policy Research Centre, University of New South Wales.

Dieleman, M., and Harnmeijer, J.W. (2006). Improving health worker performance: In search of promising practices. Geneva: World Health Organization.

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Iancono, L. (2010). Addressing increasing demands on Australian disability support workers. *Journal of Intellectual and Developmental Disability* (35)4, pp. 290-295.

Geisler, M., Berthelson, H., and Muhonen, T. (2019). Retaining social workers: The role of quality of work and psychosocial safety climate for work engagement, job satisfaction, and

organizational commitment. *Human Service Organizations: Management, Leadership & Governance* 43(1).

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Macdonald, F., Bentham, E. & Malone, J. (2018). Wages, underpayment and unpaid work in marketised social care. *Economic and Labour Relations Review*, 29(1): 80-96.

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Stanford, J. (2018). *Presentation to the Joint Standing Committee on the National Disability Insurance Scheme, Parliament of Australia. Hansard, 14 June*.

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Worthington, L. (2016). Is the NDIS reasonable cost methodology reasonable? Samaritans Foundation, Diocese of Newcastle.

List of Attachments

- A. Curriculum vitae for Dr. James Stanford
- B. Letter of instruction from Australian Services Union

Full reports appended to expert opinion of James Stanford:

- C. Baines and Macdonald (2019)
- D. Baines, Kent and Kent (2019)
- E. Baines, Macdonald, Stanford and Moore (2019)
- F. Baines, Macdonald and Stanford (forthcoming)
- G. Ryan and Stanford (2018)
- H. Stanford (2018)

Curriculum Vitae

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◆ ◆ ◆ ◆

1. Current Status:

Economist and Director, Centre for Future Work
The Australia Institute
Level 1, Endeavour House, 1 Franklin Street
Manuka ACT 2603, Australia

Harold Innis Industry Professor (fractional appointment)
Department of Economics, McMaster University
Hamilton, Ontario, L8S 4L8, Canada

Honorary Professor, Department of Political Economy
University of Sydney
Sydney 2006 Australia

2. Education:

Graduate Faculty, New School for Social Research, New York (1990-95)

Ph.D. in Economics

Degree conferred in 1995.

Dissertation: *Social Structures, Labor Costs, and North American Economic Integration.*

Areas of concentration: international economics, macroeconomics, labour economics.

University of Cambridge, Cambridge, U.K. (1985-1986)

M.Phil. in Economics

Degree conferred with distinction in 1986.

Areas of concentration: labour economics, macroeconomics.

University of Calgary, Calgary, Alberta (1979-1984)

B.A. (Hons.) in Economics

Degree conferred with distinction in 1984.

3. Employment History:

**Centre for Future Work, The Australia Institute, Sydney, Australia
(2016-present)**

Economist and Founding Director.

Responsible for research, publication, public commentary, and fund-raising for research centre addressing labour market and employment policy issues.

**McMaster University, Department of Economics, Hamilton, Canada
(2015-present)**

Harold Innis Industry Professor, Department of Economics (fractional appointment).

Responsibilities: teaching postgraduate courses in economic policy, co-supervising graduate students, participation in funded research.

Unifor, Toronto, Canada (1994-2015)

Economist, and Director of Economic, Social and Sectoral Policy.

Canada's largest private sector trade union (formerly Canadian Auto Workers).

Responsibilities: macroeconomic, labour market, fiscal, and trade policy analysis; collective bargaining and corporate research; union strategy; member education.

Oversaw union's policy development, co-managed department with 7 total staff.

Continuing role as economic advisor to Unifor's leadership team.

Brookings Institution, Washington DC (1992-1993)

Research Fellow, Economic Studies Program.

Conducted research project on quantitative models of the economic effects of North American free trade.

Canadian Union of Public Employees, Ottawa (1989-1990)

Research Assistant, Research Department.

Responsibilities: macroeconomic and fiscal policy analysis; collective bargaining research; pension planning.

Canadian Energy Research Institute, Calgary (1986-1989)

Research Economist.

Responsibilities: world oil demand and supply modelling and market analysis; analysis of electricity industry regulation and deregulation.

4. Professional Organizations:

Member, Canadian Economics Association.

Member, Economic Society of Australia.

Steering Committee Member and Past Chairperson, Progressive Economics Forum.

Founding Member, World Economics Association.

Member, Former Steering Committee Member, Union for Radical Political Economics.

5. Scholarly and Professional Activity:

5.1 Academic Journals:

Member, Editorial Board, *Studies in Political Economy*, 1999-present (Canada's leading political economy journal).

Member, Editorial Board, *Labour – Le Travail*, 2003-2017 (Canadian labour studies and labour history journal).

Have served as peer reviewer for several other academic journals, including the *Cambridge Journal of Regions, Economies, and Society*; the *International Review of Applied Economics*; *Canadian Public Policy*; *Economic and Labour Relations Review*; and the *Journal of*

Australian Political Economy.

5.2 Other Academic Activity:

Honorary Professor, Department of Political Economy,
University of Sydney, Australia, 2016-present.

Visiting Scholar, School of Population Health,
University of Melbourne, Australia, 2006-2007.

Adjunct Professor and Council Member,
Centre for Research on Work and Society (renamed Global Labour Research Centre),
York University, Toronto, 1997-2007.

Co-Chair, Working Group on Labour Market Regulation and Deregulation,
Centre for Research on Work and Society, York University, Toronto, 1998-2002.

5.3 Government and Policy Bodies:

Member, Jobs and Prosperity Council, Government of Ontario, 2012-2013.

Technical Expert, Ontario Workplace Safety and Insurance Board Funding Review,
2010-2011.

Vice Chair, Ontario Manufacturing Council, Government of Ontario, 2007-present.

Member, Board of Directors,
Public Policy Forum, Ottawa, 2004-2010.

Member, Expert Panel on Business Innovation,
Council of Canadian Academies / Industry Canada, 2007-2009.

Member, Mayor's Independent Fiscal Review Panel,
City of Toronto, 2007-08.

Canadian Automotive Partnership Council (CAPC), Industry Canada,
Co-Chair, CAPC International Trade Committee, 2002-2015.

Selected Specialist on Budgetary Estimates,
House of Commons of Canada, Finance Committee, 2004-2006.

Member, Minister's Advisory Committee on Air Policy Issues,
Ministry of Transportation, Government of Canada, 1996-1997.

Co-Chair, Marketing, Investment and Finance Task Force,
Machinery, Tool, Die and Mould Industry Sectoral Partnership Initiative,
Government of Ontario, 1994-1995.

Co-Chair, Export Development Task Force,
Electrical and Electronics Industry Sectoral Partnership Initiative,
Government of Ontario, 1994-1995.

5.4 Community and Voluntary Activities:

Member, Members' Council, and Research Associate,
Canadian Centre for Policy Alternatives, Ottawa, 1996-present.

Chair, Advisory Board, Ontario Office, Canadian Centre for Policy Alternatives,
Toronto, 2012-2015.

Member, Advisory Committee, *leadnow.ca*, 2011-2015 (internet social activist
organization).

Director (2002-15) and Member of Advisory Committee (2015-present), Canadian
Foundation for Economics Education.

Member, Steering Committee and Co-Author, Alternative Federal Budget Project,
Ottawa, 1995-2015.

6. Main Areas of Research Interest:

Economic structure and sectoral policy: Impact of resource and commodity cycles on economic and industrial structure; industrial and sectoral development strategies under globalization; environmental constraints, environmental policy, and industrial structure.

Precarious work, unions, and new models of organization: Economic and social effects of trade unions and collective bargaining; impact of economic changes and globalization on union power; new forms of union organizing and collective representation; collective organization in precarious and non-standard work; relationships between technology, productivity, union power, and inequality.

Globalization, trade policy, and economic modelling: Economic impacts of trade policy and new free trade agreements; critique of neoclassical models of international economic integration; national industrial policy and global supply chains; alternative trade and development policies.

7. Honours and Awards:

Progressive Economics Forum (2018)

“Galbraith Prize,” for lifetime contribution to progressive economic research and pedagogy.

Ontario History and Social Science Teachers Association (2015)

“Outstanding Canadians Leadership Award,” for economic literacy initiatives.

Canadian Civil Liberties Association (2012)

Award for outstanding “Public Engagement,” for economic commentary and economic literacy initiatives.

Canadian Association of Labour in Media (2011)

Best Public Advocacy Video in 2010, awarded for “The Curious Case of the Missing Recovery” (dir. Michael Connolly, 12 minutes).

Public Policy Forum Testimonial Award (2011)

Award for noteworthy contributions to public policy in Canada.

New Unionism Network (2009)

Best Labour Book of 2008, awarded for *Economics for Everyone: A Short Guide to the Economics of Capitalism* (London: Pluto Books).

Frieda Wunderlich Memorial Award, New School for Social Research (1995)

Awarded for best dissertation by a non-U.S. graduating Ph.D. student.

SSHRC Post-Doctoral Fellowship, York University (1994)

Awarded for two years, "Institutional Structures and North American Economic Integration." (Fellowship declined in favour of position with Canadian Auto Workers.)

Leo Model Research Fellowship, Brookings Institution, Washington D.C. (1993-94)

Awarded for quantitative study of the economic consequences of the NAFTA.

Social Sciences and Humanities Research Council, Doctoral Fellowship (1991-1995)

Four-year award to support doctoral studies in economics.

Eberstadt Prize Fellowship, New School for Social Research (1990-1993)

Three-year award to support doctoral studies in economics.

National Journalism Award, Canadian Petroleum Association (1991)

Best feature article prize, for magazine article on Canadian natural gas exports.

Letter of Distinction, University of Cambridge (1986)

Awarded for highest grades in M.Phil. graduating class.

Commonwealth Scholarship (1985-1986)

Award to support M.Phil. studies in economics.

8. Teaching Experience:

Australian Council of Trade Unions, Australia (2016-present)

Designed and taught 5-day and 2-day residential courses on "Economics for Unionists" as part of The Union Education Foundation programme.

Dept. of Economics, McMaster University, Hamilton, Canada (2016-2018)

Postgraduate seminar course in economic policy (fractional position).

University Guest Lectures

Delivered dozens of guest lectures, both undergraduate and postgraduate, in economics, political economy, and economic policy at universities around the world, including: Renmin University (Beijing), University of Sydney, University of Melbourne,

University of Strathclyde, University of Wisconsin in Madison, University of Vermont, New School for Social Research, University of Massachusetts at Amherst, University of Toronto, York University, Ryerson University, University of British Columbia, University of Guelph, Trent University, Laurentian University, University of Western Ontario, King's College (London, Canada), and Queen's University (Canada).

Unifor, Toronto, Canada

Designed and taught annual courses from 2006 through 2015 on "Economics for Trade Unionists" in on-line, classroom, and residential settings.

Other Labour Movement Education

Have designed and taught courses, based on my book *Economics for Everyone: A Short Guide to the Economics of Capitalism*, for other labour organizations including the Australian Council of Trade Unions (ACTU), International Transport Workers Federation (ITF), the Canadian Labour Congress (CLC), the Australian Manufacturing Workers Union (AMWU), and the New Zealand Council of Trade Unions (NZCTU), in classroom and residential settings.

Eugene Lang College, New York City (1992)

Undergraduate Instructor, Social Sciences Department: Introductory economics.

Graduate Faculty, New School for Social Research, New York (1991)

Teaching Assistant, Economics Department: Postgraduate macroeconomics.

University of Calgary, Calgary, Alberta (1987-1988)

Undergraduate Instructor, Economics Department: Microeconomics, macroeconomics.

9. Postgraduate Students Supervised or Examined:

Phillipe J. Scrimger, Ph.D., Industrial Relations, Université de Montréal, successfully completed, 2018. "The Distributive Effects of Trade Unionism: A Look at Income Inequality and Redistribution in Canada's Provinces." External examiner.

Martin Duck, M.A., Political Economy, University of Sydney, successfully completed, 2016. "The Australian Resource Boom: Consolidating Neoliberal Hegemony." External examiner.

Natasha Heenan, M.A. (Research), Political Economy, University of Sydney, successfully completed, 2018, "The Radical Political Economy of Tourism in Emerging Countries," committee member.

Nicholas Falvo, Ph.D., Public Administration, Carleton University, successfully completed, 2015. "Three Essays on Social Assistance in Canada: A Multidisciplinary Focus on Ontario Singles." Committee member.

Troy Henderson, M.A. (Research), Political Economy, University of Sydney, successfully completed, 2014. "The Four-Day Workweek as a Policy Option for Australia." External examiner.

Freya Kodar, LL.M., York University, successfully completed, 2002. "Corporate Law, Pension Law and the Transformative Potential of Pension Fund Investment Activism." Committee member.

10. Research Funding:

2018-. Partner, FASS Strategic Research Grant, University of Sydney, "Class in the 21st Century: Australia's New Political Economy of Assets," Lisa Adkins, Melinda Cooper and Martijn Konings, P.I.'s.

2016-2018. Collaborator, SSHRC Partnership Development Grant, \$199,740, "Austerity and its Alternatives," Stephen McBride, P.I., McMaster University.

2015-2018. Community Partner, SSHRC Partnership Program, \$2,496,543, "Mapping the Power of the Carbon-Extractive Corporate Resource Sector," William Carroll, P.I., University of Victoria.

2015-2016. Collaborator, SSHRC Partnership Development Grant, \$200,000, "Productivity, Firms, and Incomes," Michael Veall, P.I., McMaster University.

2014-2016. Collaborator, SSHRC Partnership Development Grant, \$170,962, "Policy Engagement at Multiple Levels of Governance: A Case Study of the Minimum Wage/Living Wage Policy Community," Bryan Evans, P.I., Ryerson University.

2012. Applicant, Metcalf Foundation, \$25,000, for Ontario office of the Canadian Centre for Policy Alternatives, Living Wage Initiative.

2012-2016. Executive Member, Automotive Partnership Council and SSHRC, \$2,011,000, "Manufacturing Policy and the Canadian Automotive Sector: Analysis and Options for Growth, Sustainability and Global Reach," Charlotte Yates, P.I., McMaster University.

2012-2016. Community Partner, SSHRC Partnership Program, \$2,500,000, "On the Move: Employment-Related Geographical Mobility in the Canadian Context," Barbara Neis, P.I., Memorial University.

2004-2006. Community Partner, SSHRC New Economy Program, \$900,000, "Restructuring Work and Labour in the New Economy," Norene Pupo, P.I., York University.

2001. Applicant and Conference Co-chair, SSHRC Conference Grant, \$12,500, "Challenging the Market," York University.

2000-2003. Community Partner, SSHRC Globalization and Social Cohesion Initiative, \$600,000, "Strengthening Canada's Environmental Community Through International Regime Reform," EnviReform, John Kirton, P.I., University of Toronto.

1998-2000. Collaborator, SSHRC Research Development Initiative, \$90,000, "Defining the Public Domain," Daniel Drache, P.I., York University.

11. Peer-Reviewed Publications:

11.1 Books:

Stewart, Andrew, Jim Stanford, and Tess Hardy, eds. (2018). *The Wages Crisis in Australia: What It Is and What To Do About It* (Adelaide: University of Adelaide Press), 328 pp.

Stanford, Jim (2015). *Economics for Everyone: A Short Guide to the Economics of Capitalism, Second Edition* (London: Pluto Books), 402 pp.

Stanford, Jim (2008). *Economics for Everyone: A Short Guide to the Economics of Capitalism* (London: Pluto Books), 350 pp. Published in 6 languages.

Stanford, Jim, and Leah Vosko, eds. (2004). *Challenging the Market: The Struggle to Regulate Work and Income* (Montreal: McGill-Queen's University Press).

Stanford, Jim, Lance Taylor, and Ellen Houston, eds. (2000). *Power, Employment and Accumulation* (Armonk, N.Y. M.E.Sharpe).

Stanford, Jim (1999). *Paper Boom: Why Real Prosperity Requires a New Approach to Canada's Economy* (Toronto: James Lorimer).

Reinsch, Anthony E., Kevin J. Brown, and Jim Stanford (1988). *Stability Within Uncertainty: Evolution of the World Oil Market* (Calgary: Canadian Energy Research Institute).

11.2 Book Chapters:

Jim Stanford (forthcoming). "Dimensions and Implications of the Slowdown in OECD Business Investment," in Louis-Phillipe Rochon and Hassan Bougrine, eds., *Essays in Honour of Marc Lavoie and Mario Seccareccia* (Cheltenham: Edward Elgar).

Jim Stanford (forthcoming). "Staples Dependence Renewed and Betrayed: Canada's 21st Century Boom and Bust," in Mark Thomas, Leah Vosko, and Carlo Fanelli, eds., *Change and Continuity: Canadian Political Economy in the New Millennium* (Montreal: McGill-Queen's University Press).

Jim Stanford (2019). "The North American Free Trade Agreement: History, Structure and Prospects," in Jonathan Michie, ed., *Handbook of Globalization* (Oxford: Oxford University Press, 3rd edition), pp. 272-303.

Jim Stanford (2019). "The Great Stagnation and the Failure of Business Investment," in Dieter Plehwe, Moritz Neujeffski, Stephen McBride and Bryan Evans, eds., *Austerity: 12 Myths Exposed* (Berlin: Social Europe), pp. 1-9

Jim Stanford (2018). "'Fair Go' No More: Australian Neoliberalism and Labour Market Policy," in Damien Cahill and Phil Toner (eds.), *Wrong Way: The Legacy of Reform* (Carlton: Black Inc.), pp. 166-185.

Stanford, Jim (2016). "Is More Trade Liberalization the Remedy for Canada's Trade

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- Murnighan, Bill, and Jim Stanford (2013). "'We Will Fight This Crisis': Auto Workers Respond to an Industrial Meltdown," in Hugh Chessire and Tim Fowler (eds.), *Labour, State and Crisis* (Ottawa: Red Quill), pp. 129-165.
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- Stanford, Jim (2010). "What Drives Investment: A Heterodox Perspective?," in Hassan Bougrine and Mario Seccareccia (eds.), *Introducing Macroeconomic Analysis: Issues, Questions, and Competing Views* (Toronto: Emond Montgomery), pp. 101-115.

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- Stanford, Jim (2005). "Industrial Policy in an Era of Free Trade: What Isn't, and Is, Possible?," in Mark Setterfield (ed.), *Interactions in Analytical Political Economy: Theory, Policy and Applications* (Armonk, N.Y.: M.E. Sharpe), pp. 114-139.
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- Gindin, Sam, and Jim Stanford (2003). "Canadian Labour and the Political Economy of Transformation," in Wallace Clement and Leah F. Vosko (eds.), *Changing Canada: Political Economy as Transformation* (Montreal: McGill-Queen's University Press).
- Stanford, Jim (2001). "Social Democratic Policy and Economic Reality: the Canadian Experience," in Philip Arestis and Malcolm Sawyer (eds.), *The Economics of the Third Way: Experiences from Around the World* (Cheltenham, U.K.: Edward Elgar), pp. 79-105.
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- Stanford, Jim (2000). "A Reality Check," in L. Ian MacDonald (ed.), *Free Trade: Risks and*

Rewards (Montreal: McGill-Queen's University Press).

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Stanford, Jim (1998). "The Rise and Fall of Deficit-Mania: Public-Sector Finances and the Attack on Social Canada," in Wayne Antony and Les Samuelson (eds.), *Power and Resistance: Critical Thinking About Canadian Social Issues* (Halifax: Fernwood).

Stanford, Jim (1996). "Discipline, Insecurity, and Productivity: The Economics Behind Labour Market 'Flexibility'," in Jane Pulkingham and Gordon Ternowetsky (eds.), *Remaking Canadian Social Policy* (Halifax: Fernwood).

Stanford, Jim (1995). "The Permanent Recession and Canada's Debt: The Fiscal Context of Social Reform," in Daniel Drache and Andrew Ranachan (eds.), *Warm Heart, Cold Country: Fiscal and Social Policy Reform in Canada* (Ottawa: Caledon Institute).

Stanford, Jim (1993). "North American Economic Integration and the International Regulation of Labor Standards," in Bruno Stein (ed.), *Proceedings of New York University 46th Annual National Conference on Labor* (Boston: Little Brown).

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11.3 Journal Articles:

Jim Stanford (forthcoming). "A Turning Point for Labour Market Policy in Australia," *Economic and Labour Relations Review*.

Jim Stanford (2018). "The Declining Labour Share in Australia: Definition, Measurement, and International Comparisons," *Journal of Australian Political Economy* 81, pp. 11-32.

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- Stanford, Jim (2003). "Economic Models and Economic Reality: North American Free Trade and the Predictions of Economists," *International Journal of Political Economy* 33(3), pp. 28-49.
- Stanford, Jim (2001). "The Economic and Social Consequences of Fiscal Retrenchment in Canada in the 1990s," *Review of Economic Performance and Social Progress* 1, pp. 141-160.
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- Stanford, Jim (1997). "Is There a Risk Premium in Canadian Interest Rates?," *Canadian Business Economics* 5(4), Summer, pp. 53-60.
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- Stanford, Jim (1993). "Continental Economic Integration: Modeling the Impact on Labor," *Annals of the American Academy of Political and Social Science* (526), March, pp. 92-110.

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11.4 Encyclopaedia Entries:

Stanford, Jim (2015). "Mark Carney," in Louis-Philippe Rochon, Sergio Rossi, and Matias Vernengo, eds., *The Elgar Encyclopaedia of Central Banking* (Cheltenham: Edward Elgar), pp. 71-74.

12. Non-Peer-Reviewed Research Publications:

12.1 Technical and Policy Papers:

Stanford, Jim, Troy Henderson, and Matt Grudnoff (2019). *What's a Million, Anyway? Australia's 2013-18 Job Creation in Historical Perspective* (Canberra: Centre for Future Work at the Australia Institute), 41 pp.

Stanford, Jim, and Alison Pennington (2019). *Turning 'Gigs' Into Decent Jobs* (Canberra: Centre for Future Work at the Australia Institute), 35 pp.

Stanford, Jim and Matt Grudnoff (2018). *The Future of Transportation Work: Technology, Work Organisation and the Quality of Jobs* (Canberra: Centre for Future Work at the Australia Institute), 76 pp.

Stanford, Jim (2018). *Subsidising Billionaires: Simulating the Net Incomes of UberX Drivers in Australia* (Canberra: Centre for Future Work at the Australia Institute), 32 pp.

Ryan, Rose, and Jim Stanford (2018). *A Portable Training Entitlement System for the Disability Support Services Sector* (Canberra: Centre for Future Work at the Australia Institute), 68 pp.

Watson, Ian, and jim Stanford (2018). *Restoring Security and Respect: Rebuilding NSW's Workers Compensation System* (Canberra: Centre for Future Work at the Australia Institute), 95 pp.

Stanford, Jim (2018). *Raising the Bar: How Government Can Use its Economic Leverage to Lift*

- Labour Standards Throughout the Economy* (Canberra: Centre for Future Work at the Australia Institute), 45 pp.
- Carney, Tanya, and Jim Stanford (2018). *Advanced Skills for Advanced Manufacturing: Rebuilding Vocational Training in a Transforming Industry* (Canberra: Centre for Future Work at the Australia Institute), 31 pp.
- Stanford, Jim (2018). *A Secret Weapon in the Fight Against Financial Misconduct: Sectoral Collective Bargaining* (Canberra: Centre for Future Work at the Australia Institute), 46 pp.
- Henderson, Troy, and Jim Stanford (2018). *Under The Employer's Eye: Electronic Monitoring & Surveillance in Australian Workplaces* (Canberra: Centre for Future Work at the Australia Institute), 54 pp.
- Stanford, Jim, and Tom Swann (2017). *Manufacturing: A Moment of Opportunity* (Canberra: Centre for Future Work at the Australia Institute), 48 pp.
- Henderson, Troy, and Jim Stanford (2017). *False Economies: The Unintended Consequences of NSW Public Sector Wage Restraint* (Canberra: Centre for Future Work at the Australia Institute), 33 pp.
- Stanford, Jim (2017). *The Consequences of Wage Suppression for Australia's Superannuation System* (Canberra: Centre for Future Work at the Australia Institute), 46 pp.
- Pennington, Alison, and Jim Stanford (2017). *Technology, Work Organisation, and Employment in Public Transport* (Canberra: Centre for Future Work at the Australia Institute), 102 pp.
- Stanford, Jim (2017). *Technology and the Future of Transportation Work*, by Jim Stanford, prepared for ITF World Congress Documents, 23 pp.
- Stanford, Jim (2017). *Summary of Automotive Industry Collective Bargaining Models in Four Countries* (Report prepared for the International Labour Office, Geneva), 31 pp.
- Stanford, Jim (2017). *Tip of the Iceberg: Weekend Work and Penalty Pay in 108 Australian Industries* (Canberra: Centre for Future Work at the Australia Institute), 31 pp.

- Stanford, Jim (2016). *The Economic, Fiscal, and Social Importance of Aluminium Manufacturing in Portland, Victoria* (Canberra: Centre for Future Work at the Australia Institute), 65 pp.
- Stanford, Jim (2016). *Economic Aspects of Domestic Violence Leave Provisions* (Canberra: Centre for Future Work at the Australia Institute), 29 pp.
- Stanford, Jim (2016). *Beyond Belief: Construction Labour and the Cost of Housing in Australia* (Canberra: Centre for Future Work at the Australia Institute), 30 pp.
- Swann, Tom, and Jim Stanford (2016). *Excessive Hours and Unpaid Overtime: An Update* (Canberra: Centre for Future Work at the Australia Institute), 17 pp.
- Stanford, Jim (2016). *Penny Wise and Pound Foolish: The Economic and Fiscal Costs of Offshoring Public Procurement* (Canberra: Centre for Future Work at the Australia Institute), 32 pp.
- Stanford, Jim (2016). *Jobs and Growth... And a Few Hard Numbers: A Scorecard on Economic Policy and Economic Performance* (Canberra: Centre for Future Work at the Australia Institute), 22 pp.
- Stanford, Jim (2016). *Manufacturing (Still) Matters: Why the Decline of Australian Manufacturing is Not Inevitable, and What Government Can Do About It* (Canberra: Centre for Future Work at the Australia Institute), 15 pp.
- Stanford, Jim, and Jordan Brennan (2015). *Rhetoric and Reality: Evaluating Canada's Economic Record Under the Harper Government* (Toronto: Unifor), 63 pp.
- Brennan, Jordan, and Jim Stanford (2014). *Dispelling Minimum Wage Mythology: The Minimum Wage and the Impact on Jobs in Canada, 1983–2012* (Ottawa: Canadian Centre for Policy Alternatives), 24 pp.
- Haley, Brendan, and Jim Stanford (2014). *Short-Circuited: Assessing the Ontario Progressive Conservative Party's Energy Policy* (Toronto: Canadian Centre for Policy Alternatives Ontario), 15 pp.
- Stanford, Jim (2014). *CETA and Canada's Auto Industry: Making a Bad Situation Worse* (Ottawa: Canadian Centre for Policy Alternatives), 40 pp.

- Stanford, Jim (2014). *Canada's Auto Industry and the New Free Trade Agreements: Sorting Through the Impacts* (Ottawa: Canadian Centre for Policy Alternatives), 34 pp.
- Stanford, Jim, ed. (2014). *The Staple Theory @ 50: Reflections on the Lasting Significance of Mel Watkins' "A Staple Theory of Economic Growth"* (Ottawa: Canadian Centre for Policy Alternatives), 135 pp.
- Clarke, Tony, Diana Gibson, Brendan Haley, and Jim Stanford (2013). *Bitumen Cliff: Lessons and Challenges of Bitumen Mega-Developments for Canada's Economy in an Age of Climate Change* (Ottawa: Canadian Centre for Policy Alternatives), 102 pp.
- Stanford, Jim (2012). *A Cure for Dutch Disease: Active Sector Strategies for Canada's Economy* (Ottawa: Canadian Centre for Policy Alternatives), 11 pp.
- Stanford, Jim (2012). "Wage-Cutting as Industrial Strategy: Rejoinder to Shiell and Somerville." Montreal: Institute for Research on Public Policy, 12 pp.
- Dryden, Robert, and Jim Stanford (2012). *The Unintended Consequences of Outsourcing Cleaning Work*. Ottawa: Canadian Centre for Policy Alternatives, 42 pp.
- Stanford, Jim (2012). *Canada's Incomplete, Mediocre Recovery*. Ottawa: Canadian Centre for Policy Alternatives, 2012, 7 pp.
- Stanford, Jim (2011). *Graphs for Dummies: The Troubled Geometry of Tim Hudak's 'changeboook'* (Ottawa: Canadian Centre for Policy Alternatives), 15 pp.
- Stanford, Jim (2011). *Having Their Cake and Eating It Too: Business Profits, Taxes, and Investment in Canada, 1961 Through 2010* (Ottawa: Canadian Centre for Policy Alternatives), 37 pp.
- Stanford, Jim (2010). *Out of Equilibrium: The Impact of EU-Canada Free Trade on the Real Economy* (Ottawa: Canadian Centre for Policy Alternatives), 44 pp.
- Stanford, Jim (2009). *The Profitability of Automotive Manufacturing in Canada, 1972-2007* (Toronto: CAW-Canada), 10 pp.
- Mackenzie, Hugh, and Jim Stanford (2008). *A Living Wage for Toronto* (Ottawa:

Canadian Centre for Policy Alternatives), 28 pp.

Stanford, Jim, and Pat Conroy (2007). *The Potential Employment Impacts of an Australia-China Free Trade Agreement* (Sydney: Australian Manufacturing Workers Union), 44 pp.

Poon, Daniel, and Jim Stanford (2006). *Employment Implications of Trade Liberalization with East Asia* (Toronto: CAW-Canada), 33 pp.

Stanford, Jim (2000). "A Success Story: Canadian Productivity Performance in Auto Assembly," Conference Proceedings, Conference on the Canada-U.S. Manufacturing Productivity Gap (Ottawa: Centre for the Study of Living Standards).

Stanford, Jim (1998). *Economic Freedom (For the Rest of Us)* (Ottawa: Canadian Centre for Policy Alternatives), 43 pp.

Stanford, Jim (1996). *The Macroeconomics of Cutbacks* (Ottawa: Canadian Centre for Policy Alternatives), 22 pp.

Stanford, James (1993). *The Economic Impact of North American Free Trade: A Three Country General Equilibrium Model with Real-World Assumptions* (Ottawa: Canadian Centre for Policy Alternatives), 53 pp.

Stanford, Jim, Christine Elwell and Scott Sinclair (1993). *Social Dumping: An Empirical and Institutional Investigation* (Ottawa: Canadian Centre for Policy Alternatives), 38 pp.

Stanford, Jim (1991). *Going South: Cheap Labour as an Unfair Subsidy in North American Free Trade* (Ottawa: Canadian Centre for Policy Alternatives), 44 pp.

12.2 Book Reviews:

Stanford, Jim (2014). Review of *Autonomous State: The Struggle for a Canadian Car Industry from OPEC to Free Trade*, by Dimitry Anastakis, in *Canadian Journal of Political Science* 47(1), pp. 204-207.

Stanford, Jim (2011). Review of *The Economics Anti-Textbook: A Critical Thinker's Guide to*

Micro-Economics, by Rod Hill and Tony Myatt, in *Labour/Le Travail* 68 (Autumn), pp. 249-252.

Stanford, Jim (2008). Review of *The State of Working America 2006/07* and Related Books, in *Review of Radical Political Economics* 40(2), pp. 239-243.

Stanford, Jim (2005). Review of *Corporate Governance in Global Capital Markets*, ed. by Janis Sarra, in *Labour/Le Travail*, 56, pp. 304-307.

Stanford, Jim (2004). Review of *Minimum Wages in Canada: A Statistical Portrait with Policy Implications*, by Ken Battle, in *Canadian Review of Social Policy* (54), pp. 151-153.

Stanford, Jim (2001). Review of *Sharing the Work, Sparing the Planet: Work Time, Consumption and Ecology*, by Anders Hayden, in *Labour/Le Travail* 48 (Fall), pp. 326-329.

12.3 Book Chapters:

Stanford, Jim (2013). "The Failure of Corporate Tax Cuts to Stimulate Business Investment Spending," in Richard Swift, ed., *The Great Revenue Robbery* (Toronto: Between the Lines), pp. 66-83.

Stanford, Jim (2011). "Canada's Productivity and Innovation Failures: Questioning the Conventional View," in *The Canada We Want in 2020: Towards a Strategic Policy Roadmap for the Federal Government* (Ottawa: Canada 2020), pp. 20-24.

Stanford, Jim (2008). "Backsliding: Manufacturing Decline and Resource Dependency," in Teresa Healy, ed., *The Harper Record* (Ottawa: Canadian Centre for Policy Alternatives), pp. 71-95.

Stanford, Jim (2008). "Canada's Economic Structure: Back to the Future?," in Rudyard Griffiths (ed.), *Canada in 2020: Twenty Leading Voices Imagine Canada's Future* (Toronto: Key Porter), pp. 139-148.

Stanford, Jim (2006). "CGE Models of North American Integration: Pushing the Envelope of Reality," in Bruce Campbell and Ed Finn, eds., *Living With Uncle: Canada-U.S. Relations in an Age of Empire* (Toronto: James Lorimer & Co.), pp. 151-

- Stanford, Jim (2001). "Paul Martin's Tax Revolt," in Paul A.R. Hobson and Thomas A. Wilson (eds.), *The 2000 Federal Budget: Retrospect and Prospect* (Kingston, Ont.: John Deutsch Institute), pp. 167-180.
- Stanford, Jim (1999). "Waiting For 'It': The Mechanics of Financial Boom and Bust," in Brian MacLean (ed.), *Out of Control: Canada in an Unstable Financial World* (Ottawa: Canadian Centre for Policy Alternatives and James Lorimer & Co.), pp. 43-66.
- Stanford, Jim (1999). "Why Global Financial Markets are so Unpredictable," in Lorne Nystrom (ed.), *Just Making Change* (Ottawa: Golden Dog).
- Stanford, Jim (1997). "Topsy-Turvy Economics," in Marilyn Spink (ed.), *Bad Work: A Review of Papers on 'Right-to-Work Laws* (Toronto: Centre for Research on Work and Society).
- Stanford, Jim (1997). "Disappearing Deficits and Incredible Interest Rates: Canada's Hollow Economic Victories," in Bruce Campbell and John Loxley (eds.), *The Alternative Federal Budget Papers* (Ottawa: Canadian Centre for Policy Alternatives).
- Stanford, Jim (1997). "Growth, Interest and Debt: Canada's Fall from the Fiscal Knife-Edge," in Bruce Campbell and John Loxley (eds.), *The Alternative Federal Budget Papers* (Ottawa: Canadian Centre for Policy Alternatives).
- Stanford, Jim (1994). "Economic Frameworks and Free Trade," in Jan Joel (ed.), *Building a Vision* (Regina: University of Regina).
- Stanford, Jim (1993). "Investment," in Duncan Cameron and Mel Watkins (eds.), *Canada Under Free Trade* (Toronto: Lorimer).

12.4 Magazine Articles:

- Stanford, Jim (2013). "Canada's Sluggish Labour Market and the Myth of the Skills Shortage," *Academic Matters: The Journal of Higher Education* (November).

Stanford, Jim (2011). "Foreign Exchange and the Canadian Dollar: A Primer," *Relay* 31, pp. 22-27.

Stanford, Jim (2010). "Financial Literacy: Getting Beyond the Markets," *Education Canada* 50(4), Fall, pp. 21-25.

Stanford, Jim (2006). "To Convert Economic Growth Into Well-being," *Policy Options* 27(4), pp. 34-38.

Stanford, Jim (2004). "The Dark Side of Debt Reduction," *Policy Options* 25(4), pp. 22-25.

Stanford, Jim (1991). "When the Ship Doesn't Come In," *Perception: Journal of the Canadian Council on Social Development*, Winter, pp. 28-31.

12.5 Popular Economics Writing and Commentary

I have written hundreds of shorter economic articles and commentaries in a range of outlets, including major newspapers, specialist magazines, electronic media, blogs, and other platforms.

Since 2000 I have published economics columns in the *Globe and Mail* newspaper, Canada's most prominent daily newspaper. I have written economic commentary articles for numerous other newspapers, including the *Financial Times*, *New York Post*, *National Post*, *Ottawa Citizen*, and *Toronto Star*.

I am regularly sought for economic comment by mainstream print and broadcast media in Australia, Canada and internationally.

I am an active and effective participant in social media. My Twitter and Facebook accounts (@jimbostanford and Jimbo Stanford) have over 20,000 followers combined.

I contribute economic commentary to a variety of on-line platforms, including the *Progressive Economics Forum* and *Real-World Economics Review* blog sites.

13. Conference Papers and Lectures:

13.1 Peer-Reviewed:

- Sept. 2018 "Historical and Theoretical Perspectives on Gig Work."
Union of Radical Political Economists
University of Massachusetts, Amherst
- June 2018 "The Future of Work is What We Make It."
Progressive Economics Forum Panel
Canadian Economics Association, Montreal
- Feb. 2018 "Technological Determinism and the Future of Work."
Keynote Address, Association of Industrial Relations Academics of
Australia and New Zealand, Canberra
- Dec. 2017 "The Declining Labour Share: Empirical and International Perspectives."
Society of Heterodox Economists, University of NSW, Sydney
- Dec. 2016 "Theoretical and Historical Perspectives on the 'Gig' Economy."
Society of Heterodox Economists, University of NSW, Sydney
- March 2016 "When an Auto Industry Disappears:
Australia's Experience and its Lessons for Canada."
Automotive Policy Research Centre, King City, Ontario
- July 2015 "Industrial Policy in the Auto Industry:
National Interests, Regional Production, and Global Supply Chains."
USyd/ASSA Workshop, University of Sydney, Australia
Industrial Policies in the Era of Globalisation and Financialisation
- June 2013 "The Stylized Facts and Economic Analysis of Foreign Direct Investment."
Institute for Research in Public Policy Panel
Canadian Economics Association, Montreal
- June 2012 "Analytical Foundations of the Distinction Between the 1% and the 99%."
Canadian Economics Association, Calgary
- Nov. 2011 "Financialization and the Business Strategies of Non-Financial
Corporations: The Case of Air Canada."
International Confederation of Associations for Pluralism in Economics,

Third Global Congress, Amherst, Massachusetts

- May 2009 "Financialization, Production, and Ideology."
Fourth Annual CLPE Conference: Knowledge in Labour, Work & Action
York University, Toronto
- May 2009 "Financial Meltdown, Financial Recovery:
Does Bay Street Matter to Main Street at All?"
Canadian Economics Association, Toronto
- Dec. 2006 "Unions and Labour Market 'Flexibility': Beyond the Jargon."
Society of Heterodox Economists, University of NSW, Sydney
- Sept. 2004 "Controlling Pensions? Or Controlling Capital?"
Center for Economic Policy Analysis, New School for Social Research
- Aug. 2004 "Canada's Auto Industry: Smokestack Industry or High-Tech Winner?"
Canadian Association for Business Economics, Kingston, Ont.
- June 2004 "How Low Should We Go? Federal Debt Reduction in Canada."
Canadian Economics Association, Toronto
- May 2003 "Labour Market 'Flexibility' and Canada-U.S. Comparisons."
Canadian Economics Association, Ottawa
- May 2003 "Industrial Policy In An Era of Free Trade: What Isn't, and Is, Possible?"
Analytical Political Economy Conference, Trinity College, Hartford
- Nov. 2002 "Reform, Revolution and a Bottom Line That Has to Add Up."
International Symposium in Honour of John Loxley
University of Manitoba
- May 2002 "An 'Auto Pact' That's Perfectly Legal: A System of Taxes and Grants to
Promote Auto Investment and Production in Canada."
Canadian Economics Association, Calgary
- Nov. 2000 "Flexibility, Regulation and Demand:
International Labor Market Comparisons and the 'OECD Hypothesis'."

Centre for Economic Policy Analysis Seminar
New School for Social Research, New York

- Sept. 1998 "Canada's Paper Economy: What Does it Actually Do?"
Fifth Annual Economic Policy Conference
Laurentian University, Sudbury
- Mar. 1998 "The Dubious Economics of Debt Repayment."
Annual Policy Conference,
Canadian Association for Business Economics, Ottawa
- July 1996 "Openness With Equity: Regulating Labor Markets in an Open Economy."
Conference on Globalization and Progressive Economic Policy,
Economic Policy Institute, Washington DC
- Oct. 1993 "Socio-Economic Regimes and Economic Competitiveness."
Conference on New Directions in Analytical Political-Economy
University of Vermont
- Mar. 1993 "Alternative Approaches to Modeling Free Trade."
Eastern Economics Association, Washington DC
- Jan. 1994 "Socio-Economic Regimes and Economic Competitiveness."
Annual Meetings of the Allied Social Sciences Association, Boston
- Apr. 1995 "The Impact of Real Competitiveness on Monetary Policy
and Exchange Rates in an Open Economy."
Conference on Money, Financial Institutions, and Macroeconomics,
York University, Toronto
- June 1995 "Discipline, Insecurity, and Productivity."
7th Biennial Canadian Social Welfare Policy Conference,
University of British Columbia, Vancouver

13.2 Invited and Keynote Lectures:

- May 2018 "The Future of Work and the Future of Pensions."

Keynote Address, International Federation of Employment and Pension Benefits, Ottawa

- Sept. 2017 "Work and Inequality."
Keynote Address, T.J. Ryan Foundation Conference,
Queensland University of Technology, Brisbane
- Aug. 2017 "What's New About the Gig Economy, Anyway?"
Annual Employment Relations Keynote Lecture,
University of Western Australia, Perth
- Nov. 2016 "Theoretical and Historical Perspectives on the 'Gig' Economy."
Seminar Address, Dept. of Sociology, Macquarie University, Sydney
- Sept. 2015 "Evaluating the Economic Record of Post-War Prime Ministers."
Graduate Seminar, Dept. of Economics, McMaster University, Hamilton
- June 2015 "Economic Literacy and Social Justice."
Keynote Address, Ontario Social Justice Tribunals, Toronto
- May 2015 "Canada's Jobs Future: How to Sustain and Create More Good Jobs."
University Anniversary Conference, Trent University, Peterborough
- May 2015 "Margin of Manoeuvre in the New Generation of
Free-trade and Bilateral Investment Agreements."
Interuniversity Research Centre on Globalization and Work (CRIMT)
International Conference, HEC, Montreal
- Mar. 2015 "Economic Literacy: Beyond Supply and Demand."
Annual Bell Lecture, Carleton University, Ottawa
- Mar. 2015 "Resource-Driven Deindustrialization."
Seminar Series, Institute for Political Economy, Carleton University
- Aug. 2014 "Pension Risks and the 'Real' Economy."
Keynote Address, International Foundation of Employee Benefit Plans
Calgary

- May 2014 "Resource-Driven Deindustrialization:
Comparing the Canadian and Australian Experiences."
Economics Society of Australia, Sydney
- May 2014 "Financialization and the Behaviour of Non-Financial Corporations"
Dept. of Political Economy, University of Sydney
- May 2014 "The Theory and the Reality of Free Trade."
Keynote Address, Australian Fair Trade and Investment Network, Sydney
- Oct. 2013 "Supply, Demand, and Life:
Why Conventional Economics is So Wrong About Society."
Keynote Address, Canadian Association of American Studies
University of Waterloo, Kitchener
- Oct. 2013 "Labour Market Institutions and Inequality."
University of Toronto, School of Policy Studies, Toronto
- Oct. 2013 "The Economic Case for Collective Bargaining."
Keynote Address, Canadian Association of Counsel to Employers, Banff
- Apr. 2013 "Resource-Driven Deindustrialization:
What the Data Do and Do Not Prove."
Economics Dept., University of Ottawa, Ottawa
- Mar. 2013 "The Self-Defeating Economic Logic of Austerity."
The Jack and Kay Graham Memorial Lecture
Dept. of Economics & School of Labour Studies
McMaster University, Hamilton
- Feb. 2013 "The Theory and Reality of Free Trade."
Library of Parliament Seminar, House of Commons, Ottawa
- Feb. 2013 "Addressing Canada's Innovation Deficit:
Public, Private and Community."
Keynote Address, York University Inaugural Research Gala, Toronto
- Oct. 2012 "Union Renewal and Union Innovation in Canada."

Interuniversity Research Centre on Globalization and Work (CRIMT)
International Conference, HEC, Montreal

- June 2012 "The Economics, and the Ethics, of Pensions."
Pension and Benefits Section, Ontario Bar Association, Toronto
- Mar. 2012 "Canadian (Non)Exceptionalism: Crisis, Recovery, Austerity."
Center for Labour Management Relations, Ryerson University, Toronto
- Mar. 2012 "Wage-Cutting as Industrial Strategy."
Institute for Research on Public Policy, Toronto
- Feb. 2012 "European Free Trade & Canadian Deindustrialization: Deeper
Problems."
European Studies Network in Canada, Toronto
- Nov. 2011 "Financialization and Flying:
Air Canada's Post-Bankruptcy Business Strategy."
Department of Public Administration, Ryerson University, Toronto
- Nov. 2011 "The Ethics of Pensions."
The Ethics Centre, Toronto
- Sept. 2011 "Defined Benefit Pension Plans: Beyond the Accounting."
Association of Canadian Pension Managers, St. John's, Nfld.
- Aug. 2011 "Labour Costs and the Future of North America's Auto Industry."
Center for Automotive Research Management Briefing Seminar,
Grand Traverse, MI.
- June 2011 "Foreign Direct Investment and Labour Relations."
Interuniversity Network on Globalization and Work, Montreal
- June 2011 "Debt and Deficit in Context."
Canadian Economics Association Annual Conference, Ottawa
- Jan. 2011 "Lessons from the Global Automotive Crisis."
Automobility Seminar, Schulich School of Business

York University, Toronto

- Nov. 2010 "Ontario's Fiscal Challenges: Taking a 'Chill Pill'."
State of the Federation Conference, Mowat Centre
University of Toronto, Toronto
- Oct. 2010 "Out of Equilibrium: Impact of Canada-EU Free Trade in the Real World."
Canada-Europe Transatlantic Dialogue Conference
Carleton University, Ottawa
- June 2010 "Beware the 'Insurance Model' for Unemployment Benefits:
Cautionary Evidence from the Canadian Experience."
Dept. of Economics and Retirement Policy Research Centre
University of Auckland, New Zealand
- May 2010 "Globalization, Financial Crisis, and the Auto Industry:
The View from North America."
Dept. of Political Economy, University of Sydney, Australia
- Dec. 2009 "Perverse Manifestations of Globalization in Canada."
Ottawa Economics Association, Ottawa
- Aug. 2009 "Understanding the Economic Crisis:
The Importance of Training in Critical Economics"
Ted Wheelright Annual Lecture, Political Economy Program
University of Sydney
- June 2009 "Crisis, Recovery, and the Role of Government:
Is the Pendulum Swinging Back?"
Public Policy Forum, Ottawa
- May 2009 "Meltdown, and Beyond:
Opportunities (and Threats) for the Left in the Current Crisis."
Keynote Address, Canadian Dimension Annual Tribute Dinner, Ottawa
- May 2008 "The Resource Curse, Deindustrialization, and the Loonie:
Putting It All Together"
Canadian Economics Association Annual Conference, Vancouver

- Mar. 2008 "Unions in Tough Times: Preserving our Space, Building our Power."
Annual Sefton Memorial Lecture, Centre for Industrial Relations
University of Toronto
- Jan. 2008 "Building a Diversified, Value-Added Economy."
Competition Policy Review Panel, Toronto
- Jan. 2008 "The Loonie and Canadian Deindustrialization."
Public Policy Forum, Toronto
- Nov. 2007 "Sharp Curves Ahead: Canada's Auto Industry in Turbulent Times."
Toronto Association for Business Economics
- Aug. 2007 "Radical Economics and Social Change Movements:
Strengthening the Links Between Academics and Activists."
David M. Gordon Memorial Lecture
Union of Radical Political Economists, New York
- July 2007 "Labour's Incredible Shrinking Slice of the Economic Pie."
Labour Relations Association, Toronto
- June 2007 "International Dimensions of Labour Market 'Flexibility'"
School of Population Health
University of Melbourne, Australia
- May 2007 "Commodity Booms, Exchange Rates, and Deindustrialization"
Dept. of Economics
Monash University, Australia
- Oct. 2006 "The Canadian Labour Relations System:
History, Challenges and Trends."
Renmin University, Beijing
- May 2006 "Canada's Economy: Problems and Prospects."
Finance Canada Policy Seminar, Ottawa
- Mar. 2005 "Riding Labour's Roller-Coaster."

Dr. Jennifer Keck Lecture Series on Social Justice
Laurentian University, Sudbury

- Mar. 2005 "Canada's Industrial Structure: Why Is It Regressing, Is It a Problem, and What Can We Do About It?"
John F. Graham Memorial Lecture
Dalhousie University, Dept. of Economics, Halifax
- Feb. 2005 "What's Next for Canada's Economy?"
Grain World Conference, Canadian Wheat Board, Winnipeg
- Sept. 2004 "Imagining Industrial Policy in a Neoliberal World."
Canadian Labour Congress Industrial Policy Conference, Ottawa
- June 2004 "Pension Fund 'Activism': Some Sober Second Thoughts."
Real Utopias Conference, University of Wisconsin, Madison
- June 2004 "Pension Funding and Demographics: The Sky Isn't Falling."
Conference de Montréal, Montreal
- May 2004 "Economics on the Edge:
Why Most Economists Love Globalization, and How to Change That."
Keynote Address, Topshoe Conference, Antigonish, N.S.
- May 2004 "An Investment-Driven Capitalist Economy."
Seminar on Millennial Development and the Governance of
Social Reproduction, York University, Toronto
- Mar. 2004 "Is Economics an Addiction?"
King's University College, Social Justice & Peace Studies Lecture
London, Ont.
- Feb. 2004 "Canadian Competitiveness: Fact and Fiction."
CAN>WIN 2004 Conference, Toronto
- Oct. 2003 "Does Growth Matter? GDP and the Well-Being of Newfoundlanders."
Newfoundland & Labrador Federation of Labour Convention
Gander, Nfld.

- Oct. 2003 "Industrial Policy in an Era of Free Trade: What Isn't, and Is, Possible?"
Deep Integration Conference, York University, Toronto
- Aug. 2003 "The Global Airline Crisis: More Turbulence Ahead."
International Transport Federation Summer School, Port Elgin, Ont.
- June 2003 "Confessions of a Tax-Loving Economist."
Dept. of Finance Canada Annual Seminar, Ottawa
- June 2003 "Business Cycles and Labour Relations Over the Postwar Era."
Connections & Directions: Sharing Visions for Clinic Law, Hamilton
- May 2003 "Taking the First Step:
Climate Change, the Kyoto Protocol, and Canada's Economy."
University of Western Ontario Labour Law Conference, London, Ont.
- Mar. 2003 "Income Security, Labour Market 'Flexibility,' and Canada's Employment
Performance."
Canadian Council on Social Development, Ottawa
- Jan. 2003 "Bending Over Backwards: Labour Market Flexibility in the Real World."
Economics Department Seminar, Trent University, Peterborough
- Dec. 2002 "Jim Stanford's Most Excellent Day in the Free Market."
Canadian Conference on Unity, Sovereignty and Prosperity, Toronto
- Nov. 2002 "Bending Over Backwards: Labour Market Flexibility in the Real World."
Unemployed Help Centres Conference, Toronto
- Jan. 2002 "The Global Economy After September 11."
McMaster University, Hamilton, Ont.
- Nov. 2001 "Trade and Sovereignty After September 11: What's Really At Stake?"
Public Policy Forum Conference on the Canada-U.S. Border, Toronto
- Apr. 2001 "Enforcing Corporate Accountability in a Global Economy."
Canadian Corporate Accountability Commission, Toronto

- Mar. 2001 "Cut Your Nose to Spite Your Face:
The Long Run Implications of Tax Cuts."
Kingston Action Network Conference, Kingston, Ont.
- June 2000 "What Canadian Macroeconomists Learned from the 1990s."
President's Panel, Canadian Economics Association, Vancouver
- Apr. 2000 "Taming the Paper Boom."
Phyllis Clarke Memorial Lecture
Ryerson University, Toronto
- Mar. 2000 "Paul Martin's Tax Revolt."
School of Policy Studies, Queen's University
- Mar. 2000 "Investment, Real and Imagined."
Labour Studies Department, McMaster University
- Jan. 2000 "A Success Story: Canadian Productivity Performance in Auto Assembly."
Conference on the Canada-U.S. Manufacturing Productivity Gap,
Centre for the Study of Living Standards, Ottawa
- Jan. 2000 "Social-Democratic Policy and Economic Reality."
Meeting of the Allied Social Sciences Association, Boston
- Oct. 1999 "Fixed Investment and Capital Accumulation in Canada."
Toronto Association for Business Economics
- May 1999 "Economic Freedom (For the Rest of Us)."
Canadian Economics Association Annual Meetings, Toronto
- April 1999 "Canada's Labour Market Performance in International Context."
Conference on Structural Aspects of Canadian Unemployment,
Centre for the Study of Living Standards, Ottawa
- Dec. 1998 "Fixed Investment and Capital Accumulation in Canada."
Economics Department Seminar, Dalhousie University, Halifax

- Nov. 1998 "RRSPs and Reality."
Conference on Equality and the Democratic State,
Simon Fraser University, Vancouver
- Apr. 1997 "Is there a Risk Premium in Canadian Interest Rates?"
Economics Department Seminar, University of Manitoba, Winnipeg
- Mar. 1997 "Social Structures and Economic Mobility: What's Really at Stake?"
Conference in Memory of David M. Gordon,
New School for Social Research, Economics Department
- Feb. 1997 "The Micro and Macro Foundations of Labour Market Deregulation."
Economics Department Seminar, York University, Toronto
- Dec. 1996 "The Regulation and Deregulation of Labour Markets."
Conference on Law in the Public Interest,
Canadian Environmental Law Association, Toronto
- Nov. 1996 "Globalization and Canada's Auto Industry."
Seminar, Toronto Association of Business Economists
- May 1996 "The Economics of the 'Flexible' Labour Market."
Seminar, Association of Professional Economists of B.C., Vancouver
- Mar. 1995 "The Grim Economy."
Annual Economic Policy Conference, Laurentian University, Sudbury
- Apr. 1994 "Long-Run Constraints on Employment Policy in an Open Economy."
International Conference on Full Employment, University of Ottawa
- Nov. 1993 "Labor Standards and the NAFTA."
Economics Dept., American University, Washington DC



A•S•U

File/Our Ref: [AM2018/26 MR:db](#)
Your Ref:
Please quote in reply

Tuesday 27 August, 2019

CONFIDENTIAL

Dr Jim Stanford
Economist and Director of the
Centre for Future Work at the Australia Institute

By email: jim@tai.org.au

Dear Dr Stanford

Re: Four Yearly Review of Modern Awards – AM2018/26 Social, Community, Home Care and Disability Services Industry Award 2010

As part of the current 4 yearly review of modern awards being conducted by the Fair Work Commission, there is a review of the *AM2018/26 Social, Community, Home Care and Disability Services Industry Award 2010* ('**SCHDS Award**').

You are retained by the Australian Services Union ('**ASU**') to prepare a written report containing your expert opinion in relation to the connection between the conditions that apply to disability services employees under the SCHDS Award and the difficulty experienced by the disability sector in attracting the required numbers of appropriately qualified, skilled and experienced workers.

In this letter, we set out:

- (a) background information;
- (b) your ethical duties;
- (c) the questions your expert report must address;
- (d) the form of your report; and
- (e) information about timing and communication.

A Background Information

The ASU represent workers covered by the SCHDS Award. The Commission is reviewing the SCHDS Award as part of the 4 yearly review.

The *SCHDS Award* covers, amongst other types sectors, disability services. Disability services involve the provision of personal care and domestic and lifestyle support and/or training to a person with a disability. Disability can be provided in a community setting, whether residential or non-residential, a respite centre, a day service facility or in a private residence where work in that residence involves either teaching, promoting or maintaining living skills, client, advocacy, promoting or supporting community access and social inclusion or developing or assisting in developing care or support plans including assessment of client needs.

The 4 yearly review of modern awards concern broadly the consideration of whether current modern awards meet the *Fair Work Act 2009* ('the Act')

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modern award objectives. The ASU is advancing a number of claims in this matter, including a penalty rate of 115 per cent of their ordinary hourly rate for employees who work a broken shift and for employees undertaking disability services work to be paid for reasonable travel time between different work locations.

To avoid doubt, we confirm that we do **not** seek your opinion as to the appropriateness or otherwise of any of the variations sought by any party including the ASU.

B Duty

You are engaged by the ASU to assist the Commission by providing your expert opinion in accordance with the terms of this and any other letter of instruction. Your overriding duty is to assist the Commission. You are not an advocate for the Union.

Enclosed with this letter is a copy of the Federal Court of Australia's *Practice Note GPN-EXPT: Expert Evidence Practice Note*. Although you are not formally bound by the *Practice Note*, as a matter of proper practice we adopt the terms of the *Practice Note* when engaging expert witnesses before the Commission and ask that you as a condition of your retainer comply with it. Please read the *Practice Note* carefully.

C Your opinion

You are asked to provide your opinion on the following questions:

1. What training, skills and qualifications are required by the disability sector?
2. What is the connection between the terms and conditions of the SCHDS Award, including broken shifts and unpaid travel time, and the disability sectors' ability to attract a sufficient number of appropriately skilled workers?
3. Is the disability sector able to attract a sufficient number of appropriately skilled workers?
4. Are there any implications for quality of care?

D Form of your report

Your role is to assist the Commission by providing your expert opinion in accordance with this letter of instruction. Please address your report to the Fair Work Commission.

In order to ensure your report can be used easily at the hearing of this matter, we ask that you include the following matters in the report:

1. a brief summary of your opinion or opinions at the beginning of the report, this would take the form of a summary of the answers to the questions asked in Part C;
2. a glossary of any specialised terminology;
3. references to any literature or other materials cited in support of your opinions. Please use a uniform citation method throughout the report. If you use parenthetical referencing (Chicago-style citation), please provide pinpoint citations where applicable;
4. a bibliography;

5. numbered paragraphs and page numbers, and headings where appropriate; and
6. margins of at least 2.5 centimetres, and line spacing of at least 1.5 points, with 12 points between paragraphs.

Please annex to your report:

7. a detailed curriculum vitae, setting out the study, training, and experience that establishes your expertise in relation to the issues raised by these instructions; and
8. this letter of instruction (and any additional written instructions) and all attachments.

At the conclusion of your report, please include a declaration to the following effect:

I have made all the inquiries that I believe are desirable and appropriate and that no matters of significance that I regard as relevant have, to my knowledge, been withheld from the Commission.

E Communications and timing

Timing

Your report is due to be filed in the Commission on **24 September 2019**.

Communication

Please note that all communications between yourself and the ASU can, on request, be provided to the employer parties and the Commission. This includes any draft of your report, including your working notes.

Yours faithfully



Michael Robson
National Industrial Officer

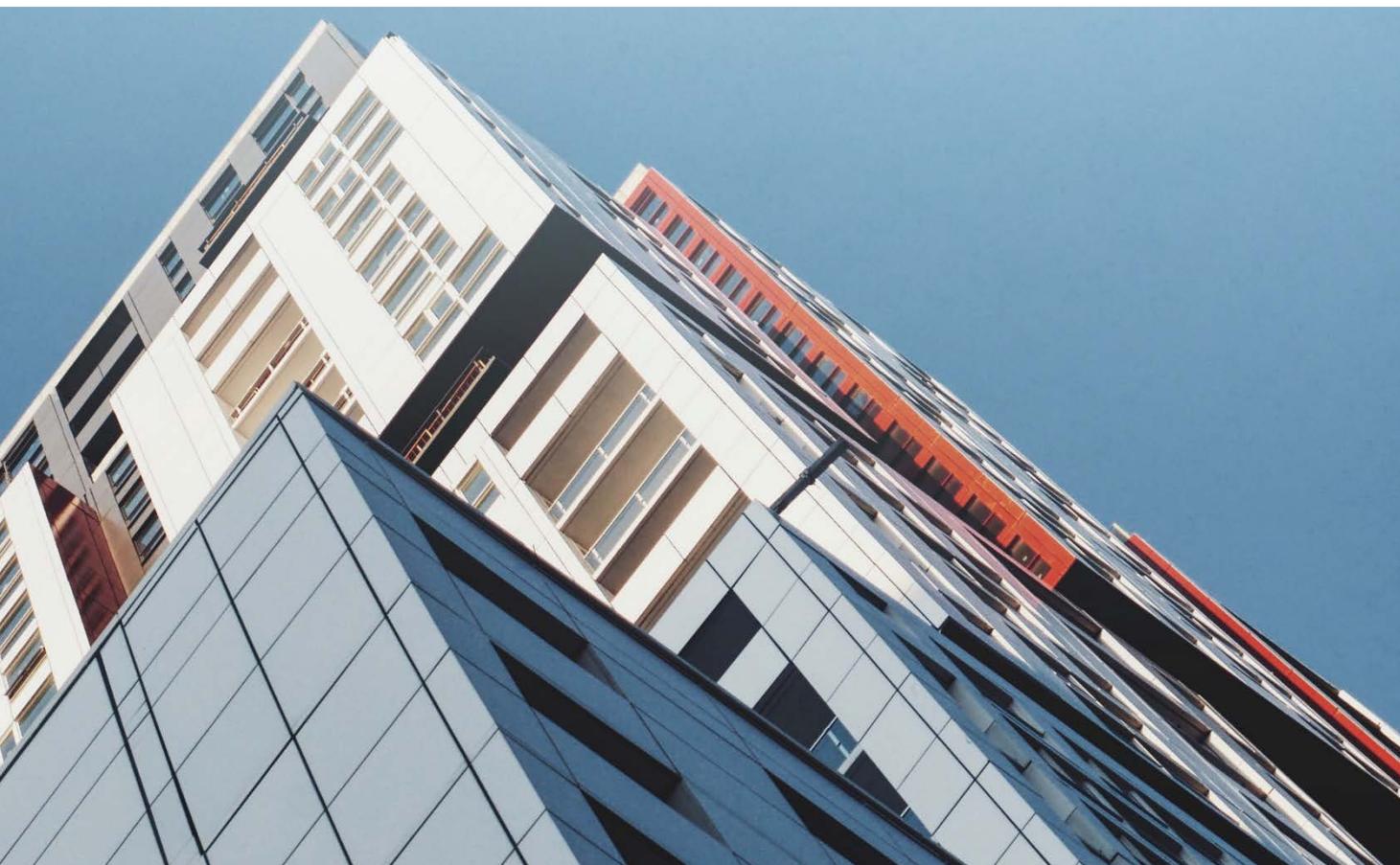


Zero-Sum Social Policy

Going Gig and the Australian National Disability Insurance Program

Donna Baines & Fiona Macdonald
University of Sydney & RMIT University

February, 2019



ABOUT US

Austerity and its Alternatives is an international knowledge mobilization project committed to expanding discussions on alternatives to fiscal consolidation and complimentary policies among policy communities and the public. To learn more about our project, please visit www.altausterity.mcmaster.ca.

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AUSTERITY



Introduction

The disability rights movement views disability as socially constructed and has long sought full social inclusion through increased respect, autonomy and control for those with disabilities (Howard et al., 2015; Williams, 2014). Australia's newly introduced National Disability Insurance Scheme (NDIS) establishes a cash-for-care model which some see as a radical step towards social inclusion, though evidence from the early roll-out of the NDIS shows that many service users have serious concerns with the scheme and (Warr et al., 2017, p. 8) and workers are experiencing the privatization and marketization of their work (Cortis et al., 2017). Although Australia's policy context is unique, it joins other European and North American countries that have pursued individualised funding.

Prior to the NDIS, most workers in the Australian disability sector were employed in organisations and were protected by: a sector-wide industrial Award; a significant level of unionisation; and employers who paid, at least ideological, tribute to a non-profit ethos of social care and fairness. The NDIS model means that people with disabilities to use their individualized funding package to either work with a case manager to assemble services to meet their needs or hire their own staff and act as their own director of services. Either process recasts care workers as highly casualised and precarious, and increasingly working in gig market conditions.

Australia's industrial relations regime's enforcement pathways are increasingly convoluted as service users may be both client and employer, making it difficult to raise concerns about hours, wages or conditions. For the most part, small scale employers have little or no experience with, knowledge of, or capacity to enforce employment standards, health and safety legislation and other regulations offering protection to employees. This places workers in a murky grey zone where they seem to exist outside of regulatory protections within the context of marketised "social" care and fragmented, gig-like work places.

The paper contributes to our understanding of the drivers behind emerging gig labour markets by exploring the zero-sum game precipitated by social policy aimed at expanding human rights in the context of marketized care and individualisation of service users. The paper begins with a short discussion of the NDIS, human rights, the disability sector, the regulatory context, and changes in the sector under the new NDIS policy. The paper then outlines methods and is followed by a presentation of findings, discussion and conclusions.

The Disability Sector and the Regulatory Context (Disability Sector and the Workforce)

Similar to other wealthy countries, from the 1970s onwards, deinstitutionalisation resulted the closure of most public institutions intended for people with disabilities (Howard et al. 2015). Prior to the NDIS most disability



services were provided by non-profit organisations; most received 60–80% of their income from government in the form of block funding (Williams, 2014). Though under-funding plagued this arrangement, disability organisations provided a range of services including: recreation, everyday activities and employment; accommodation and community living; respite and family support; and advocacy, referral and public education.

The minimum pay and conditions for disability workers are set out in the Social, Community, Home Care and Disability Services Award. However, the Award differentiates between disability and other care workers in community services which has exerted a downward pressure on the Award. For example, under the Award, workers classified as 'home care' workers have a minimum engagement period of one hour compared to two hours for 'disability support' workers. This and consumer demand have resulted in employers calling for all shift minimums to be one hour and means that they prefer to hire into the category of home care worker (Macdonald and Charlesworth, 2016).

Union density in the disability services sector is relatively strong. However, due to underfunding, few organisations have had an enterprise agreement. Where there are agreements these do not often provide for above-award wages, rather they provide for improved conditions. In the new fragmented context of the NDIS, organisations are pushing for change in order to meet the demand for short shifts, short notice shifts, varied tasks, personal preferences and new risks and skills (Macdonald and Charlesworth, 2016).

Short Description of the NDIS

The NDIS is argued to be Australia's largest social reform since the introduction of universal national healthcare (Gilchrist, 2016). The NDIS introduces a national system of funding through a cash-for-care model for 'people with permanent and significant disability, their families and carers' (NDIS, 2013). Combined, funding for assistance with daily living and assistance with civic and social participation account for three quarters of NDIS funding to support individuals, with these two activities accounting for 76.5% of funding for people aged over 25 in 2018 (National Disability Insurance Agency [NDIA] 2018, p. 6). In other words, most NDIS funding pays for wages for frontline disability support workers to provide in-home, gig-like direct care.

After receiving their assessment and funding package, people with disabilities can opt to: i) employ and supervise their own employees in which case the employees do not need to be registered with the National Disability Insurance Agency; ii) work with a third party plan management provider registered with the NDIA in which case only the plan management provider needs to be registered with NDIA; or iii) have their plan managed by NDIA in which case all service providers need to be registered (NDIS Registered Providers of Supports Rules, 2013). Until the recent introduction of a Code of Conduct for all workers providing NDIS-funded



supports only employees of registered service providers were subject to any regulatory oversight by the NDIA. The Code of Conduct sets out obligations for workers does nothing to diminish the clear incentive for informal, low wage and unregulated work under two of the three options outlined above, as self-managed individual service users and non-NDIA care managers seek to extend funding packages as far as possible (though even so, this may or may not be adequate to individual needs and wants).

A further way that employment rights are undermined involves the fragmented and unregulated worksites. Rather than being organisation- and group-based, most of the work under the NDIS is located in people's private homes. Feminist scholars have long identified that care work in the private sphere is largely invisible, keeping wages low or non-existent and making it difficult to assess or regulate (Folbre 2009; Meagher, 2003). Evidence from European countries further confirms that cash-for-care policies introduce new demands for flexibility, travel between multiple work locations, very short working hours, and may be a cover for deepening austerity policies (Cunningham and Nickson, 2010; Glendinning, 2012; Christensen, 2012).

Short notice shifts, multiple job holding, dispersed work sites and short-term work assignments (less than an hour) signal an important shift from a largely, publicly funded, nonprofit delivered, organisation-based employer to a quasi-gig or on-demand economy (van Doorn, 2017; Friedman, 2014). Gig work has thus far been mostly found in the arts, entertainment, delivery and private domestic work. However, it is increasingly seen in care work in various forms and acts as a mechanism for reproducing gender and racial inequities (Aliosi, 2015; van Doorn, 2017).

While there is no debate as to whether a new service model was essential for people with disabilities, the pro-market, cash-for-care that characterizes the NDIS interprets the achievement of these goals exclusively through a market lens. As with individualised and marketised care systems, under the NDIS individual care users are constructed as consumers empowered through the exercise of consumer choice to buy care (Brennan et al., 2012, p. 378; Productivity Commission, 2017, 2011).

Methods

Qualitative, in-depth, semi-structured, audio-taped interviews, using an interview guide, were undertaken with 39 disability sector workers in one of the early-roll-out regions. The sample was 70% female which is slightly lower than the sector (80%; Martin and Healy, 2010) and all had higher education and/or training. They ranged in length of employment from 1.5 to 30 years, with majority having 8+ years of experience in the sector.



Findings

Drawing on the words of the workers, this section will address the strongest themes in the data, namely: increased precarity and a gig economy-like working conditions; less training and skill in the labour force; and working short shifts in private homes.

Increased Precarity and Gig Economy Working Conditions

In contrast with the workforce prior to the NDIS, all research participants reported that employment had become increasingly temporary with undependable hours, lowered earnings and conditions, and increased overall precarity. As one long term disability worker observed, “They don’t want full time workers. What they say is we need to have flexibility ...because clients could come and go now with their choice.” Another worker added, “Every single person working at my agency is casual ...no permanent. In my old agency, almost everyone was permanent.” Organisations exclusively employing casual staff can save costs in terms of sick leave and can dismiss staff more easily to cut costs. Casualisation also makes it more possible for employers to schedule work around shorter periods of service provision and more variability in the timing of services (early morning and late night), and location (private homes).

Characteristic of gig economies, short notice of shifts and short shifts were particularly disruptive. As one long time worker noted, “My stress and fatigue are both way up. I’ve been living on the phone for shifts, some of which I get less than two hours’ notice for.” Other workers noted that apps notifying workers of their constantly changing shifts and hours were a commonplace aspect of their employment, suggesting a further shift to on-demand work, platform labour market. As one long-term worker noted, “all our rosters are electronic” and constantly changing meaning that worker never “know exactly what shifts you’re gonna have that week because something will just randomly change”.

The data show that costs were shifted to workers in a number of ways including travel costs between multiple and widely dispersed job sites (service users’ homes). After her employer refused her travel claim, one worker was told that she should consider each private home to be her worksite, regardless of how much distance or travel time was between them, “we don’t pay kilometres. That’s deemed your workplace”. Travel time is also usually unpaid, with workers expected to use their own cars and claim mileage as a reduction on their income tax return.

Workers were also expected to cover the cost of meals and other activities accompanying service users, and to, as one worker put it “model appropriate behaviour” for the service users, while shouldering their own costs. Summing it up for a number of the research participants, one worker noted, “We as workers are



expected to pay for ourselves so out of my day, I might earn \$250.00 but \$50.00 of my pay needs to go on being able to support that person in the NDIS to those activities." These additional costs are, in effect, a cut to wages and a subsidy to the employer.

Though much of the disability sector has tried and tries to operate on an ethos of care and equity, the research participants were disturbed by new trends emphasizing profit over support for service users and generating divisions between staff and management. In a number of instances, employers made it explicit to frontline workers that the culture of the workplace had changed to one of ensuring that every interaction with clients was charged and chargeable, otherwise it had to be eliminated. One worker received the following instructions from her manager regarding billing service users for phone calls - - even when no one answers, "you call them, you charge 'em. If they don't answer, you write it down and you charge 'em. And you charge 15 mins because that's the minimum you can charge."

Despite a significant level of alienation and instability, many workers continued to find satisfaction in working with people with intellectual and other cognitive disabilities and to try to make the NDIS system work. Though two workers told us that they felt it was likely that they would soon be fired because they refused to abandon the principles of equity and support, other workers told us that the job still held meaning because, "You can put things in place for people that can give them hope". Despite the challenges posed by inadequate funding and short notice shifts, most workers found rewards in, as one worker put it, "Watching [] the participants reach their goals." Another long-time frontline worker summed up the feelings of most research participants thusly, "I love working with the people. I love making their lives... as high quality as we can".

However, it was notable how many workers were thinking of leaving the sector entirely: some planned early retirement, others sought a career change, while others had no definite plans other than to seek a job they could like. Part of this intention to leave was based on working conditions, but for most workers it was also based on no longer feeling part of a job where one feels appreciated and where one could find meaning. In the words of another long-time worker, "It is chaos. It's awful. We really tried to raise all these issues that we could foresee was gonna happen and it seemed to fall on deaf ears of the state and government and now we're seeing all those things that we feared."

The revolving door of casual staff, a lack of training and supervision, and increased distance between management and workers exacerbated the stressed and sometimes dangerous situations noted above, putting workers in a position where they felt replaceable and disposable. A senior worker summed it up for the bulk of the research participants by observing, "morale has never been lower".



Less Training and Skill in the Labour Force

Prior to the NDIS, there was time and funding for training and upgrading as well as supervision and meetings, “we would have regular staff meetings, training days, staff development days...That’s gone. We get told there’s no money for it”. Participants noted that their employers now have very limited requirements for hiring new staff, whereas previously skills, formal education and experience were definite prerequisites. The lack of training and experience presented risks for the new labour force, service users and existing staff. As one long time worker observed, “Because I have more experience than most of the staff, I get all the hard guys. They are all one-on-ones (one staff to one client) because they need that much support. They have complex needs and the work is always hard work. No down time or variety.” This makes the work more draining and adds to workplace stress and unsafe conditions. However, temporary and casual staff are less likely to complain as they need to position themselves positively in order to be assigned to future shifts.

Private Working in Private Homes

Though an increasing portion of the disability labour force works in service users’ homes, there is no way to assess whether private homes are safe or appropriate worksites. The constantly shifting pool of on-demand workers made for a more hazardous work environment as casual staff cannot possibly know the service users, their preferences or triggers. Workers reported knowing little or nothing beyond the service user’s name and address when they showed up for a shift. Noting an overall increase in workplace injuries, one worker quipped, “Nothing major, just black eyes, broken noses, the normal sort of things with people just being out their routine, not knowing the support workers and the support workers not knowing clients.”

One research participant noted a lowered likelihood of accurate reporting because workers all needed more shifts and feared reprisals if they reported incidents, “Some workers are scared to complain about challenging behaviours from the clients, to the client or the family or the agency. The workers don’t want to upset anyone, or they might not get more shifts.”

Discussion and Conclusions

Some characteristics of the former disability sector remain constant in the new NDIS context: particularly the commitment of workers to the service users and/or social equity and justice; the gendering of the workforce; and the increasingly poor wages and conditions. Most of these constants remain because, ironically, social justice, gender, unpaid work and poor wages were seen as unimportant to a piece of legislation addressing the human rights of a very marginalised population that had long been treated inequitably. As a result, the work force and many disability service providers have lost out in a zero-sum game in which some people



with disabilities experience increased autonomy and self-determination while others experience diminished life choices and reduced quality of service. This is largely because the NDIS was conceived of narrowly as an exclusively market solution to a complex and pressing human rights issue.

A truncated, marketized version of human rights played an ideological role in convincing service users, the public and workers that management and the state need to drive down workplace protections and weaken employment regulations in order to meet the commercialised needs of vulnerable populations. By embracing a pro-market ideology, the NDIS sets the terms for a zero-sum game involving the emergence of a precarious labour market with significant gig-like, on-demand economy aspects and a temporary workforce that lacks the constancy, supervision or training to properly support the autonomy and self-determination of all people with disabilities. Current employment regulation seems ill-equipped to defend disability workers and governments are more interested in containing costs and fostering private markets than in protecting a highly gendered, increasingly precarious labour force. Though our conclusion is tentative, based on just this example, the evidence suggests that zero-sum games, in which a few wins and many lose, may be a feature of social policy change in market-driven contexts, such as the NDIS, and that current workplace protections mean little in the context of restructuring and marketisation.



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‘Off My Own Back’: Precarity on the Frontlines of Care Work

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Abstract

Hailed by some as representing the ‘most profound change in Australian disability history’, care work in the disability sector under the new National Disability Insurance Scheme is described by one frontline worker as ‘a massive swing towards a casual workforce and a massive cultural shock’. This firsthand account draws on 13 pages of unsolicited hand-written notes from a long-time, frontline care worker and his wife, as well as an in-depth interview and subsequent telephone and email conversations. The article gives voice to the experience of the frontline as disability workers grapple with almost complete casualization of their work, as the state retreats from its role in regulating employment and protecting workers in favour of the marketization of services and the advancing of the human rights of people with disabilities.

Keywords

care work, casualization, National Disability Insurance Scheme, precarity, privatization, risk transference

Hailed as representing the ‘most profound change in Australian disability history’ (Reddihough et al., 2016: 66), the National Disability Insurance Scheme (NDIS)

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provides individual funding packages aimed at increased human rights, choice and autonomy for people with disabilities (Williams, 2014). Failing on two counts, service users have serious concerns with the NDIS and feel that their views and those of their families and carers are often overlooked, while Warr et al. (2017: 8–9; see also Productivity Commission, 2017) found numerous workforce problems including ‘staff shortages, high turnover of staff and staff working as planners with limited experience of working in the disability sector’.

The workforce in the disability sector has been covered by a set of employment regulations known as the Social, Community, Home Care and Disability Services Industry Award (2018) as well as some union protection including enterprise-level collective agreements. However, like the third sector in Australia as a whole, the disability sector is undergoing rapid restructuring and casualization (Meagher and Goodwin, 2015; Productivity Commission, 2017).

The Australian state assumes three contradictory and conflicting regulatory roles in this sector: defender of the human rights of people with disabilities; defender of minimum employment standards; and key driver of precarity and market processes, which largely subsume the first two roles (see also Jaehrling et al., 2018; Kallenberg, 2012 on precarity). While disability rights movements sought new systems of support based on individuals’ lifetime goals and strengths, the NDIS model interprets these goals exclusively through a market lens. This places workers in a situation where the conditions of their work are driven down within the context of marketized care and fragmented workplaces.

This article draws on the data provided by a disability worker with many years’ experience in the field, Paul,¹ and his wife, Sally. As Paul explained, he and Sally hoped their perspectives might help us ‘understand the way that the NDIS changed my work and how it’s impacting on me’. The qualitative data paint a portrait of frontline workers, many of whom are drawn to the sector to give support to this particular marginalized population, however rather than find meaning and satisfaction in this work, the sector is in the throes of uncertainty where casualization and heightened stress co-exist in a changing landscape of: precarious, fragmented and highly commodified labour; risk transference (from government to frontline workers and service users); decreased wages; and growing personal costs for frontline workers. The article briefly reviews the context in which Paul’s story plays out and relevant sociological debates. A note on methods is followed by an introduction to Paul and Sally.

Brief review of contexts and debates

The rights of people with disabilities have been debated across the social sciences with the majority advancing a social disability model that promotes a human rights agenda and full social inclusion (Howard et al., 2015; Thill, 2015; Thomas, 2007). Claiming to ensure human rights, and provide expanded choice and improved quality, individualized models of funding services are commonplace among neoliberal welfare states, existing for some years in the UK, Canada and other industrialized countries, though just recently introduced in Australia (Fawcett and Plath, 2014; Lymbery, 2014; Thill, 2015). Individualized funding is intended to incentivize the development of an array of

disability services competing for clients in an open, private market (Cunningham and James, 2009).

Consistent with the risk economy literature (Beck, 2006; Beddoe, 2010), these programmes represent a shift in risk and responsibility from the government to individual citizens, in the form of frontline employees and care recipients (Giddens, 1999; Howard et al., 2015; Lymbery, 2014). The recommodification of labour (Greer, 2016; Rubery et al., 2018) works hand-in-glove with the downloading of risk, generating a sector where new workers accept precarity and insecure employment as 'normal' and long-time workers argue that 'things were better before', including permanent employment, reasonable hours and income and better care provided to people with disabilities.

Alberti et al. (2018: 450) argue that precarity is an ill-defined term that provides little clarity to a range of processes and conditions 'with potentially negative political implications'. Instead, they encourage the study of the drivers and patterns of precarization, particularly management and the state (Alberti et al., 2018: 450). In the NDIS as the state plays the multiple roles as a driver of the marketization of disability services and, simultaneously, as a defender of minimum work standards and human rights. Management also drives the precarity agenda by pressuring governments for less employment regulation and the diminished power of unions in order to redevelop the labour market in this sector as low wage, insecure and less regulated or unregulated.

A specific driver of precarization under the NDIS is the loss of block funding from governments to organizations. With people with disabilities suddenly in receipt of personalized funding, relatively stable, long-term organizations lost clients and were compelled to market themselves to cash-carrying individuals with multiple desires and requirements for support and activities. Many long-term organizations are struggling to survive (Productivity Commission, 2017) and the sector has seen the rapid growth of for-profit, non-profit organizations and 'pop-up' providers, many of which have little or no experience in providing social services or fulfilling their obligations as employers.

At this early stage of the NDIS, very little is known about how this rapidly changing world of work is experienced at the frontline. The balance of this article speaks to that gap through the voice of a long-term disability support worker and his wife caught up in the vast restructure. This article will also comment on and attempt a very preliminary contribution to the theory of drivers and patterns.

Method note

The author originally met Paul as part of a larger, qualitative study undertaken in conjunction with one of Australia's unions. The union's official position, and that of the workers interviewed, is strong commitment to service users' human rights and autonomy, and ongoing optimism that this may still happen under the NDIS, despite growing evidence of problems. The union plans to protect enterprise-level agreements and defend conditions and wages, though this is proving difficult in the fragmented context of business failures, amalgamations and multiple new organizations.

Paul arrived at his interview with 13 pages of handwritten notes; nine were written by him and three by Sally. These notes were written entirely on their own initiative because, as Paul explained, they wanted the researchers to get a clear picture of what

was going on for workers in the sector and he was not sure he would remember everything he wanted to say during the interview. Paul asked Sally if she would like to contribute her 'take on things' in the form of written notes. Sally is the more highly credentialed and educated half of the couple and Paul told us that he 'really values her opinion'. Both sets of notes were thoughtful and insightful, with Sally's providing slightly more analysis and overview and Paul's providing more on-the-spot detail. The handwritten notes were a surprise to the researchers but proved to be very useful during the hour-long, audio-recorded, semi-structured, qualitative interview with Paul and subsequent email and telephone discussions over the course of more than six months. One of the researchers proposed this article and initiated a subsequent email exchange with Paul and Sally. Other team members were over committed and encouraged the development of this article but demurred further involvement. The author undertook a close analysis through multiple readings and comparisons of the notes, the interview transcripts, email exchanges and telephone calls with Paul and Sally. The final text was reviewed and approved by Sally and Paul, with various edits and comments added.

Paul is in his mid-50s and started working in the disability sector 10 years ago, employed by a long-standing, non-profit agency that provided community support to people with intellectual disabilities. Until recently, Paul liked his work and found it rewarding. He has been active within the union and is concerned about the rights of workers and service users.

Sally is of a similar age and has steady employment as a care professional. She is very involved in her community and with volunteer commitments. Though Paul expresses pride in her community work, his unpredictable schedule means that they have very little time together at a point in their personal lives where they feel they have a lot to process.

Previously, Paul worked in a day programme that provided community activities and support to people with intellectual disabilities. He misses his regular schedule and steady wages, as well as his colleagues and the service users he worked with for many years. Due to upheavals in the sector, Paul started employment with a new company, just three weeks before our interview, after 10 years' steady, full-time employment with the same company. Phone calls and emails after the interview confirmed that the sector continues to be, as Paul quipped, 'in chaos'.

Consistent with unmediated workers' accounts, the next section is in the words of Paul and Sally. The article starts with Paul's story and moves on to Sally's. The stories are organized according to the strongest themes in the notes and transcript, which parallel themes found in the literature and other transcripts for this project.

Paul's and Sally's stories

Paul

My stress and fatigue are both way up. I've been living on the phone for shifts, some of which I get less than two hours' notice for. Like this week, I got three shifts with less than two hours' notice. I have completely irregular hours.

It's irregular, irregular. It is impossible to plan and impossible to feel you know what's facing you the next day, let alone the next week. It makes me feel not valued and my self-esteem is plummeting. My family suddenly has questionable financial security, if any. I am venting a lot more at home and that leads to marital disharmony as my wife tries to cope with me.

The NDIS is a massive swing towards a casual workforce and a massive cultural shock. My first week I had 18 hours and the second week I had 12. I used to work 40 hours a week, regular. I'd prefer 40 hours if I could get them. At my age I want to squirrel away as much as I can.

Every single person working at my agency is casual and that's the nature of the beast nowadays. There's 53 casual workers at my new agency, no permanent. In my old agency, almost everyone was permanent.

It's also a very, very young workforce, they're all new to the industry, very few skills. Most of the staff are 18 to 20 with no experience with people with disabilities. At this stage, the workforce is very, very green; very, very raw. This throws a disproportionate amount of responsibility on the few staff with skills, like me.

Because I have more experience than most of the staff, I get all the hard guys. They are all one-on-one (one staff to one client) because they need that much support. They have complex needs and the work is always hard work. No down time or variety.

Some of the new staff get all the easy clients where you go have a cup of tea and watch a film with them. I get it that they (the employer) want to ease some of the new people into the job but they can't burn the rest of us out working constantly one-on-one with complex guys and no variety or option to work with the happy, smiley, easy people.

The individualization of risks. I've mostly been in day programmes in the past, out in the community. Now, sometimes I'm in a group home. I work with these really new staff and even though I'm new to group home work, I see hazards they don't see. Like, one of our guys, he's got these behaviours. One of them is throwing things, mostly pots. So, every meal we get out as many pots as we need and then as soon as we are finished with them, we go lock them in the storeroom. And, I am thinking this is ridiculous. We've got a tool box with sharps in it lying around. He has self-harmed with a spoon before, so I am thinking the box could be thrown and the sharps are not safe to have around anyone, particularly him.

So, I said, 'there's a big friggin' metal tool box there, why can't he just pick that up and hit someone with it, if he can throw a pot, he can throw the box'. They just said, 'well he hasn't done that yet. He throws pots.' The tool box has a handle, it's easier to throw. I'm thinking, we aren't keeping anyone safe this way. Why wait until someone gets hurt? But just they shrug me off.

Talking to staff across the sector, I am hearing of an increase in assaults on staff, mainly due to staff putting themselves in dangerous situations due to inexperience and no training. Nothing major, just black eyes, broken noses, the normal sort of things with people just being out of their routine, not knowing the support workers and the support workers not knowing clients.

Some of the younger guys and girls, some of the less experienced people will get right in people's faces and you can just see the client's eyes, you think no, no, no, no. I've tried

to get them both to back down. I say to the client, 'Tell you what, watch your TV, mate.' And then to the staff, 'I need a hand, can you come and help me for a minute', and then, say privately, 'Back off, you put him in a corner, his only option is to cave or to lash out and you're gonna get hit, he's not gonna cave.'

I heard a new staff talking to one of our guys, right up in his face and it's, 'Go away, get away, fuck off', from the client, over and over. And, I'm thinking, there's red flags all over the place, back away, give him some space. But, he didn't so he (the client) kicked nine holes in his bedroom door. That was okay cos it's not self-harm or hurting us but it's still not good because he's under stress and really unhappy, and we are wondering what's next.

I heard one young staff boast about her injuries, like a badge of honour. Her exact words were, 'He didn't break my nose like so and so, he only gave me two black eyes.' This is what gets discussed, instead of 'Shit, what went wrong? Did I do something wrong? What did I misunderstand? What can we do better next time? What can we learn? How can we keep everyone safer?'

These situations could be avoided with a bit of training and supervision. But, the NDIS doesn't provide for ongoing supervision or upskilling, so no one seems to get better at this stuff. It's not just this company, they're not the worst but they've got a bit to learn, it's really scary with some of the people in the community with guys looking after them and they just don't have the knowledge or the inclination.

I'm generally under employed but I think it will build up because they've been trying me out with different people (service users) and so far, I've been a good fit. The problem is that I keep getting sent to work with people I know nothing about, and that can make it bad for everyone.

Like yesterday at 7.10 a.m. I get a call, 'Hi Paul, are you able to work today? The shift is 9 a.m. to 1 p.m., very easy-going client.' When I got there I find out he had schizophrenia and depression and tried to attempt suicide this year. I met him at his house and went in totally cold. No information from the agency. He is the one who gave me his background, at the top of his voice. Told me and all of the town. I said, 'How about we go sit somewhere quiet and talk about this?' I should have that information from the agency before I go in to see him. How can I keep him, or me, safe if I don't know? It is fraught with danger!

The only way I get information on the clients is if I go into the head office on my own time and read the files. There is no paid time for it. The NDIS only pays for face-to-face time, no prep time. With short notice and new clients I usually can't manage to get to the office before my shift. Plus, the files are not always where they are supposed to be or they are incomplete and I have to hunt all over the office. I came in unpaid, off my own back, before I started working with three of my new clients. Since then, I've worked with another two clients without any access to their files. The communication and information systems are very poor. We keep being promised new systems and better communication but it is a bit ad hoc at the moment.

I had three guys, three consecutive days who had schizophrenia, two were also depressed, and two were self-harmers. They are really complex guys with complex needs but I knew nothing about it until I walked through the front door at the start of my shift. A lot of new clients have entered the sector or are changing service providers for the first time in years. There is very poor, scant background provided to staff. I sometimes

wonder if previous service providers withhold some of the information in the hopes that the new provider will fail to do a good job and the cash cow, sorry I mean, client will come back to the first agency.

Shifting the costs to workers. A big issue is use of private cars. Prior to the NDIS, I worked a regular shift that saw me use a company car and get paid one hour each way to get to a client. Used to see a client every Saturday, which was at time and a half because it was the weekend rate. That meant I got three hours' pay for the two hours of driving. With the introduction of the NDIS, I'm casual and don't get the weekend rate anymore. Plus, I have to use my own car to drive 126 kilometres with no payment for the driving time. On top of that my car was soiled in a number of times, and I had to cover the cleaning cost.

Also, when I asked about claiming my kilometres they said, 'Oh, no, don't claim against the company, claim it on tax and get more.' I'm thinking, how the hell does that work? The company is singing that song and all the young ones are saying 'yeah, okay'. I'm thinking, no, I'll claim it off the company, thanks. I'll lose a third of it in tax but I'll get two-thirds up front. If I put in my tax I'm only gonna get a third and also every cent I get off you, a couple of cents go into my [pension], so I'll be putting it through them.

I also have to pay my own costs when a client wants to eat out. I always brown bag my meals but I am supposed to model appropriate social behaviour when we are out in the community, so I am supposed to buy a meal and eat with him. The cheapest option at the venue we went to was \$21. So, I was obviously out of pocket. I handed in receipts in person and the company said we aren't paying for them anymore. WTF! But they still want me to buy meals to model appropriate behaviour.

With this casual, almost transient workforce, there is greater turnover of staff. Which is easy for the companies to just keep filling the jobs over and over, because they don't hire people with great skills in the first place, so they don't replace them with people with any great skill. Most staff work across a multitude of companies to get enough hours per week. So, this means staff are often not available to work because they are working elsewhere.

In my old job, yeah, there was a bit of recognition, a bit of esteem for what you did. Now, not so much. One of my bosses, her words were, 'We lost a really good worker', and I said, 'Oh, that's a pity.' She says, 'Oh, well, support workers come, support workers go', and I couldn't help myself, I said, 'Well, with an attitude like that you've gotta wonder why.'

I'm not feeling the love. To be honest, there's not a whole lot I like about my job at the moment. I'll give it 12 months and then if it's not any better, I'm gone.

Sally

From my perspective as a partner of someone who has worked in the sector for a long time, it's clear that more uncertainty faces the workers each day when they go to work: which clients will they work with; which programme; which location; and which colleagues will they work with? The agencies are staffing with more casuals, who are unable to do many things, due to lack of training. This puts more responsibilities on workers who are trained, like Paul. This makes him much more stressed when he comes home.

Agencies used to staff mostly with permanent staff who had skills and were highly dedicated. These permanents would really get to know the clients, their likes and dislikes, and keep things safe and supportive. Now the agencies want any remaining permanent staff to reduce their contracted hours and become casual. That's what everyone is these days; casual.

So, you end up in a situation where less staff with less training and less familiarity with the clients are working with more people, with serious disabilities. It is very frustrating for workers and the people with disabilities.

Also, the system has no money in it to pay for anything but direct service to service users. So, there is much less paid prep time or none, and clients are dropped off earlier and picked up later which means that staff have to stay back with the clients with no compensation. Shift turnovers are also on the worker's own time and notes are often written at home rather than at work or during work time as there is no time allotted.

Another thing that we've all noticed is that the agencies have dropped their hourly wage rate but they want more staff, which doesn't appeal to skilled workers. They are used to better conditions and better pay. The agencies are expecting more work for less pay.

Transportation is also full of problems now. Kilometre limits are often exceeded for appointments that Paul has to take clients to and there is no compensation for the extra. Some family members also expect to be taken where they want to go, like Paul is their care provider. And, he is supposed to claim parking on his tax claim, not from the company, which is just not right. Transportation used to be covered by the agency and it still should be. It is both the workers and the service users who are hurt by this new transportation policy.

Challenges of working in the private realm of home. Working one-on-one with families in their own homes is another a new problem. Paul used to work in the community centre, now he works in people's own homes. In the community centre, everyone followed basic rules of drop off times, pick up times, appropriate behaviour, start time, end time, etc. In this new situation, some families have unrealistic expectations of what can be done in a day and what the client is capable of, and there are no rules or guidelines they have to follow. There is nothing Paul can do in an immediate situation if people are acting inappropriately in their own homes.

For example, families don't always acknowledge when a shift is finished and don't let the staff person leave. Or don't come home on time to take over. On one shift, Paul had to work four extra hours waiting for a family member to return home to a client who was unstable and could not be left alone. Paul finally had to tell the family that he would have to leave the client alone if no one came home to take over. He shouldn't have to deal with this kind of terrible decision or insist that family members take care of their own. This places too much responsibility on workers. In another case, a client was very afraid to be left alone and so Paul could not leave until a family member finally showed up.

Some workers are scared to complain about challenging behaviours from the clients, to the client or the family or the agency. The workers don't want to upset anyone or they might not get more shifts. This means that the agency doesn't get accurate information on the clients' behaviours or on what might be brewing. It means that they can't make

good plans or support clients properly. Team leaders/managers tend to brush off comments by workers about clients, saying they are just ‘having a bad day’ or that ‘it’s just a personality clash’. They don’t care if the support workers are injured or disheartened. They can always get someone else to take their place; more often than not, they are not trained or have very limited training, and don’t stay in the job long anyway. In this new agency where Paul works, there seems to be even less care for staff members if they are injured. We heard of one example where a client didn’t want to use his walking aids but then had to grab hold of the worker for stability, causing injury to the worker. But workers are too scared to say they are injured or they won’t get further shifts. There are examples of workers not getting further shifts even after they recover from injury, so no one wants to report.

Conclusion

Three conflicting roles of the state were noted earlier in this article, namely as: the defender of the human rights of people with disabilities; a regulator of employment, defending or maintaining standards; and the key driver of precarity and market processes, which largely subsume the first two roles. The accounts above substantiate a hierarchy of rights at play within the marketized, personalized-funding actualities of care work in the NDIS, in which choice and protections are pitted against each other in a zero-sum game. Within the NDIS, clients are remade as individual consumers and their human rights are putatively realized within commercialized transactions with a changing kaleidoscope of largely unskilled, low pay care givers. The frontline of care work is remade as insecure and casual, with numerous costs and risks downloaded on the worker, who is required to ‘model appropriate behaviour’ regardless of the costs or degradation. These stories show that Paul was frustrated with his work but did not shirk his responsibilities or put clients in jeopardy, despite the disruption to his life, sense of self-esteem or level of exploitation. The data also showed that Paul and Sally experienced increased stress in their family life and longed for greater employment stability.

This account contributes tentatively to theory concerning the drivers and patterns of precarity (Alberti et al., 2018) by observing that, in the unfolding experience of the NDIS, human rights have been subsumed to the larger goal of marketizing care and recommodifying labour (Greer, 2016; Rubery et al., 2018). Human rights played an ideological role in convincing service users, the public and workers that the needs of a vulnerable population could be best met if management and the state drove down workplace protections in order to meet the commercialized needs of vulnerable populations. This article also contributes to empirical studies on precarity by suggesting that this zero-sum game may be an aspect of care work in the context of neoliberalism in which the human rights of service users and workers are in increasing conflict and growing jeopardy.

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1. Not their real names.

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Zero-Sum Social Policy, Going Gig and the Australian National Disability Insurance Program

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Zero-Sum Social Policy, Going Gig and the Australian National Disability Insurance Program

Australia's newly introduced National Disability Insurance Scheme establishes a cash-for-care model that pits the human rights of people with disabilities against the employment rights of care workers, generating a zero-sum game that sees the emergence of gig labour markets, a downward spiral in wages and conditions, and concerns about quality of care. This article introduces the concept of pro-market/gig market to analyse this state-led initiative to restructure a largely publicly funded, non-profit workforce into a privatised, casualised, and fragmented one.

Keywords: care work; cash-for-care; precarity; pro-market/gig-market; privatization; nonprofit

The disability rights movement views disability as socially constructed and has long sought full social inclusion through increased respect, autonomy and control for those with disabilities (Howard et al., 2015; Thill, 2015; Williams, 2014). Introduced across the country in 2018, the National Disability Insurance Scheme (NDIS) establishes a cash-for-care model which some see as a radical step towards social inclusion, though evidence from the early roll-out of the NDIS (starting in July, 2016) shows that many service users have serious concerns with the scheme and feel that their views and those of their families and carers are often overlooked (Warr et al., 2017, p. 8; Howard et al., 2015).

Prior to the NDIS, most workers in the Australian disability sector were employed in organisations and were protected by a sector-wide industrial Award (government-business union agreement covering the sector), a significant level of unionisation, and employers who paid, at least ideological, tribute to a nonprofit ethos of social care and fairness. The NDIS personalised funding model requires people with disabilities to use their individualized funding package to either work with a case manager to assemble services to meet their individual needs or to hire their own staff and act as their own director of services. Either process recasts care workers as highly casualised and precarious, often with multiple employers.

Though Australia's relatively strong industrial relations regime should protect workers, enforcement pathways are increasingly convoluted as service users may be both client and employer, making it difficult to raise concerns about hours, wages or conditions. This is particularly the case since most workers identify strongly with the human rights and equity aspects of the NDIS mission and hesitate to critique initiatives that might improve service users' lives. For the most part, small scale employers and isolated workers have little or no experience with, knowledge of, or capacity to enforce employment standards, health and safety legislation and other regulations protecting employees.

Drawing on data collected from workers in an early pilot region that started in July 2016, this article grapples with the question of whether the workforce has been harmed in this new policy context. This question is under-girded by a further question, namely whether harming workers is an acceptable way to advance social justice objectives. The article explores the zero-sum game precipitated by social policy aimed at expanding human rights in the context of highly marketized care, individualisation of service users, underfunding and the erosion of protections for care workers.

The article also contributes to our understanding of the drivers behind the new labour market. As part of this theory, the article introduces the concept of pro-market/gig market to analyse the dynamics of this state-led initiative to restructure a largely publicly funded, non-profit sector with a relatively stable, usually permanent, developed labour market into one in which the work is highly casualised and increasingly features short-term, on-demand shifts (van Doorn, 2017; Friedman, 2014; Author A, 2019). The article also contributes to labour process theory (Braverman, 1994; Thompson, 2010) where shifts in control are taking place at multiple levels and involve multiple players. Although Australia's policy context is unique, it joins other European and North American countries that have pursued individualised

funding. This article aims to contribute insights and preliminary theorizing that may be useful in other contexts and countries.

The article begins with a short discussion of the NDIS, human rights, the disability sector, the regulatory context, and changes in the sector under the new NDIS policy. The article then outlines theory and methods and is followed by findings. The article ends with discussion and conclusions.

Background and Contexts

i) Disability Sector and the Workforce

Deinstitutionalisation in the 1970s was the first step on the path to greater realization of human rights for people with disabilities¹ (Howard et al. 2015; MacKinnon and Coleborne, 2003). Post-institutionalisation, but prior to the NDIS, most disability services were provided by non-profit organisations (particularly faith-based and parent-led organisations) and received 60–80% of their income from government in the form of block funding (PwC, 2012: 15). Disability organisations provided services including recreation, everyday activities and employment, accommodation and community living, respite and family support; advocacy, referral, and public education. Prior to the NDIS the disability workforce consisted of roughly 68,700 employees in 2000 organisations with 73% employed in the nonprofit sector, 21% in the public sector, and 6% in the private for-profit sector (Martin and Healy, 2010: 126–127). Most worked in direct care and support, over 80% were women and over 80% of the workforce had further education, most commonly a certificate or college-level credential (Martin and Healy, 2010: 126–127).

The NDIS

The NDIS is argued to be Australia's largest social reform since the introduction of universal national healthcare (Gilchrist, 2016; Productivity Commission, 2017). Like personalised funding in the UK, the NDIS introduces a national system of funding through a cash-for-care model for 'people with permanent and significant disability, their families and carers' (NDIS, 2013). This system replaces the organisation-based system of funding described above. Funding for assistance with daily living and assistance with civic and social participation accounting for 76.5% of funding in 2018 (National Disability Insurance Agency, 2018, p. 6), meaning that most NDIS funding pays for wages for the frontline care work of disability workers.

Two forms of under-funding have long plagued disability funding: 1) underfunding services in relation to the needs of people; and 2) underfunding of contracted services (Productivity Commission, 2010: 135, 281). These problems have continued under the NDIS, with government acknowledging widespread problems in terms of worker shortages due to low wages and poor conditions (Productivity Commission, 2017). In their exhaustive report on pricing and quality, Cortis et al. (2017) argue that cost containment underlies the NDIS where prices, and thus funding for people with disabilities, has been set too low, providing an incentive to pay lower wages (see also, Williams, 2014). Cortis et al. (2017) assert that, "Prices do not account for what is required to deliver high quality services, and arrangements are not fully enabling disability support workers to deliver services which are personalised, co-ordinated, responsive or safe (p. 1)." The ripple effect of low pricing is extensive: it is hard to attract or retain workers; there is no incentive for workers to upskill; and no monies for supervision, training or support.

The minimum pay and conditions for disability workers are set out in the Social, Community, Home Care and Disability Services Award. However, as Cortis et al. (2017) argue, pricing has been set too low to meet Award minimums, let alone to cover the costs of those employers committed to paying above the Award. In addition, the Award differentiates between disability and other care workers, with home care having a minimum engagement period of one hour compared to two hours for a disability support worker. This and consumer demand have resulted in employers calling for shift minimums to be one hour or less and means that they prefer to hire into the category of home care worker rather than the longer minimum shift disability services worker (Author B, 2016). In addition, the Equal Pay decision in 2012 that recognised the gendered undervaluation of care work did not apply to ‘home care’ workers though they may do the same or similar work as workers who are covered by the equal pay increases (Charlesworth, 2012). In the context of the new NDIS, few protections exist for workers and strong incentives exist for employers and service users to reduce costs as far as possible, generating greater precarity for workers and uncertain quality and choice for people with disabilities (Author B, 2018).

The amount of funding each disabled person receives is determined by a professional assessment. After receiving their assessment and funding package, people with disabilities can opt to: i) employ and supervise their own employees in which case the employees do not need to be registered with the National Disability Insurance Agency (NDIA); ii) work with a third party provider registered with the NDIA in which case only the plan manager needs to be registered; or iii) have their plan managed by the NDIA in which case all service providers have to be registered (NDIS, 2013). The first two options provide a clear incentive to pay low wages as Award and other regulatory protections do not apply and cash-strapped service users need to stretch their funding as far as possible. While it may be logical to seek the best

value for money, it systematically undermines employment rights and gains in this highly gendered sector.

A further way that workers' rights and gains are undermined involves new fragmented and unregulated worksites. Rather than being organisation- and group-based, much of the work under the NDIS is located in people's private homes. Service users are now required to cover their own travel costs to and from programs, whereas in the past, the disability organisation often covered these costs. This means service users carefully assess travel and likely deny themselves activities in order to contain costs.

Feminist scholars have long identified that care work in the private home is largely invisible, keeping wages low or non-existent and making it difficult to improve or regulate (Folbre 2009; Meagher, 2003). Experience in the UK confirms this trend in poorly regulated cash-for-care systems, as well as increasingly blurred lines between paid care work and the unpaid domestic work traditionally expected of women, contributing to further informalisation of care work and the gendered undervaluation of this work (Hussein and Manthorpe, 2014). Evidence from European countries shows that cash-for-care policies also introduced new demands for flexibility, travel between multiple work locations, very short working hours, and may be a cover for deepening austerity policies (Cunningham and Nickson, 2010; Glendinning, 2012; Christensen, 2012). Under the NDIS, an increasing number of workers are multiple job holders and/or work in multiple worksites, hence unpaid travel time seriously undercuts wages and adds to the growing precarity of the workforce (Author B, 2018).

Short notice shifts, multiple job holding, dispersed work sites and short-term work assignments (less than an hour) signal an important shift from a largely publicly funded, nonprofit delivered, organisation-based employer to a privatized, quasi-gig or on-demand economy (van Doorn, 2017; Friedman, 2014). Gig economies are characterized by temporary

employment where workers are remade as independent contractors rather than employees, and organisations exist primarily to interface between service users and short-term providers. Gig work has thus far been mostly found in the arts, entertainment, delivery and private domestic work. However, it is increasingly seen in care work and acts as a mechanism for reproducing gender and racial inequities (Aliosi, 2015; van Doorn, 2017).

The IT apps and digital platforms associated with gig work have extended into NDIS work. Author B (2015) has documented the emergence of uber-like, digital platforms through which service users can recruit disability workers. Though these parts of the disability labour market are currently under-developed in Australia, this article argues that with its exclusive focus on market solutions, the NDIS prepares the ground for a gig labour market/on-demand service market. In this case, ironically, a social policy aimed at empowerment has ushered in the undermining of employment regulation in a highly gendered arena, remaking the gain of one group (people with disabilities able to advocate effectively for themselves) into the loss for many workers and other people with disabilities who are less able to assert themselves in this new, competitive environment.

Market-driven Social Policy

While there is little or no debate as to whether a new service model was essential for people with disabilities, the cash-for-care model is just one of many models for improved service provision (Kvist and Fritzell, 2011; Williams, 2014; Cristiano et al., 2016; Martinelli, 2017). While disability rights movements sought new systems based on an individuals' lifetime goals and strengths, the NDIS model interprets the achievement of these goals exclusively through a market lens. As with individualised and marketised care systems, under the NDIS

individual care users are constructed as consumers empowered through the exercise of consumer choice to buy care (Brennan et al., 2012, p. 378; Productivity Commission, 2011).

Theory

Preliminary theorizing in this article will draw on labour process theory (LPT), a meso-level theory that assists in the analysis of the social relations of control and power in the workplace (Thompson, 2010; Thompson and Smith, 2009), including the power of workers and of management to negotiate the conditions and wages of work. Originating in the work of Braverman (1974), LPT analyses the avenues through which power and control are played out between management and workers. In the context of care work some of these shifts include: ongoing sector restructuring; New Public Management and austerity; precarious work; wages, conditions and work organisation; as well as the gendering of the sector and gender's connection to unpaid labour (Aronson and Smith, 2009; Carey, 2007; Cunningham et al., 2013; Glendinning, 2012). This article supplements an LPT argument that social service restructuring has been 'pro-market/non-market' (Author A, 2004), by arguing that under the NDIS, it has become pro-market/gig market.

Since the mid-1980s, governments have privatized, down-sized and contracted-out human services. These processes are pro-market in that they extend and legitimize private market ideology, logics and practices, even in realms (such as the public and non-profit sectors) where they would previously have been an anathema (Author A, 2004). The processes are simultaneously non-market in that government funded, contracted-out services continued to run on a not-for-profit basis, that is, no surplus is produced though ongoing cost cutting is demanded (Author A, 2004). Thus, these services remain nominally outside the profit model.

The NDIS policy is pro-market; it is underscored by the assertion that the private providers are the most adept and mobile in meeting the vast and diverse needs and wants of service users (Harris, 2014). The policy simultaneously delegitimizes the government as a provider of disability services with all state-provided disability services closing across Australia (Author B, 2018; Mavromaros et al., 2018). By exclusively funding service users, the NDIS also removes government as a direct funder of disability services. The NDIS policy makes the ground ready for the expansion of a gig economy in disability services, with the aggressive emergence of very short work periods (sometimes less than an hour, with some service users arguing that shifts should be as short as 20 minutes); multiple job holding; no paid travel time; multiple work assignments in a single day; very short notice (often a few hours or less) and a constantly changing rota of workers and work assignments. These reduced conditions of work and the reduced capacity of workers to resist and negotiate these conditions, represents a shift in workplace power from workers to management.

Methods

Qualitative, in-depth, semi-structured interviews, using an interview guide were undertaken with 39 disability sector workers in one of the early-roll-out regions (the roll-out started in July 2016). The interviews took place in a central location. They were audio-taped, transcribed and analysed for patterns and themes (Kirby et al., 2005). Research participants were recruited through an open call distributed by unions in the sector. Interviewees were asked questions regarding changes in their work under the NDIS, challenges, successes, and where they saw themselves in the future. The sample was 70% female which is slightly lower, and all had higher education and/or training. They ranged in length of employment from 1.5 to 30 years, with majority having 8+ years of experience.

Ethics approval was received at the universities involved. Limitations of the study include its small sample size, the possible bias in its union-linked recruitment strategy, and qualitative method, which precludes generalisation but permits insights which may be valuable across a number of contexts and conditions.

Findings

Drawing on exemplar quotes, this section will address the strongest themes in the data, namely: increased precarity and a gig economy-like working conditions; less training and skill in the labour force; and the challenges of working multiple short shifts in private homes.

Increased Precarity and the Gig Economy Working Conditions

In contrast with the workforce prior to the NDIS, all research participants reported that employment had become increasingly temporary with undependable hours, lowered earnings and conditions, and increased overall precarity. As per labour process theory, this precarity represents a shift in workplace power as workers lose dependable wages and schedules, and experience increased personal and income insecurity. As one long term disability worker observed, “Every single person working at my agency is casual ...no permanent. In my old agency, almost everyone was permanent.” Another worker added, “They don’t want full time workers. What they say is we need to have flexibility because we don’t know, clients could come and go now, it’s their choice.”

Organisations exclusively employing casual staff can more easily reduce costs in terms of sick leave and dismissing staff. Casualisation also makes it more possible for

employers to schedule work around shorter periods of service provision and more variability in the timing of services (early morning and late night) and location (private homes).

Characteristic of gig economies, short notice of shifts and short shifts were particularly disruptive. As one long time worker noted, “My stress and fatigue are both way up. I’ve been living on the phone for shifts, some of which I get less than two hours’ notice for.” Other workers noted that apps notifying workers of their constantly changing shifts and hours were a commonplace aspect of their employment, suggesting a further swing to an on-demand work, platform labour market. As one long-term worker noted, “all our rosters are electronic” and constantly changing meaning that workers never “know exactly what shifts you’re gonna have that week because something will just randomly change”.

The new, gig-like, short, solo shifts generated serious concerns about quality of care and the likelihood that workers will have any information on service users’ needs, preferences and plans. However, as Cortis et al. (2017) note, there is little or no funding for supervision or administration under the NDIS. Instead, research participants subsidized the system by using their own unpaid time to review case files and connect with supervisors on specific service user issues. Reflecting the experience of most workers and representing a reduction in workplace control, one long term worker told us, “The only way I get information on the clients is if I go into the head office on my own time and read the files. There is no paid time for it. The NDIS only pays for face-to-face time, no prep time. With short notice and new clients, I usually can’t manage to get to the office before my shift.” Other research participants added that files were often incomplete, missing or lost, making the unpaid trip to headquarters futile, more frustrating and further jeopardizing service quality and consistency.

The data show that costs were shifted to workers in several ways including travel costs between multiple and widely dispersed job sites (service users’ homes). After her

employer refused her travel claim, one worker was told that she should consider each private home to be her worksite, regardless of how much distance or travel time was between them, “we don’t pay kilometres. That’s deemed your workplace”. Representing an additional reduction in workplace control, workers expected to use their own cars and claim mileage as a reduction on their income tax return.

Research participants argued that the organisation should cover the cost of mileage as it adds to overall income which plays into pension contributions and should be a cost of doing business, not a cost born by the individual worker. As one research participant observed, “Transportation used to be covered by the agency and it still should be. It is both the workers and the service users who are hurt by this new transportation policy, which is just not right.” Workers were also expected to cover the cost of meals and other activities accompanying service users, and to, as one worker put it “model appropriate behaviour” for the service users, while shouldering their own costs. Summing it up for several research participants, one worker noted, “We as workers are expected to pay for ourselves so out of my day, I might earn \$250.00 but \$50.00 of my pay needs to go on being able to support that person in the NDIS to those activities.” These additional costs are, in effect, a cut to wages, a subsidy to the employer and reflect the reduced power of workers.

Though much of the disability sector has aspires to operate on a nonprofit ethos of care and equity, the research participants were disturbed by new trends emphasizing profit over support for service users and generating divisions between staff and management. In a number of instances, employers made it explicit to frontline workers that the culture of the workplace had changed to one of ensuring that every interaction with clients was charged and chargeable, otherwise it had to be eliminated. One worker received the following instructions from her manager regarding billing service users for phone calls - - even when no one

answers, “you call them, you charge ‘em. If they don’t answer, you write it down and you charge ‘em. And you charge 15 mins because that’s the minimum you can charge.”

Another poignant example can be seen in a story provided by a support coordinator whose manager told her “drop clients and stop helping them” once their support coordination budget had been used up, even when the clients’ needs remained unmet. In a similar vein, another worker told us, “My boss said, ‘You need to look at things a lot different. It’s about money. There’s morals and ethics and then there’s the organisational standards and you need to bring them down to the same level,’ and I said, ‘How can I change my morality that I’ve had for 28 years previous to starting this role to suit an organisation? I can’t do that...”

Research participants also reported an “everyone’s replaceable mentality” coming from managers who had previously been supportive. Underscoring diminished worker control in the workplace, one long time worker noted that, “Attitudes from management are basically, you’re not an asset anymore.” New and long-time staff also commented on the adversarial climate that seemed to pervade many organisations. As one long term worker noted, “There’s now a very big us and them in our organisation. Very big... There’s no objectiveness.” In a further example of shrinking workplace power, favouritism was a widespread concern with most workers feeling that shifts and service users with complex needs were not evenly distributed. This, as well as infrequent or non-existent supervision, increased workers’ sense of alienation and stress.

Despite a significant level of instability and frustration, many workers continued to find satisfaction in working with people with disabilities. Though two workers told us that they felt it was likely they would soon be fired because they refused to abandon the principles of equity and support, other workers told us that the job still held meaning because, “You can put things in place for people that can give them hope”. Despite the challenges posed by inadequate funding and short notice shifts, most workers found rewards in, as one worker put

it, “Watching [] the participants reach their goals.” Another worker expressed a similar experience, “I like getting them out and about to places. I love hearing ‘he’s never done that before.’ Love that. I love hearing ‘how did you do that?’ I get chuffed every time.” A long-time frontline worker summed up the feelings of most research participants thusly, “I love working with the people. I love making their lives... as high quality as we can”.

However, it was notable how many workers were thinking of leaving the sector: some planned early retirement, others sought a career change, while others had no definite plans other than to seek a job they could like. As one long time frontline worker told us, “I’m leaving disabilities. I’m actually training in counselling, so I don’t intend to stay in disabilities. I don’t wanna be in that world. I don’t see it as very safe for my clients and the people with disabilities, but certainly not safe for workers”. Another added, “a lot of people are just going, we’re hanging around for maybe a year or two and then we’re going.” Part of this intention to leave was based on working conditions, but for most workers it was also based on no longer feeling part of a job where one feels appreciated and where one could find meaning. Reflecting a widespread sense of growing powerlessness, another long-time worker told us, “It is chaos. It’s awful. We really tried to raise all these issues that we could foresee was gonna happen and it seemed to fall on deaf ears of the state and government and now we’re seeing all those things that we feared.”

The revolving door of casual staff, a lack of training and supervision, and increased distance between management and workers exacerbated the stressed and sometimes dangerous situations noted above, putting workers in a position where they felt disposable and unable to change things. Higher and mid-level managers also seemed disposable in this rapidly changing environment, with workers noting, “managers don’t seem to last, nobody seems to know anyone”. One participant reported that her place of employment had three CEOs in the last five years, “they will just fill positions and then if they fall through, they fall

through. They'll just bring in someone else". A long-time casual worker noted further that, "it's not a great industry to work in...they're supposed to be a caring, nurturing sort of industry, looking after people yet they just treat their staff so terribly." A senior worker summed it up for the bulk of the research participants by observing, "morale has never been lower".

Less Training and Skill in the Labour Force

The NDIS generated increased demand for disability workers, particularly home care workers. This new workforce in the NDIS was described as new, young, low skill and inexperienced. Prior to the NDIS, there was time and funding for training and upgrading as well as supervision and meetings, "we would have regular staff meetings, training days, staff development days...That's gone; there's no money for it". Participants noted that their employers now have very minimal requirements for hiring new staff, whereas previously skills, formal education and experience were definite pre-requisites. As one worker noted, "I remember when I first started in the field as a support worker and we used to get a lot of students from universities and that and you can tell the difference – the quality was there, their attention to the clients were there but under the NDIS it's just...nah. They're just basically hiring anyone because we need the workers." Experienced skilled workers expressed alarm at this trend and reflected a further axes of diminished workplace control, "It makes you feel very devalued in your work. It really feels like they're dumbing down our role."

The lack of training and experience presented risks for the new labour force, service users and existing staff. As one long time worker observed, "Because I have more experience than most of the staff, I get all the hard guys. They are all one-on-ones (one staff to one

client) because they need that much support. They have complex needs and the work is always hard work. No down time or variety.” This makes the work more draining, adds to workplace stress and unsafe conditions and represents a further shift in control to management. Temporary and casual staff are less likely to complain as they need to position themselves positively in order to be assigned to future shifts.

Private Working in Private Homes

Though an increasing portion of the disability labour force works in service users’ homes, there is no way to assess whether private homes are safe or appropriate worksites. The constantly shifting pool of on-demand workers made for a more hazardous work environment as staff were unfamiliar with the service users, their preferences or triggers. Workers reported knowing little or nothing beyond the service user’s name and address when they showed up for a shift. Noting an overall increase in workplace injuries, one worker quipped, “Nothing major, just black eyes, broken noses, the normal sort of things with people just being out their routine, not knowing the support workers and the support workers not knowing clients.” Reduced workplace safety and their inability to stop it a further aspect of decreased worker control.

One research participant noted that it was less likely that the casual workforce would report workplace injuries because they all needed more shifts and feared reprisals: “Some workers are scared to complain about challenging behaviours from the clients, to the client or the family or the agency. The workers don’t want to upset anyone, or they might not get more shifts.”

Service users’ families were sometimes an additional source of workplace stress and risk, and there was little that workers could do if people were acting inappropriately in their

own homes. Some families had unrealistic expectations of what could be completed in a day and what the service user was capable of, and there were no rules or guidelines they were required to follow. As one research participant told us, “Families don’t always acknowledge when a shift is finished and don’t let the staff person leave. Or [they] don’t come home on time to take over.” He continued, “In some cases, clients are very afraid to be left alone or too unstable to be left alone and so we can’t leave until a family member finally shows up.”

Discussion and Conclusions

Various aspects of the former disability sector remained constant in the early roll-out area studied. This included: the commitment of workers to the service users and/or social equity and justice; the gendering of the workforce; the expectation of unpaid work; and the increasingly poor wages and conditions. Within the legislation, the human rights of people with disabilities were recognised at the level of discourse but not at the level of pricing. The gender undervaluation of care work remains constant with the failure of government to price NDIS at levels where Award rates or above could be paid. This reflects a sidelining of the rights of the highly gendered labour force and continued gender inequity.

Self-determination and autonomy for people with disabilities can flourish in contexts where staff have stable employment, supportive supervision and fair wages (Kvist and Fritzell 2011). However, by embracing a pro-market ideology, the NDIS set the terms for a zero-sum game involving a precarious labour market with significant gig-like, on-demand economy aspects and a temporary workforce that lacks the constancy, supervision or training to properly support the autonomy and self-determination of all people with disabilities.

Figure 1 (below) highlights various aspects of this zero-sum game by detailing changes in the policy arena as the disability sector moved from a largely publicly funded non-

profit labour market to a quasi-gig economy. The term quasi-gig is used to underscore the similarities with an on-demand labour market as can be seen in the NDIS emerging labour market - - very short shifts; split shifts; short notice of shifts; multiple employers; unpaid travel time; working primarily alone in private homes; the use of IT apps to notify workers of shifts and employers acting primarily as an interface between service users and workers. In terms of differences from the gig economy, some workers have been remade as private contractors, particularly higher credentialled workers, though most continue to work for organisations, where they have been remade as fragmented, precarious and casualised, while management has increased workplace control.

Figure 1 contributes to labour process theory by analysing the shifts in workplace control, precipitated by changing work organisation and the new policy and regulatory context. The data analysed in this article suggests that the government instigated massive restructure precipitated a zero-sum game in which, like poker, there are a few winners and many losers. The first policy arena analysed in Figure 1 is human rights. In 2011, the Inquiry into Disability Care and Support (Productivity Commission 2011) recommended the establishment of a national scheme to replace existing policies that were not ensuring the rights and wellbeing of people with disabilities. A commendable central plank of the NDIS is recognition of the right of people with a disability to be at the centre of decision-making and planning for their life (Productivity Commission 2011). However, the cash-for-care model, introduced with the NDIS, precipitated the massive restructuring of the labour market discussed above, in which some people with disabilities appear to be experiencing human rights, while those left behind include people with intellectual and other cognitive disabilities, families with very young children, Indigenous people, and people living in rural and remote settings (Howard et al 2015; Warr et al. 2017). The on-balance column in Figure 1, row one, notes that service users, who can advocate for themselves or have an effective advocate, have

made human rights gains (Productivity Commission, 2017). Unfortunately, those without advocacy remain on the margins of this commercialized policy project. The on-balance column also adds the loss of rights for workers, an indication of the cynical trade-off between the rights of various groups within the NDIS.

Figure 1. Moving from non-profit labour market to gig economy, managed market

Policy Arena or Specific Regulation	Change	Yes/No shift in control	From whom/to whom	On-Balance
Human rights	NDIS – individualised funding	Yes	From organisations to specific service users who are effective advocate or have access to an effective advocate	Significant gain for some service users Significant loss for organisations Significant loss for workers
Employment regulation	NDIS – individualised funding & mostly casual employment	Yes	From organisations to individual service users (only those who can advocate for themselves or have an effective advocate), or From workers to individual service users (only those who can advocate for themselves or have an effective advocate)	Significant gain for some service users Significant loss for organisations Significant loss for workers
Sector-wide award (SCHCDS)	Casualised workforce, multiple employers (many non-standard); few standardised workplaces	Yes	From union (and workers) to management & service users who act as employers From union (and workers) to informal, pop-up organisations	Significant loss for unions & their members Harder to organise & represent fragmented sector

In labour process theory, as the second row in Figure 1 shows, these dynamics have resulted in significant losses in workplace control in the form of decreased employment conditions, regulation and protection. This produces a significant transfer of control from workers to management and, indirectly, to the state as the lowball funder who sets the terms for this outcome but without having to step in to directly orchestrate the changes. Governmentality analyses identify these processes as “governing at a distance” in which the state exerts control through policy setting rather than hands-on operations (Rose et al., 2006). A shift in control from organisations to individual service users, who are effective advocates or have an effective advocate, is also observable as a shift in control from workers to this specific group of service users.

The policy and regulatory context in the NDIS are set by the Australian state which assumes three contradictory and conflicting regulatory roles: defender of the human rights of people with disabilities; defender of minimum employment standards; and key driver of precarity and market processes (Jaehrling et al., 2018). By providing continued low pricing and individual funding, the state acts as a key driver of precarity and casualisation while simultaneously distancing itself from responsibility to defend minimum employment standards for a highly gendered, low wage labour force.

Another driver of precaritization under the NDIS is the loss of block funding from governments to organisations. With people with disabilities suddenly in receipt of personalised funding and required to pay for their own services and transportation, relatively stable, long-term organisations lost most of the clients who once partook of group programs and supports in which transportation costs were covered by block funding. These organisations were compelled to remake themselves as providers of largely home-based, individualised services and market themselves to cash-carrying individuals with multiple requirements for support. Many long-term organisations are struggling to survive

(Productivity Commission, 2017) and the sector has seen the rapid growth of for-profit, non-profit organisations and “pop-up” providers, many of which have little or no experience in providing social services or fulfilling their obligations as employers. Unions have difficulty contacting workers in this rapidly restructuring sector and even employers once seen as progressive, are pushing for changes to enterprise agreements and the SCHADS Award (Author B, 2018).

The third row of Figure 2 captures some of this dynamic. The on-demand, quasi-gig work means that workers have multiple workplaces and generally work alone, in service user’s homes. This makes it difficult for workers to communicate with each other or share concerns, both of which tend to build shared analyses that can lead to union participation (Simms, 2007). It also makes it difficult for unions to communicate with workers or to be part of their everyday work lives. This results in a shift in control from the union (and workers) to management. It also represents a shift in control from the union to informal, pop-up organisations that may not be aware of or interested in meeting the terms of the SCHADS Award. The balance column notes the losses for unions and workers.

This article extends our understanding of labour process theory by adding the concept of pro-market/gig market to signal the shift from the non-market mandate that previously undergird the largely non-profit disability services sector. Instead, a pro-market/gig market has propelled forward by government policy. The effect is that permanent work is destabilized, better working conditions and better wages are replaced with on-demand/gig work, impermanence and fragmentation. A truncated, marketized version of human rights (Stainton, 2002; Ife, 2012) played an ideological role in convincing service users, the public and workers that management and the state need to drive down workplace protections and employment regulations in order to meet the commercialised needs of vulnerable populations. Current employment regulation seems ill-equipped to defend disability workers and

governments are more interested in containing costs and fostering private markets than in protecting a highly gendered, increasingly precarious labour force. Though our conclusion is tentative, based on just this example, the evidence suggests that zero-sum games, in which a few wins and many lose, may be a feature of social policy change in market-driven contexts, such as the NDIS, and that current workplace protections for care work mean little in the context of restructuring and marketisation.

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A Portable Training Entitlement System for the Disability Support Services Sector

By Dr. Rose Ryan and Dr. Jim Stanford
The Centre for Future Work at the Australia Institute

April 2018

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Abbreviations

AQF	Australian Qualifications Framework
ASQA	Australian Skills Quality Authority
ASU	Australian Services Union
DSTA	Disability Services Training Administration (proposed in this paper)
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDS	National Disability Service (provider peak body)
QSF	Quality and Safeguarding Framework
RCM	Reasonable Cost Model
RTO	Registered Training Organisation
SCHADS	Social, Community, Home Care and Disability Services modern award
SSO	Skills Services Organisation

Summary

The NDIS Act is often described as the largest social reform in Australia since the introduction of Medicare in 1975 (Productivity Commission, 2017; Cortis et al., 2017). It was designed to provide a nationally consistent approach to the provision of services, supports and activities to people with disabilities aged from birth to 65 years of age. Employment in the sector is experiencing significant growth, at a time when public expectations about the quality of service provided through the system's individualised packages of support are higher than ever.

A person-centred model of support (consumer-directed support) had been adopted as part of the NDIS. A funding envelope for each consumer is determined by an assessment of individual needs. Eligible individuals participate in a planning process, and individualised support packages are developed and funded for them. A Quality and Safeguarding Framework (QSF) has been developed to support the quality of service delivery. Policy statements have reiterated the need for a highly skilled and qualified workforce that will deliver high quality services in line with the needs determined in individual plans, and the requirements of the QSF.

Evidence from both Australia and internationally, from the disability support sector and from other human service industries, demonstrates conclusively that high quality support services are dependent on high quality employment standards and training for those who provide those services. Implementation of the NDIS has relied on the sector to recruit, retain and train the growing pool of workers with the required skills to meet the challenges of consumer-directed support. To maximise the potential of the NDIS to deliver a suite of high-quality, individualised services to hundreds of thousands of individual participants, the system desperately needs a strong and immediate strategy to facilitate ongoing investments in workforce development, training, and job quality. This strategy must ensure:

- Wages and working conditions attractive enough to recruit and retain tens of thousands of new workers.
- Good job quality, including employment security, autonomy and recognition.
- The development of a range of appealing career paths in the sector, so that workers can see a positive long-term future working in this field.
- A systematic strategy for training, qualifications and workforce development.

New recruits must be supported to demonstrate their prior skills and learning, and attain additional training for which they are recognised and credited. And all disability

support workers must have access to ongoing training, to broaden and update their skills throughout their careers, accumulate more credentials, and pursue recognised career paths.

Unfortunately, research regarding the initial experience with the NDIS demonstrates that insufficient attention has been paid to the importance of workforce training and development, as a crucial precondition for high quality service delivery. Specifically, research is revealing that providers experience difficulties in recruiting new staff; that conditions of work have become more difficult; that most workers are engaged in casual, part-time, and irregular positions, and that staff turnover is horrendously high; and that there has been a consequent reduction in the quantity of training (including in-house supervision and support) provided for employees, just as workers need more skills to fulfil the goals of the NDIS. This situation poses a significant risk for the quality of life and safety of NDIS participants, for the job quality and opportunity of disability service workers, and for the organisational stability and success of providers.

Inadequacies in the pricing/costing model at the heart of the NDIS are a central factor in these inadequate outcomes in the realm of skills and training. Specified costs for individual packages of support supposedly include a component for training of workers, along with other workforce and administrative overhead costs. But the resources allocated to these activities within the NDIS pricing model are woefully inadequate, based on outdated and incorrect assumptions about the range and level of skills, knowledge and competencies needed to successfully perform work in the sector. Moreover, there is no clear and consistent strategy for defining qualifications, and ensuring that workers get the training they need.

Increased investment in training for disability support workers is important for improving the lives of people with disability. Some of the skills needed by disability support workers are general ones – but they still need to be learned; and people with disabilities deserve to be provided with the assurance, through recognised qualifications, that those providing them with support have achieved a recognised level of competency. Moreover, some people with disabilities have diverse, complex and varying needs. Providing individualised supports under the NDIS needs a workforce that can provide specialist as well as generalist skills; and also be highly adaptive in response to the individual and changing needs of each person they support.

Achieving the full positive potential of the NDIS, and ensuring that participants receive the high-quality, individualised services that the scheme was intended to provide, will require a thorough commitment to high-quality, well-funded training for everyone working in the system. A far-reaching change in culture is necessary, one that

recognises the value of ongoing and substantive investments in training and professional development as the foundation for delivery of high quality support services. This will require a comprehensive and systematic approach to training. In short, the sector needs a holistic, ecosystem approach to meeting its skills challenges, through a system of qualifications and career paths with internal consistency and integrity, supported by a national infrastructure for developing, delivering, quality-assuring, certifying, funding and tracking training. Benefits for workers, participants and providers from this approach would include the promotion of high industry standards, making the industry a more attractive place to work, establishment of clear and more stable career structures, and a better basis for workforce planning.

This paper describes the dimensions of the skills and training challenge facing the disability services sector as the NDIS is rolled out. It proposes a comprehensive strategy for addressing training needs, including both immediate induction and foundation programs to provide new entrants to the workforce with basic skills and qualifications, and an ongoing portable scheme through which disability service workers accumulate regular entitlements to training opportunities – and then utilise those entitlements to undertake career-long training in the specialised topics which they choose. A well-defined and regulated structure of qualifications and career paths will assist workers in leveraging that ongoing training into ongoing occupational progression. Workers will come to see this sector as one offering great opportunities for learning, training, advancement, and compensation – rather than as an industry dominated by irregular, unsupported, and often isolated short-term “gigs.” That will lay the foundation for a more successful recruitment and retention strategy by service providers, as well as for much higher-quality service provision to people with disabilities.

This report has been developed on the basis of analysis of official statistics, published research, and original interviews with key informants. Our recommendations include:

- Ensuring that training is directed towards nationally recognised and transferable certifications, overseen by industry-recognised authorities, and integrated with career pathways for workers in the sector.
- Linking the accumulation of training to the establishment and implementation of minimum training requirements for specific types of support.
- Large-scale roll-out of induction training to ensure that new hires have basic levels of skill, knowledge and experience prior to working with NDIS participants.
- Registration of NDIS-funded disability support workers, in part to facilitate ongoing accounting of their training credit accumulations.

- Establishing a separate and protected Capacity-Building Fund, housed within the NDIA, to fund training activity across the sector – including courses for individual workers, and group training and capacity-building at the organisational level.
- Implementing an ongoing system for workers to accrue portable entitlements for training, based on the number of hours that they have delivered NDIS-funded supports, transferable across providers and jurisdictions; and ensuring workers have the opportunity to utilise those credits in accumulating ongoing qualifications.
- Developing a new planning and administrative body, the Disability Services Training Administration (located within the NDIS Quality and Safeguards Commission), to oversee training standards, curriculum development and qualification benchmarks across for the sector, in collaboration with existing VET regulatory authorities.

The paper also presents preliminary fiscal estimates regarding the costs associated with the establishment and operation of this system. It confirms that the costs of providing essential, recognised, and portable training opportunities for NDIS workers would represent a very small fraction of incremental costs of operating the NDIS.

The training program would be phased in over five years, funded through the Capacity Building Fund (jointly endowed by the Commonwealth and State governments in line with the overall NDIS cost-sharing model). This independent funding stream would be established parallel to the unit pricing system that governs NDIS-funded services, rather than being funded from margins embedded within those unit prices (a system which has already proved unworkable). Costing simulations indicate that all elements of the training program (including induction, foundation, and ongoing portable training entitlements for individual workers, the creation of the DSTA, and funding for organisation-level training initiatives) could be funded for a total cost averaging about \$190 million per year. Compared to the anticipated \$22 billion annual cost of the NDIS once fully rolled-out, this represents an investment of less than one cent for each dollar of total payments. That is a very small investment indeed in the skills, qualifications, and career paths that will be essential to realise the NDIS's full potential: both as a system for delivering high-quality care to participants, and as a source of rewarding, high-value work for service providers.

I. Introduction and Overview

The importance of training and human resource development has been high on government policy agendas for decades. Recognised as a tool for both industry and national economic development, governments have made significant investments in education and training from early-childhood through to higher education.¹ However, some areas of the economy have missed out on this commitment, with little attention paid to the need for training and skill development. In these sectors, many jobs are low-paid and insecure, work is perceived as unskilled or low skilled, and the little training available is often limited to narrowly defined “competencies.”

Some sectors have experienced significant skills shortages as a result of this inattention and underinvestment; and organisational exposure to various operational and legal risks has increased as a result of employing insufficient numbers of skilled staff. Nowhere is this more true than in the disability sector, and related fields (including Aged Care Support and Mental Health Support) in the broader community services field. There is no denying the human importance of the work performed in these sectors. But funders and providers have not made adequate recognition of the need for ongoing high-quality training, to support service workers in performing their tasks with the utmost of skill, safety, and respect for people with disability.

In this context, the passage of the National Disability Insurance Scheme (NDIS) Act in 2013 poses enormous challenges and opportunities to a sector which was already underinvesting in skills and training. The NDIS has been described as the largest social reform in Australia since the introduction of Medicare in 1975 (Productivity Commission, 2017; Cortis et al, 2017). It has been designed to provide a nationally consistent approach to the provision of services, supports and activities to people with disabilities aged from birth to 65 years of age. Employment in the sector is growing more rapidly than any other sector; employers are competing with other areas of community services in an effort to recruit and retain workers. This labour supply challenge is being experienced at a time when public expectations about the quality of supports are higher than ever. The sector has been unable to attract sufficient numbers of suitable new employees to meet this increasing demand, let alone to ensure that they have adequate skills and training. The importance of training and workforce skill development to respond to these labour market demands has had a

¹ We note that some parts of the education and training system have benefited from this attention to a greater extent than others. In particular, and of relevance to this report, funding for vocational education and training (VET) has fallen well behind that for higher education in Australia; as have increases in enrolments (cited in Noonan, 2016: pp13 and 19).

surprisingly low profile in public discussions about the NDIS, its goals, and its challenges.

This report focuses on issues related to the supply and demand for skilled labour in the disability sector, and proposes the development of a comprehensive system for investing in ongoing training and skills development. The key components of this system include:

- A mandatory induction/orientation to the industry, and minimum qualifications as a pre-requisite for on-going employment.
- A portable training entitlement that allows workers within the sector to both gain initial qualifications, and then participate in on-going professional development through their entire careers.
- The stipulation of nationally recognised qualifications linked to the Australian Qualifications Framework (AQF), delivered and assessed by public and non-profit training bodies accredited under the Australian Skills Quality Authority (ASQA).
- The definition of clear pathways into advanced qualifications and specialisations, which can guide disability workers in advancing their careers over time (as they accumulate skills and qualifications), and linked to clear classifications in pay and job responsibilities.
- The establishment of a new body, the Disability Services Training Authority, operating within the NDIS's Quality and Safeguarding Commission, and including representatives of people with disabilities, to work in collaboration with existing VET regulatory agencies to develop curriculum, establish qualification benchmarks, and manage the portable training entitlement system.

Research for this report has been conducted on the basis of analysis of official statistics, publicly available policy documents, other published research reports, and original interviews with key informants working in the sector.

The report documents the skills and training challenges facing the current workforce (including barriers to access, current levels of skill, and working conditions), among the wide range of other challenges faced by this growing sector. It suggests a need for increased levels of training across the industry as a whole, which can be best met by developing an integrated training “ecosystem” within the sector to support current and future skills needs.

Section II of the report describes the current disability services workforce, including reviewing existing training practices and documenting the challenges faced during

NDIS implementation. Section III provides an overview of the design, structure and implementation of the NDIS. Section IV discusses in more detail the implications for skills development of the NDIS, identifying the system's current treatment of training needs and its shortcomings. Section V then provides a proposal for a comprehensive training structure within disability services, including all its key components: initial induction and foundation skills, ongoing portable training opportunities, and a regulatory and funding structure underpinning both. This section also discusses the key fiscal parameters of the proposed system. Section VI provides a summary of conclusions and proposed strategies for winning support from all stakeholders (including government) for including a commitment to ongoing, high-quality training as a core component of the NDIS.

II. The Disability Support Services Sector

Describing the disability support services sector is a challenging task, given the incredible transformation that it is undergoing in the wake of the introduction of the NDIS. In addition to state-based disability support services, the sector has always relied heavily on not-for profit service providers, often faith-based. Common categories of service provision included general and specialist services, residential support services, accommodation support, day programs, respite services and transition to work programs. Funding was provided by both the State and Commonwealth levels of government, based largely block funding for specified levels of service provision. This funding generally constituted around 60-80% of total income; with many organisations supplementing their income from charitable donations (PWC, 2012). Block funding meant that providers managed their income based on organisation-specific policies and strategies, including the costs of employing (and training) staff. Currently, it is estimated that there are around 2,000 disability service providers nationally (NDS, 2016). The sector is growing rapidly, however, and competition for the available workforce is fierce – a situation that is exacerbated by simultaneous growth also occurring in aged care, mental health and community services sectors.

WORK AND WORKERS IN THE DISABILITY SUPPORT SECTOR

The work undertaken by the disability support workforce, all the more so under the NDIS, is incredibly diverse and varied. It involves work with people living with disability, providing a person-centred approach to support in a residential, home or community-based environment. Disability support workers may work alongside families and community workers, allied health professionals, diversional therapy assistants, mental health workers, peer support workers, and professionals in mainstream health and education services, or they could be lone workers to deliver services that support the active social and economic participation of NDIS participants in the life of the community and in the Australian economy (Skills IQ, 2017b).

One of the key findings of the 2011 Productivity Commission report which was influential in the design of the NDIS, was that there were no reliable estimates of the exact size of the disability services workforce (Productivity Commission, 2011). Since

then, with assistance from government, National Disability Services² has introduced *Workforce Wizard*, an on-line tool, to collect and analyse workforce data entered quarterly by human resource managers and executives within the disability support sector. Key information sought includes types of employment, organisational growth, turnover rates, working hours and age and gender distribution of the workforce (NDS, 2017). The first report based on this tool was released in July 2017, with an update published in February 2018 (NDS, 2018), based on a total sample of over 35,000 disability support workers.

Data attained through the NDS tool confirm that the disability support workforce is extraordinarily concentrated in casual, part-time, and very insecure positions. Most recent data (NDS 2018) indicates that 81 percent of the workforce are in part-time positions. 42 percent of workers fill casual jobs. Staff turnover is extremely high: around 25 percent per year for the workforce as a whole, and over 35 percent per year among casual employees. The average number of hours that employees work in the course of a week is low and falling: down to just over 20 hours per week. Fewer than 10 percent of the disability support workforce are employed on a full-time and permanent basis.³ Many workers work irregular hours in multiple locations; research indicates many do not receive minimum legal compensation (including for time spent traveling between locations, and other essential job functions; see Macdonald et al. 2018). The workforce reflects a high concentration of women workers, and older workers: 70 percent are women, and 44 percent are 45 years or older (making the sector's workforce one of the oldest of any sector in Australia's economy). The advancing age of the existing disability support workforce only reinforces the need for a comprehensive and ongoing training system for the industry, in order to replace the skills and experience of those older workers who will be retiring within the next few years. In contrast to disability support workers, allied health workers in the sector tend to be younger (64% are aged between 25 and 45), and are much more likely to be employed on a permanent basis.

The precarious instability of work in the sector highlights the need for a systematic and comprehensive approach to training. It is impossible to imagine that the NDIS will be able to fulfil its potential in improving the lives of people with disabilities, on the basis of a workforce that is so overwhelmingly employed in casual, part-time, high-turnover roles. Workers need an opportunity to accumulate skills, and that requires some basic assurances of stability and predictability in future employment. By providing disability

² National Disability Services is Australia's peak body for non-government disability service organisations, representing around 1100 service providers.

³ NDS (2018) reports that only 35 percent of permanent employees (which in turn make up just 19 percent of the total workforce) are employed on a full-time basis, implying that just 7 percent of the workforce fills permanent full-time positions.

support workers, even those working for multiple employers or moving to new positions, with a mechanism to accumulate recognised and portable qualifications, the training strategy proposed here could play an important role in stabilising and uplifting the whole sector's employment practices.

The NDS data also confirm that, in the face of increasing demand driven by the NDIS rollout, there is strong growth in employment in the sector of around 11 percent per year (NDS, 2018). While positive, this growth masks two significant concerns. The first is that growing employment is being driven almost entirely by a growth in casual employment. The growth in casual employment in the sector was 26 percent per year, compared to just a 1.3 percent per year increase in permanent employment (NDS, 2018). Secondly, turnover issues remain a huge concern.

High turnover rates are exacerbated by recruitment difficulties. In the March 2017 quarter, 76 percent of responding organisations had advertised a vacancy to fill a direct support worker role. Of these, 35 percent remained unfilled, with higher than average unfilled vacancies in Western Australia, Victoria, and South Australia. The most common reasons given for difficulties in filling vacancies was a lack of suitable or qualified candidates. This general response masks issues that reflect the unwillingness of candidates to accept employment in the sector in line with the wages and conditions being offered. These include poor wages and conditions of employment, lack of permanent and full-time roles, and the necessity of working irregular/non-social hours and shift work. Other difficulties in finding candidates reflect the greater focus on meeting the individualised needs of people with disability – for example, 22 percent of responses noted that the unfilled roles involved specific job skills (e.g. experience in gardening or horticulture, community access support, etc.), specific demographic characteristics (such as experience working with a specific cultural background), or other skills (such as dealing with people with challenging behaviours) that may be difficult to match with suitable applicants. There is also some evidence of a shift in what employers believe constitutes a “suitable and willing” candidate: providers are placing more emphasis on hiring people with attitudes and values that meet specific participant requirements, as part of complying with NDIS policy to offer choice and control to people with disability. All of these factors reinforce the conclusion that this sector desperately needs a comprehensive training strategy to provide the workforce with all the skills (both general and specific) necessary to fulfil the promise of the NDIS.

III. Implementation of the NDIS

As noted earlier, implementation of the NDIS is probably the most significant social reform in Australia for several decades. The model of services on which the NDIS is based has several distinctive features:

- It adopts a person-centred model of support. Individuals apply for an assessment of eligibility, and once this is determined, they are enrolled. Following this, support packages based on individualised planning are developed and funded.
- It is an insurance-based scheme, assessing costs and funding requirements based on actuarial estimates of life-time participant needs. This includes early investment and intervention in order to facilitate independence, social and economic participation; and to reduce the need for long-term support.

Discussions prior to the introduction of the NDIS Act noted the need for significant change in the sector in order to support achievement of its policy objectives. This involved the creation of a disability support sector “market” with new providers and new types of service offerings. This would allow consumers greater choice in the provision of services based on their individual and local needs. Consumer-directed support⁴ reflects the evolution in service delivery models internationally, where funding is allocated to individuals or families to purchase services to meet personal needs and preferences rather than accessing standardised services (MacDonald & Charlesworth, 2016). The new model has had significant implications for service providers: they must provide new forms of support, adjust to a more competitive market, and manage the costs of employing staff to meet increasing demand. In addition, there are consequent implications for training and skill development, canvassed in the next section of this report.

The NDIS started in July 2013 in four trial sites, and was gradually extended; with roll-out starting progressively in the rest of Australia from 1 July 2016. Full roll-out is expected to be completed by 2019-20. Over the course of this transition an estimated 475,000 participants are expected to be enrolled. Uncertainty remains regarding the precise quantum of new employment that will be generated as the roll-out continues, but all observers agree that the program will require a huge expansion in the disability support workforce. In 2016, the former Chair of the NDIA Board claimed the system would need up to 70,000 new full-time equivalent workers over the coming three years – about one in five of the new jobs estimated to be created in Australia during

⁴ The model is variously referred to in the literature as cash-for-care, individualised funding or personalised care.

the transition period – and this estimate has been repeated by other analysts (eg. Productivity Commission, 2017, p. 323.). This employment growth is happening at the same time as providers are engaged in significant organisational change as they adjust to new service delivery, funding, and marketing arrangements.

The scale of this undertaking is enormous and complex – and not surprisingly has encountered a number a road-blocks. A recent report from the Productivity Commission noted that roll-out is falling behind anticipated targets (Productivity Commission, 2017), with transitional issues posing risks to the integrity of the scheme. In particular, a focus on meeting targets for participant intake has resulted in lack of attention to the development of high quality plans for participants, slower than expected growth in new services, and insufficient growth in the employment of disability support workers. At the same time, information collected by NDS shows that although demand for support services is growing rapidly, 38 percent of providers are unable to keep up with demand, with the key reason being an inability to attract suitably qualified applicants for jobs (NDS, 2016).

In addition to the challenge of increasing the sheer number of workers, providers have also been required to adjust to new funding arrangements, and a new quality assurance framework. Details of these are outlined below. These in turn have had significant implications for training and workforce development, which are dealt with in the next section of this report.

THE NDIS FUNDING MODEL

As noted above, once an individual's eligibility for the NDIS has been determined, participants participate in a planning process with an NDIS representative. The purpose of this planning is to determine the reasonable and necessary supports needed for the participant to experience lives as full and engaged as possible. This is reflected in an individual support plan, and funding is allocated on the basis of what supports are needed. Participants then choose (in line with their plan) what supports they wish to purchase, and who will manage their funding. They have the option to select a registered provider to manage and provide their support, or can self-manage their funds (including directly employing support workers). In actuality, only 7 percent of participants self-manage their plans, with 58 percent opting to have registered providers managing their plans and providing support; and the remainder opting for a mix of agency- and self-management (Productivity Commission, 2017).

Individual plans and packages of support can include capital items (such as assistive technologies) but the two main categories of support involving disability support

workers are *Assistance with Daily Living* (e.g.; assistance with self-care activities) and *Assistance with Social and Community Participation* (e.g.; access to and participation in recreational activities). Where providers employ disability support workers to provide these supports, they invoice the NDIA and are paid out of the participant's individual account.

The basis of payment is derived from a "Reasonable Cost Model" (RCM), which determines prices to be paid for various categories of support. Price guides have been published by the NDIA and consist of maximum hourly payments for different categories of support (with slight variations depending on time of day, complexity of support needs and for remote locations). Hourly payments explicitly require all costs of providing support by a support worker employed under the Social, Community, Home Care and Disability Services (SCHADS) Award by a "reasonable" service provider to be included. Over the period of roll-out, the realism of the pricing model in relation to the costs of providing support and the transparency of the decisions made in respect of price-setting has come under increasing criticism, not only from providers and academics (NDS, 2016; Macdonald and Charlesworth, 2016) but also from the Productivity Commission (2017).

The most robust analysis of the RCM has been undertaken by Cortis et al 2017, whose interest was in exploring the impact of the RCM on disability support providers and workers. Based on an analysis of the assumptions underpinning the RCM, they clearly demonstrate that set prices fail to recognise the nature and value of disability support work (pp. 22-27). This has had significant consequences for employment and training in the sector. Based on a survey of CEOs from registered providers, and interviews and survey responses from disability support workers, identified problems include:

- The pricing model assumes that workers, on average, are paid at Level 2.3 of the SCHADS award.⁵ Under the award, this is the minimum pay point for workers with a Level III qualification; it applies to workers undertaking largely routine work with readily available guidance and assistance. Evidence from employer surveys, in contrast, suggests that they regarded this as an entry-level (rather than an "average") rate. Experienced support workers are employed in higher classifications under the award, and employers need to provide advancement opportunities for these staff in order for them to be retained. Thus the pricing model vastly underestimates the average pay rate for disability support workers.
- The base hourly rate for disability support workers assumes that 95% of a worker's time (excluding annual and personal leave time) is spent in direct

⁵ Classification levels refer to classification for Social and Community Services workers.

participant contact. This allows for just 3 minutes of every hour paid to cover all activities that need to be completed to provide quality supports and comply with the requirements of the award. These include the need for breaks for workers, communication with other team members (for example, handovers at shift changes, or in relation to new NDIS participants), meetings, administration requirements (such as completing shift notes), travel time, and time needed for training, supervision, team meetings and general professional development. The woefully inadequate amount of time allowed for non-contact time activities that are required as part of providing quality support results in support workers frequently working additional hours on an unpaid basis (Macdonald et al., 2018).

- Supervisors are expected to be paid on average at Level 3.2 of the SCHADS Award, with an expected ratio of one supervisor to 15 staff or even higher.⁶ Survey evidence from both employers and workers, however, suggests that supervisors are more likely to be paid at Level 4 or above; and with ratios around 1:10. This is based on SCHADS award requirements that set limitations on the number of people that can be supervised by any one person and the level of complexity needed for supervision. Thus the supervisory ratios and rates assumed by the RCM are clearly out of line with current industry practice. In addition, given that the sector is employing many workers who have no previous experience, it is reasonable to expect supervisory ratios to be lower than this in order to provide adequate oversight of their work while they are learning the job. Thus, the pricing model again fundamentally underestimates the costs incurred by providers in providing the training and supervisory support necessary for delivering high quality services.
- An allowance of 15 percent for corporate overheads is allowed for in the RCM. This includes the costs of governance, training, staff development and back office support. Cortis et al (2017, p.47) cite international literature demonstrating how "... the excessive pursuit of administrative efficiency has caused a steady, self-perpetuating practice of cost-cutting in organisations, which in turn harms not-for-profits and their service users." Unrealistic pricing of corporate overheads in the NDIS pricing model limits the extent to which organisations can provide staff cover when people attend training courses, hold staff meetings, and engage in continuous improvement of their organisational practices.

⁶ The high incidence of part-time work implies that supervisors would likely end up supervising a larger number of employees according to this formula, based on supervisory ratios defined in FTE terms.

Generally, the analysis suggests that the RCM significantly underestimates the costs of employing both support workers and supervisors, to the point where a provider survey found that two-thirds of employers disagreed or strongly disagreed that NDIS pricing allowed them to meet their obligations under the award, or to be able to pay rates necessary to allow them to attract and retain quality support staff (NDS, 2016). Providers were also strongly of the view that the RCM vastly underestimates both the time needed by support workers and supervisors to deliver quality supports and the range of other costs that providers incur in delivering services.

As a consequence, the sector is experiencing significant issues in financial performance. The NDS annual Business Confidence Survey (NDS, 2016) found that 22 percent of providers reported a financial loss in the previous year, and that this had an immediate impact on supervision and training provision. Many reported that they would not be able to continue to provide services at currently NDIA-set prices, and would have to reduce the quality of their services if prices did not improve. Similar findings are reported as part of the Disability Services National Benchmarking Project being completed at the University of Western Australia (Gilchrist & Knight, 2017). This showed a drop in net profit margins (relative to total income) earned by disability service providers: from 4.4 percent to 3.5 percent from 2014-15 to 2015-2016; more worrisome, if disability-related donations and bequests were removed from income, the margin falls effectively to zero. The report notes that providers are paying the costs of transitioning to the new system from their own resources (donations, financial reserves, sale of assets) or by incurring debt. It concludes that many services are likely to close within 2-3 years, or change their service offerings away from disability support to aged care or other human services which offer higher returns (Gilchrist & Knight, 2017, p. 5).

IMPROVING QUALITY

The delivery of high quality supports to people living with disability has been one of the key policy aims of the NDIS. Measures put in place to do this include the Quality and Safeguarding Framework, mandatory Terms of Business for registered providers (mostly focused on provider business processes), and a Code of Conduct (yet to be finalised) for providers and support workers.

The Quality and Safeguarding Framework (QSF) was foreshadowed from earliest policy discussions, and a draft framework was released early in 2015 by the Disability Reform Council. Following extensive consultations around Australia, it was finalised and released in December 2016 (Department of Social Services, 2016). The framework includes both developmental measures to help strengthen the capabilities of people

with disability, disability workers and suppliers of supports under the NDIS, and preventative and corrective measures to ensure appropriate responses to problems that arise.

QSF measures are targeted at individual NDIS participants, as well as the workforce and providers. In relation to workforce skills, the framework includes the following components:

- Developmental: Building a skilled and safe workforce – with the attitudes and skills that meet the needs of participants.
- Preventative: Screening workers – to help ensure that they keep people with disability safe and ensuring workers have the skills for specific roles through provider quality assurance and registration.
- Corrective: Monitoring worker conduct through screening, serious incident reports, complaints and breaches of the Code of Conduct.

Action taken by government to give effect to these measures, however, has been predominantly focused on preventative and corrective measures, rather than developmental ones. The draft Framework sets out an expectation that recruiting and training staff is the employer's responsibility (Department of Social Services, 2016, p. 55), noting the importance of employers ensuring that workers have the right attitudes, knowledge and skills to effectively support participants. It rejects the importance of qualifications being held by people doing support work in favour of the view that the right "attitudes" are more important. It does, however, propose the introduction of a compulsory orientation/induction module for the sector, for registered providers and their employees, as well as registered sole traders. Providers would be required to demonstrate that their workers have undertaken or are scheduled to complete the induction module, either as an e-learning module or as part of their workplace induction and training processes. Thus the QSF introduces for the first time training and development requirements for the sector, but leaves the responsibility for addressing these solely with providers.

Essentially, the Quality and Safeguarding Framework demonstrates a very passive attitude toward the task of quality assurance and workforce development. It is heavily reliant on screening, and investigating complaints and incidents; instead of a positive approach to workforce development that would prevent incidents from arising in the first place. An alternative would place emphasis on investment for capacity-building: attracting people into the industry by supporting long term development of a skilled workforce through providing opportunities for training to allow workers to deliver high quality services that make a difference in the lives of people with disability. We deal in more detail with our prescriptions for addressing this challenge later in this report.

A similar attitude is evident in the discussion paper on the proposed Code of Conduct released by the Department of Social Services in May 2017. The proposed Code is based on a number of national and international frameworks and regulations, aimed at upholding the rights of people with disability as people and as citizens. It includes reference to the need for providers to ensure that staff have appropriate supervision and training to make sure that support workers are able to identify, monitor and act when situations arise that could result in breaches of the Code. This would need to cover training both about the Code itself, and the service standards that they have been expected to comply with. However, it has already been noted that the RCM constrains the extent to which providers are currently able to provide training to staff, in this or any other area.

The draft Code also appears to be based on a simplistic view of ethics and integrity in caring occupations. While there are some behaviours that are clearly unacceptable, it is not uncommon for situations to arise in which a degree of ambiguity is present, and where workers may be required to exercise judgement. Providing quality support under the NDIS requires a degree of familiarity and trust between participants and their support workers which requires time, continuity of care and team coordination. The very nature of the personal relationship between the support worker and the NDIS participant (which may be close enough at times that the participant and support worker see their relationship as akin to a familial one) may involve complexities and ambiguities that support workers may find difficult to navigate. Resolution may require the worker to be able to discuss these issues with a supervisor or manager, in a supportive environment, without fearing that their employment may be at risk. It will require the evolution of practice standards over time, as the industry comes to understand the issues being faced on a day-to-day basis by workers.

In the end the Code places primary responsibility on workers, as the people with day-to-day responsibility for meeting support needs, for meeting the established standards. In addition, there appears to be no provision for a complaints process to involve the worker concerned, or to appeal against an unfavourable decision. Without additional investment in both initial and ongoing training on the rights of people with disability and the practice standards that support workers need to comply with, and an open and positive workplace culture that encourages support workers to be open about any queries they may have about how to deal with situations that they are facing, it is highly likely that it will be workers themselves who experience the consequences of complaints or investigations. This in turn may increase the risk for providers who potentially could find themselves in breach of employment law for failing to properly train support workers – who may later face sanctions for breaches of the Code of Conduct.

A more systematic approach to training in these areas would provide the knowledge and protections that workers need to ensure that they act in compliance with the Code, and gain thorough understanding of how their organisation approaches compliance with the Quality and Safeguarding Framework. Initial approaches give the impression that the NDIS is approaching service quality through a reactive and punitive approach. A pro-active focus on systematic, high quality and nationally consistent processes for training disability support workers in these issues would reduce risk for both workers and providers. While screening and rigorous complaints processes may be necessary, in the absence of high quality initial and on-going training they are unlikely to achieve the positive working environment that is so essential for providers and support workers to fulfil their duties to the utmost.

SUMMARY

The implementation of the NDIS has brought about significant change in the disability support sector. The roll-out requires a substantial rate of workforce growth (likely doubling total employment) over the next 5 years. However, providers are not able to attract suitably qualified workers into the sector; poor pay and working conditions, weak employment security, and limited access to training and development opportunities are significant factors behind this failure. At the same time, pricing caps introduced through the NDIS restrict the ability of sector providers to overcome any of these underlying conditions. While the provision of high quality services is at the heart of the success of the NDIS, little attention or resourcing has been provided to assist providers to recruit and train the new workforce. The Productivity Commission has warned that insufficient workforce growth poses a risk to a successful full roll-out, and will compromise the quality of support that has been promised to people living with disability.

IV. Training, Skills and Qualifications

Quite apart from the rapid growth in employment, there is a need for NDIS workers to be adequately skilled. In this section, we examine the level of skills and training of the existing workforce and the qualifications that are currently available to disability support workers. We then proceed to examine the skills implications of consumer-directed support, those initiatives that have been put in place to support sector development, and the implications of the NDIS pricing model and QSF for training and development in the sector. These set the backdrop for proposals set out in the final section of this report, to develop a nationally based skills ecosystem for the sector.

A common misperception of work in disability services is that it is unskilled and that workers in the industry do not need any special qualifications to work within it. This stands in contrast to the view of clinicians, social workers, disability specialists and participants themselves : namely, that this work requires sophisticated communications skills, a high level of emotional intelligence, and (depending on the complex and varied needs of the participant) specialist knowledge (for example, in relation to particular medical conditions, dealing with challenging behaviour, or understanding the side-effects of medications). In addition to multiple and complex needs, people with disabilities may also need support in managing multiple and complex interactions with government and non-government agencies in the course of addressing their housing, medical, and educational support needs. Internationally it has been argued that many disability services workers do not have the necessary skills or supports required to engage in daily work settings that are varied and demanding (Iacono, 2010). In the Australian context, research has also expressed concerns about the ability of support workers to meet workplace demands (see for example, Health Workforce Australia, 2014), particularly in relation to people with intellectual and cognitive disabilities and other complex needs.

At present there is no requirement for disability support workers to have any minimum industry-relevant qualification. However, analysis of the skills and qualifications of the existing workforce in the lead-up to the introduction of the NDIS confirms that many are in fact very well-qualified. In 2010, a survey undertaken by the National Institute of Labour Studies (NILS, 2010, p. 129) found that 72 percent of non-professionals working in the industry held a nationally recognised Certificate III or IV qualification, with 48 percent of these holding a Certificate IV in Disability. Although not compulsory, the NDIA advises registered providers that a Certificate III or similar is desirable for support

roles (Windsor and Associates, 2014b), and the industry as a whole regards the Certificate III as a base-level qualification. In addition to those holding these industry specific qualifications, a high proportion of the current workforce also have additional tertiary level qualifications. An online survey of 300 respondents undertaken by the Australian College of Community and Disability practitioners between November 2016 and March 2017 found that 31 percent held a Bachelors or Masters degree or graduate Diploma, 28 percent held a Diploma-level qualification, and 38 percent had Certificate III or IV level qualifications.⁷

VOCATIONAL EDUCATION AND TRAINING IN THE SECTOR

There are two qualifications in this sector that are recognised nationally as part of the formal Vocational Education and Training (VET) framework – *CHC 33015: Certificate III in Individual Support (Disability)*, and *CHC 43115: Certificate IV in Disability Support*.⁸ For Certificate III, students must undertake 7 core and 6 elective Units of Competency; and complete 120 hours of work experience (including completing a set of written and practical tasks in the workplace). Qualifications for the sector are overseen by SkillsIQ⁹ (the Skills Service Organisation that covers the disability support sector as part of the wider community and social services area); Certificate III programs are presently offered by 476 different registered training providers¹⁰ (RTOs), while Certificate IV

⁷ Australian College of Community and Disability Practitioners survey, 2016 (unpublished). The survey did not indicate whether the qualifications were directly related to disability services.

⁸ Certificates at Levels III and IV (of the Australian Qualifications Framework) are made up of agreed Units of Competence within an agreed training package. In this instance the disability qualifications are made up of agreed Units of Competence from the Health and Community Services training package. While there are expectations about the amount of time that it is expected that students will be able to complete the qualification in (6 months for Level III and 1 year for Level IV), in reality these can vary significantly based on modes of delivery.

⁹ SkillsIQ is the Skills Service Organisation (SSO) covering workers providing direct client care and support to individuals, including in the disability sector. The role of SSOs in the Australian VET system is to develop and review training packages, in line with decisions made by Industry Reference Committees about future training needs in specified industry sectors. The relevant Industry Reference Committee for the Disability Support Sector is the Direct Client Care and Support Industry Reference Committee. The Committee consists of 2 employer representatives, 6 representatives from peak bodies, 2 representatives from Registered Training Organisations, 3 union representatives and 1 government representative. The two qualifications that are specific to the disability are included in the Community Services Training Package, which is one of 10 training packages that SkillsIQ is responsible for.

¹⁰ In the Australian VET system, RTOs are registered by Australian Skills Quality Authority (ASQA) to deliver VET services. Registration requires assessment against quality standards both for providers and for courses offered. Only RTOs can deliver recognised qualifications that are accredited under the Australian Qualifications Framework, and are periodically reviewed by ASQA for quality assurance purposes. We recognise that the quality of teaching and assessment offered by RTOs in the sector is of concern to some employers, but this is largely a result of underfunding and the failed experiment of private market delivery of VET.

programs are offered by 225 RTOs. No higher-level qualification vocational pathways are formally defined for disability support work, although many people working in the sector have higher-level qualifications in health or allied health disciplines (such as nursing and social work).

For a workforce that is low-paid and works a limited number of hours, there are significant barriers to enrolment and completion of vocational qualifications. There are a large number of private RTOs (including some larger employers that have their own associated training and development arms), but a considerable amount of training is undertaken in publicly-funded TAFEs. The costs of courses vary from provider to provider (and may depend on government-determined eligibility for funding requirements), but can range upwards of \$2,000. A compulsory work placement (of 120 hours), with workplace assessments, is required, along with course work. There is no reliable evidence about the extent to which those completing these qualification are employed during the course of their training (i.e. people may complete courses on a pre-employment basis); whether they pay the costs of their own training; and whether costs of attendance (including paid time off) are met by their employer.

In recognition of the need for workers to complete some minimal level of training to work in the sector, an accredited induction skill set,¹¹ *CHCSS00081 Induction to Disability*, was approved in 2015. It is currently offered by 280 RTOs and comprises four units of competency from the Health and the Community Services Training Packages, all focused on NDIS-specific aspects of the cultural change needed in the sector. These are:

- CHCCCS015 - Provide individualised support
- CHCCOM005 - Communicate and work in health or community services
- CHCDIS007 - Facilitate the empowerment of people with disability
- HLTWHS00 - Follow safe work practices for direct client care.

The *Induction to Disability* skill set is designed for newly appointed disability support workers. It can be included as credit towards completion of the Certificate III Individual Support (Disability) or other national qualifications. Take up of this program by employers has so far been relatively rare.

¹¹ A “skill set” is not a qualification in its own right, but is made up of Units of Competence that have been developed for a qualification. The fact that students have completed those Units of Competence is recorded, and students receive a Certificate of Attainment when they have completed all Units within a skill set.

OTHER TRAINING IN THE SECTOR

In addition to these nationally recognised training qualifications, several other training initiatives have been developed in the sector over recent years.

An additional orientation program, the *Disability Induction eLearning Program*, has been developed by the NDS. It is available through *Carecareers* (a web-based platform associated with the NDS), and is designed for potential as well as newly recruited employees. It consists of five modules that can be completed on-line, in a space of around 4-5 hours, and is largely an introduction to the principles of person-centred support. It has primarily been designed as an introductory training resource for employers, and the pricing structure for access to the modules reflects this.¹² Unsurprisingly, the vast majority of those completing the program are enrolled through organisations. Anecdotally, this is said to reflect the fact that some larger organisations are enrolling all newly recruited staff as a matter of course, with some also using it as part of pre-employment screening tools.

The NDS eLearning induction is a course rather than a qualification: it is not recognised within the Australian Qualifications Framework, and has no formal assessment requirements. Its role is limited to being an information and awareness raising tool for prospective and new employees about the principles underpinning services being offered to people with disability. Anecdotal evidence suggests that it is typically used in isolation from nationally recognised training packages. Two additional concerns with the program were also noted by previous participants: it can be completed on-line without any opportunity to discuss the content with an experienced worker or supervisor, and it does not include any work placement component to expose new workers to the reality of disability support work.

In addition to these induction initiatives, two internet based “hubs” have been established that provide support workers (including those new to the sector) with a range of information about courses, an introduction to the principles of the NDIS, and a catalogue of workshops, webinars and on-line learning opportunities that they could pursue.¹³ Anecdotal evidence suggests that some providers are establishing committees and reference groups to identify training needs and are also putting employer-specific training in place. Little is known about the number of these courses, how many people attend them and the quality of teaching, learning and assessment. In addition, a number of providers are making increased use of digital and on-line learning. While these have the advantage of reaching a larger number of people

¹² Single user access costs \$50; groups of 10-50 users are charged at \$45 per user; and larger organisations can pay a flat fee for a corporate licence for unlimited users for 12 months.

¹³ <https://www.ndp.org.au/learning-hub> and <https://www.carecareers.com.au/courses/>

(particularly people in remote areas) at a lower cost than face-to-face training, they may also contribute to support workers feeling isolated from their colleagues and others in the industry. Some employers are dealing with this by holding staff conferences, in which large groups of staff are brought together, and training makes up a significant component of these events.

SKILLS IMPLICATIONS OF CONSUMER DIRECTED SUPPORT

Earlier in this report we noted some of the implications on training and development of the NDIS rollout – particularly as a result of the pricing model and new mechanisms for ensuring service quality. This section goes into more detail on those issues:– namely, the implications of the consumer-directed funding model for the skills of the workforce; and the need to recruit increasing numbers of disability support workers, many of whom will have no previous knowledge of the sector. It also summarises the limited initiatives that have been put in place to support skills development as the NDIS was rolled-out, and how these represented lost opportunities to invest in genuine training. Lastly we analyse how the pricing model and the quality and safeguarding framework are undermining in practice the goal of developing highly qualified workforce, delivering high-quality services.

As noted earlier, the introduction of consumer-directed support has implications for workforce skills. Because packages of activities and supports are designed around the individual needs of people with disability, the skills needed by the workers supporting them can vary widely. This has led to a perception in the industry that worker “attitudes” are considerably more important than formal training and qualifications in delivering high quality supports. We strongly disagree with this sentiment and argue that to employ people without qualifications (or at least undergoing training) poses an unacceptable level of risk to those that they are supporting, as well as undermining the quality of jobs in the sector. Consumer-directed support requires a wide range of skills. These range from essential areas of knowledge required by all workers in the sector, skills and competencies (foundation knowledge) needed by anyone engaged in direct contact with people with disability, and more advanced skills and knowledge required by people providing support for people with specific conditions or disability-related needs.

There are some general areas of knowledge that all disability support workers must possess regarding the NDIS and the principles on which it is based – irrespective of whatever other skills and qualifications they have. This includes the insurance values underpinning the NDIS, the commitment to increasing community and economic

integration and participation, and the promotion of independence and self-management for people with disability (Windsor 2014b). As noted earlier, these knowledge areas are included in the recognised skill set developed from Units of Competence that are part of the Health and Community Services Training Package, that can be recognised in worker accounts on the Australian Qualifications Framework and can be built on to complete the Certificate III or IV qualification.

The nature of consumer-directed support also requires support workers to have a range of other skills however, and the changing nature of these has been considered by both employer and worker organisations. Surveys of workers undertaken by both the Australian Services Union and the College of Community and Disability Practitioners note the importance of “soft” skills such as an understanding of person-centred and human rights approaches to disability support, interpersonal skills, verbal communication, active listening and being able to manage challenging behaviours. Others, required by workers to undertake changed roles demanded by the introduction of the NDIS, include record-keeping, written communication, time management, computer skills and financial management.

Questions about the ability of support workers to meet the needs of people with complex physical and emotional health needs have also been raised; and responding appropriately to these challenges is one of the key aims of the new training system we propose. This requires support workers to have more advanced skills in aspects of support needed by individuals with specific conditions (eg. autism spectrum disorder, motor-neurone diseases, and others). Some workers may have a particular interest in developing expertise and specialist skills. If the NDIS is to adequately respond to the needs of people with complex needs, training pathways that extend beyond Certificate IV into Diploma and Advanced Diploma level (and corresponding career opportunities that reflect those qualifications) are needed.

In general, the policy shift to consumer-directed support requires a re-think of the knowledge and skills required by the disability support workforce. SkillsIQ, in association with its Industry Reference Committee, is the organisation whose formal role it is to forecast skills requirements for the future. Over recent years, it has undertaken several research projects, based on both an examination of the literature, and interviews with industry stakeholders. Based on an industry stakeholder survey about the skills that would be most needed in the next 3-5 years, interpersonal skills, customer service, communication skills, technological fluency, leadership and flexibility were seen as most crucial (SkillsIQ 2017b),¹⁴ as summarised in Table 1 below. This list

¹⁴ Although this survey was carried out across all industries, 258 of the 1,480 respondents identified themselves as providing direct client care and support services.

of required skills has a high degree of congruence with the skills identified in our discussions with key informants (including several existing disability support workers).

Table 1:

Skills Required by Workers Delivering Care and Support Under Consumer-Directed Support Models

Flexibility (with work times and roles)

Person - centred approaches

Technical proficiency

Cross-sectoral skills and ability (generalist skills and shared competencies for cross - sectoral support)

Understanding the interface between the health sector, aged care and the disability sector

Time management

Understanding about relevant systems and schemas (particularly for 'wrangler' or 'coordinator' roles)

Record keeping (including budgets)

Ability to work independently, autonomously

Strong interpersonal skill set (to build trust and nurture relationships)

Developed communication skills

Cultural competence

Emotional intelligence

Advocacy skills

Customer service skills

Client engagement and enablement - focused

Leadership and management skills

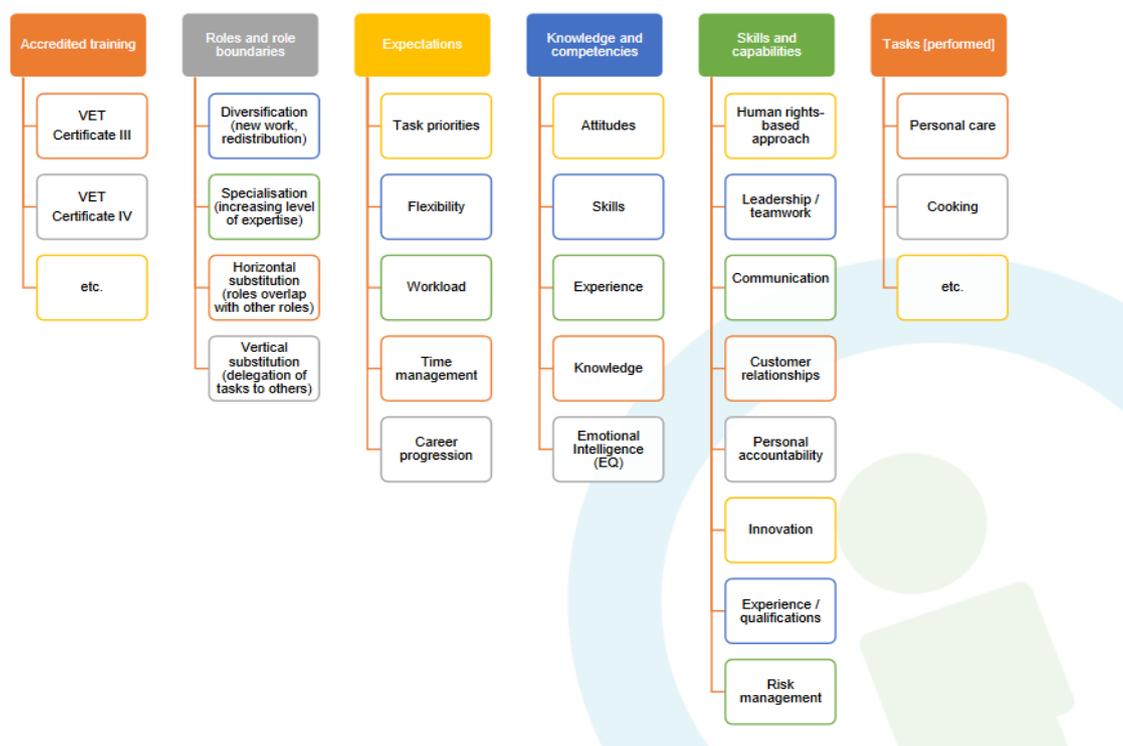
Responsive to the needs of the local market.

Source: Adapted from SkillsIQ 2017a.

The SkillsIQ report notes, however, that there is limited empirical evidence about how these skills are used in practice by workers while performing a support role (SkillsIQ 2017a). In addition, Skills IQ argues that some skills that will be needed have not yet been properly specified. For example, given the need for support to be delivered across specialist services, mainstream services and in collaboration with family and community support, one of the skills most critical in the future is the ability to work across sectors in support of the personal goals of people with disability.

Based on its comprehensive analysis of literature, skills forecasts based on internal expertise, reports on the introduction of the NDIS and interviews with providers involved in NDIS trial sites and other NDIS stakeholders, SkillsIQ has proposed a model (summarised in Figure 1, below) for training needs analysis for the disability support sector, organised into several major domains of knowledge and expertise. It proposes that this model form the basis for empirical research over time to ascertain those skills and competencies that are most necessary for support workers to deliver high quality supports. Importantly, by cross-matching these domains against nationally recognised accredited training, the model establishes a foundation for the establishment of a skills ecosystem for the sector, based on vocational pathways (and corresponding career structures) for workers in the disability support sector.

Figure 1: Analysing Training Needs in Disability Services



Source: SkillsIQ 2017a.

FUNDING FOR SECTOR DEVELOPMENT

The consumer-directed support model also has significant implications for the nature of relationships between people with disability, providers and support workers; and has required what has been rightly described as a culture shift in the industry. In support of this shift, in 2015 the NDIA set out an integrated market, sector and workforce strategy as a vision of what it expected a “mature” and robust disability support market would look like, and how it would function (NDIA, 2015).

The workforce development aspects of the strategy include a number of dimensions. In addition to vastly increased workforce numbers, there is a need for a changing workforce profile that could respond to the needs of a diverse participant base (e.g.; ability to respond to the needs of people of different ages, ethnicities, and needs); and that could meet newly expressed and more complex needs for support. All of these changes would require an innovative approach to workforce management, developing new and differentiated functions and roles, re-designing work and re-deploying workers, and new models of supervision and management.

The integrated strategy is very much based on the recognition that a quality workforce is essential for the delivery of quality services. A Sector Development Fund was put in place in support of the strategy, to assist participants, providers and the overall workforce to transition to the new operational environment. This fund provided \$149M over a period of 5 years (2012-13 – 2016-17) to be directed towards a mix of workforce, provider and participant development needs:

- Increase the capacity of people with disability and their families to exercise choice and control, both in engaging with the NDIS, and in purchasing supports in an open market in order to realise their aspirations.
- Develop a market capable of providing the necessary supports required for full scheme.
- Increase the mix of support options and innovative approaches to provision of support.
- Increase the disability services workforce, making it more diverse and better equipped to meet the needs to people with disability.
- Develop an evidence base to inform an insurance approach to disability support (Department of Social Services, 2015, p. 5).

Despite the acknowledged centrality of a skilled workforce in delivering high quality support, an examination of the operation of the Fund suggests that workforce development requirements were viewed as secondary to community, provider and participant capacity building. The operational guidelines were specific in preferencing

innovative projects that did not duplicate any activity previously funded. This meant that the fund could not be used for ensuring that the workforce had nationally recognised qualifications, and ignored the fact that a critical aspect of expansion of the workforce for sector development simply included a need to scale up existing training provision for new recruits. In addition, a large proportion of funds available through the Sector Development Fund were provided to State-level authorities for disbursement. States applied local priorities for the allocation of funds, while the national priority for ensuring an increased number of skilled workers was left unaddressed. This represented a significant lost opportunity. While the existing system for training disability support workers in nationally recognised qualification may have its faults, providers largely support it as a means of training workers in the necessary skills to undertake disability support work. Had more of the fund been allocated to support development and acquisition of nationally recognised qualifications, this may have helped to address some of the problems around recruitment and retention that providers are facing now.

The Fund was additionally intended to support the development of new models of supervision and work organisation. This led to the allocation of \$5M of the Sector Development Fund to establish the *Innovative Workforce Fund* to fund projects across four funding streams:

- Redesigning support worker roles and testing new work roles.
- Streamlined practices in areas such as human resource management, recruitment and retention of staff and workforce practices.
- Use of technology in workforce practices.
- Workforce development in rural and remote areas.

Of the total \$5M funding, \$1M was paid to the NDS to administer and manage a competitive application process. There was maximum funding of \$200,000 for each funded project and all projects were required to be completed by June 2018. Two funding rounds have been held. The first, announced in July 2017, provided funding to 21 providers, with funding to an additional eight providers announced later in the year. Only headline information is available, however, on the specifics of these projects,¹⁵ and only a minority appear to be directed towards innovation that will provide tangible benefits for the workforce. Neither is information available about plans for evaluations of projects against the objectives of the Sector Development Fund.

¹⁵ See <https://www.dss.gov.au/grants/grants/closed-funding-rounds/innovative-workforce-fund-management>

Overall, many questions should be asked about whether the Fund has represented good value for money. There is evidence that administration of the Fund has been highly unstable, with administration being undertaken by the Department of Social Services from 2012-13; moving to the NDIA in 2013; and being transferred back to the Department in 2014. Little aggregate information is available on what projects have been funded, the extent to which they have achieved each of the five outcomes that the Fund was directed towards achieving, and why some outcomes were accorded higher priority than others (for example, provider development as opposed to workforce development). As a whole, use of the Sector Development Fund has been a lost opportunity to take a nationally consistent approach to systematic training of a large number of newly recruited workers necessary to support sector development over the long term.

While the integrated strategy for sector development set out by the NDIS was laudable, in many ways it represented “magical thinking”: lacking understanding of the operation of real labour markets or the complexity of organisational and industry-wide change and development. For example, the strategy suggests that providers could demonstrate innovative models of service delivery that “...make better use of the talent and skills of the workforce and to stimulate innovation” (NDIA, 2015, p. 21). While the involvement of the workforce has been demonstrated in a number of industries to make a significant contribution to innovation in work processes and organisation, this is most likely to occur in workplaces where workers have a full-time and well-paid job, a degree of employment security that results in them being invested in the future of the organisation, and successful experience with expressing their collective voice in organisational decision-making processes.

ADDRESSING QUALITY ISSUES

As noted earlier, the most important indicators of quality in caring professions relate to the training of staff. This includes both induction and initial foundation training; and the establishment of workplace support for ongoing professional development (such as supervision, reflective practice and opportunities for team support). The draft QSF and Code of Conduct are based on preventative and corrective components of the Framework, rather than developmental ones. This is likely to create a reactive quality culture, focused on screening and complaints, rather than a proactive strategy that supports skills development and capacity building. Essentially the difference between the two is the difference between quality control processes (in which services are measured against whether they meet participant expectations, based on a “tick box” approach) and quality assurance (in which services are measured against a diverse range of quality indicators and processes designed to limit the risk of service failure).

The quality goals for the NDIS are unlikely to be achieved without building a strong induction and training infrastructure that provides all workers in the industry with the skills and knowledge to deliver support services informed not only by knowledge about the principles of the Act, but also by up-to-date and accurate information about the participants to whom they are providing support and working in collaboration with family members and other specialist and mainstream providers. The risks of not doing so can be immediate and consequential. We note, for example, the findings of a recent Coronial Inquiry,¹⁶ where lack of training and back-up for support workers, and poor workplace systems and procedures were implicated in a death at a residential facility.

The draft Code of Conduct in particular has significant implications. It includes reference to the need for providers to ensure that staff have appropriate supervision and training to make sure that support workers can identify, monitor and act when situations arise that could result in breaches of the Code. However, the ASU, in its submission to the Senate Standing Committee on Community Affairs (ASU, 2017), presented evidence showing that only 12 percent of workers felt they were adequately informed about the draft Code. Training needs to address this: providing both information about the Code itself, and the service standards that workers are expected to comply with. However, there are a number of other aspects of the draft Code which exacerbate the risks associated with an inadequate training infrastructure. These include:

- Lack of consultation with workers and their representatives in the development of the draft Code.
- The need to ensure procedural fairness in dealing with any complaints that are made against a worker alleging a breach of the Code.
- Adjustment to the pricing arrangements to ensure that workers and providers have sufficient time to be informed about and meet their quality and safeguarding obligations.

TRAINING IMPLICATIONS

As noted previously in this report, the NDIS pricing model has had significant consequences for training and development in the sector. The most significant of the concerns voiced by workers was a cut-back in the time allocated for training; team meetings having all but disappeared; supervision has been severely curtailed; and large numbers of casual workers are being newly employed with almost no supervision at all. These concerns were corroborated by employers, over a third of whom agreed that

¹⁶ http://www.coroners.justice.nsw.gov.au/Documents/Veech_findings_redacted.pdf.

support staff were not paid to attend regular team meetings or attend training and development activities (Cortis et al., 2017).

Inadequate training and support to do the job will have immediate consequences for quality support services. It means that support workers do not have adequate information to provide support for some NDIS participants, particularly those with complex needs. Neither do they have time to meet with other workers in a support team; or with other people in their organisation. All this is viewed by workers as important for reducing their sense of isolation, for sharing information about those to whom they are providing support, and developing new ideas and strategies about innovative practices.

The reality is that rhetoric about the need for a well-skilled workforce as an essential part of the NDIS has never been matched by the reality of implementation. A well-trained workforce is essential for achieving the quality of support promised by the system, but the experience so far in Australia supports international findings that consumer-directed delivery models tend to pay little attention to the need for long-term workforce development. Market forces cannot autonomously resolve these fundamental shortcomings; it will require pro-active attention and fiscal support to lead the ongoing investments in skills upgrading that the sector requires.

V. A New Model for Training and Qualifications in Disability Services

The previous sections identify existing skills and training practices in the Disability Support Sector; including issues and challenges arising out of the NDIS roll-out. This section looks forward, making recommendations to strengthen training and development as a foundation for delivery of high quality disability support services. We argue in favour of a more systematic approach to training investment, based on the needs of the sector as a whole and creating a comprehensive skills “ecosystem”. Significantly increased government funding for training is needed over the long term in order to achieve the quality of service that has been promised as part of the NDIS. The argument here is for a systematic and holistic approach; based on the following elements:

- Ensuring that investment is directed towards nationally recognised training, overseen by industry-recognised authorities, and builds integrated career pathways for workers.
- Large-scale roll-out of induction and foundation training to ensure that new hires have a minimum level of skill and knowledge as they start work with NDIS participants.
- Mandatory minimum qualifications and registration of disability support workers
- Establishing a separate and protected Capacity-Building Fund, housed within the NDIA, to fund training activity across the sector – including courses for individual workers, and group training and capacity-building at the organisational level.
- Implementing an ongoing system for workers to accrue portable entitlements for training, based on the number of hours that they have delivered NDIS-funded supports, transferable across providers and jurisdictions; and ensuring workers have the opportunity to utilise those credits in accumulating ongoing qualifications.
- Developing a new planning and administrative body, the Disability Services Training Administration (located within the NDIS Quality and Safeguards

Commission), to oversee training standards, curriculum development and qualification benchmarks across for the sector, in collaboration with existing VET regulatory authorities.

THE IMPORTANCE OF A NATIONAL TRAINING FRAMEWORK

There is a need for large-scale and long-term investment in training for the disability support sector to support implementation of the NDIS. Without this, the sector cannot attract sufficient numbers of workers to provide either the quantity or quality of support services needed in order to meet increasing demand. Inability to attract labour is symptomatic of a poorly functioning labour market in the industry. Lack of specified minimum skills requirements means that barriers to entry are low, even for people who have few employment alternatives. It sends a signal to prospective employees that the work is undemanding, when in fact this is far from the truth. Unrealistic expectations about what is required of workers in turn leads to high turnover. In addition, many potential employees are discouraged by poor wages and conditions in relation to work demands, lack of employment security and few opportunities for advancement.

The importance of training for high standards of service delivery in the sector is not contested. The roll-out of the NDIS is based on a well-established evidence base that high quality services support the achievement of life-time goals by individuals living with a disability. Nevertheless, international studies suggest that the skills and training of support workers can shape whether these changes improve or worsen the position of NDIS participants. In particular, three main factors have important effect: the extent to which cost containment underpins the scheme, the regulation and monitoring of service delivery, and the regulation of employment (Macdonald and Charlesworth, 2016, p.629). In the Australian case, evidence collected so far suggests that quality of plans is being compromised in an attempt to meet quantitative targets (Productivity Commission, 2017). In addition, it is the disability support workforce itself that will shoulder the costs of increased flexibility for NDIS participants, with many of the risks associated with increased flexibility (e.g.; last minute changes to the hours during which support is delivered) being transferred from organisations to workers (Cortis et al., 2013).

Australia's Vocational and Education Training (VET) system has evolved significantly over the past 50 years, in response to changing economic and social conditions. One of the most significant of those changes has been the shift from state-based systems to a national training system from 1992 onwards. There were very good reasons for doing

this, which remain relevant today. In particular, having a training system operating at the level of the Commonwealth efficiently delivers qualifications to address national labour shortages, and helps to achieve portability of VET skills across the nation, thus promoting labour mobility (Bowman and McKenna, 2016). It also ensures consistency in training outcomes, so that individuals do not face barriers when moving between jurisdictions and jobs. Bowman and McKenna (2016:43) go on to summarise other advantages of a national system as being:

- *responsiveness*: to industry, individual and community needs.
- *equity*: of access, participation and outcomes for individuals.
- *quality*: in training delivery and learning outcomes.
- *efficiency and public value*: for government-funded VET to be efficiently priced and steered to skills areas that support job outcomes, where this would not be the case if left entirely to enterprises and individuals.
- *sustainability*: by funding the VET system through shared investment by governments (where there is public value), enterprises (private value) and individuals (private value).
- *transparency*: to enable better understanding of the VET system among students so they are able to navigate the system and make informed decisions.

The Australian system can also be placed in the context of the development of VET systems world-wide to respond to the changing economic conditions of the 21st century. As Stanley (2016: p.125) notes, these have often been based on the need for professional standards to be recognised across national borders. Most countries have developed systems for licensing professional standards through accreditation and registration of both training organisations and workers themselves. Training organisations can only be registered where they can provide evidence that they have the capacity to deliver graduates of VET that can meet the standards set by employers across the industry. This commonly includes requirements related to a robust training infrastructure, suitably qualified instructors, course entry requirements and other requirements considered appropriate for effective outcomes.

The foundation for training in the disability support sector should be rooted in national qualifications, accredited on the Australian Qualifications Framework, developed by the appropriate industry regulatory authority on the basis of Units of Competence taught by Registered Training Organisations that have been quality assured by ASQA. The argument that having a national system in place reduces local flexibility cannot be sustained. Bowman and McKenna (2016) have pointed to the advantages of the dynamic tension that exists between consistency and flexibility. For example, providers with a NDIS participant base with specific needs (e.g. meeting the needs of a particular demographic group, or people with a specific type of disability) can provide training for

additional skill sets, on top of the general skills required by all disability support workers.

It is essential that the RTOs registered to deliver qualifications do so to the highest standards possible, and in this area there is room for improvement. We appreciate that the existing VET system in Australia, generally and within the disability support sector, is not without its detractors. Some of these problems have occurred as a result of underinvestment in VET. However, opportunistic behaviour by private, for-profit providers has also contributed to exploitation of vulnerable groups of workers (Myconos et al, 2016; Noonan, 2016). International evidence has also suggested that smaller for-profit training establishments deliver poorer educational outcomes as a result of under-capitalisation poor connections to the wider needs of the industry (Stanley, 2016). In respect of the disability support sector in Australia, particular concerns have been raised about the quality of assessment. We therefore suggest the need for attention to be paid to the following issues identified by the industry:

- Tutors within VET programmes are expected to have practiced the skills that they are teaching to students. Because of the newness of consumer-directed support, there are a limited number of tutors currently working in TAFEs and other RTOs who have experience in this way of working. Efforts must be taken to ensure that tutors (and senior practitioners in provider organisations who are supervising students completing initial training programs) have sufficient knowledge and skills in this area to be able to work with and assess students.
- Compulsory workplace placements have a high degree of support within the industry. However, the quality of assessment of workplace-based competencies may need to be given greater consideration to ensuring validity and reliability. In particular, workers need to be able to not just demonstrate their competency in undertaking specific tasks; but also to demonstrate that they have task management skills (planning and organising, balancing conflicting demands); contingency management skills (knowing how to respond to unexpected events, correcting problems) and job environment management skills (interpersonal skills, team working) that allow skills transfer across different providers (Stanley, 2016, p.132).
- Given the poor experience with private vocational training in Australia, funding should be limited to publicly funded TAFEs and selected not-for-profit RTOs (especially those affiliated to non-profit providers).
- Billett et al (2015) notes that the current VET system is geared towards entry-level learners, participating in training shortly after completing school. This is not the case for workers in the disability support sector, some of whom may be participating in learning having left compulsory schooling some years in the

past, and some of whom may use English as a second language. The needs of older and CALD learners may also need to be specifically addressed by TAFEs and other RTOs in order to facilitate successful engagement with learning by a workforce that is expected to be more diverse in the future.

- There is a need for vocational pathways that extend beyond Certificate IV. We note that the Community Services Training Package already includes some Diplomas and Advanced Diplomas, but these assume a career pathway that moves from direct support into supervisory, policy or management roles. While these are important, there is also a need for pathways into advanced “vocational streams”¹⁷ with higher skills or specialisations at Levels 5 and 6 of the Australian Qualifications Framework, that can be applied in direct support roles (rather than in supervisory roles). Given the increasing concern in Australia with greater continuity across the VET and Higher Education sectors, this would allow workers, if they so choose, to build skills in their chosen areas in ways that could ultimately be recognised for University level study (for example as clinicians). There is an opportunity to do this through the Direct Client Care and Support Industry Reference Committee, on which both the Australian Services Union and the Health Services Union are represented. In particular, electives at this level could be developed to enable workers to develop support specialisations – for example in support for people with particular conditions, or demographic groups.

We believe that with these improvements (and in particular limiting funding to public and selected non-profit training providers), the current national system offers the best hope for building a supportive infrastructure to train the large number of new workers that are entering into the disability support sector.

Recommendations:

1. All recognised foundation training for the industry should be based on qualifications that are registered through the Australian Qualifications Framework.
2. All training should be conducted by public or selected non-profit RTOs, and quality audits undertaken by ASQA to ensure that RTOs have the training infrastructure to deliver educational outcomes that are of the highest possible

¹⁷ “Vocational streams” require an understanding of the knowledge, skills and attributes underpinning related occupations; and stakeholder collaboration and cooperation on workforce issues across a range of institutions (such as government, employers and unions) in a sector (Yu, 2015).

level of quality. Incremental funding should be prioritised towards TAFES as the highest-quality publicly funded RTOs.

3. Vocational pathways available to workers should be extended through the development of qualifications at Diploma and Advanced Diploma level on the Australian Qualifications Framework.

INDUCTION INTO THE INDUSTRY

The draft Quality and Safeguarding Framework recommends the introduction of a compulsory industry induction, to provide a basic knowledge base essential for working in the industry. We are strongly in support of this proposal. The industry desperately needs to recruit more workers, and to retain those workers over time, to avoid a high proportion of organisational resources being spent in constantly recruiting staff. In addition, a number of newly employed workers have had little or no contact with the industry in the past, and are therefore being employed in a completely unfamiliar environment. Anecdotal evidence reports many newly engaged workers leaving the industry after a very short period of time on the job, having been “thrown in at the deep end.” Universal induction would provide newly engaged workers with more comfort and confidence as they embark on the learning curve of their new roles.

Regarding the content of induction training, we noted earlier that there are two existing “induction” packages available for the industry. In our view, these two packages represent very different notions of what constitutes an “induction”. While the NDS package provides some very basic information about disability support, it does not equip workers with skills and knowledge that would enable them to work in even the most basic jobs in the industry.

The accredited skill set put in place in 2015, tied as it is to the Australian Qualifications Framework, provides a more substantive foundation for induction training that goes some way to providing workers with the skills and knowledge that adequately equip them to successfully carry out entry-level positions. We believe, however, that the content of this skill set should be extended in two areas. The first of these would be educating workers about the requirements of the Code of Conduct, providing them with a good understanding of their obligations and what is expected of them. The second is the introduction of a workplace placement for completion of the induction skill set, ensuring that new workers have some contact, under supervision, with people with a disability, and an understanding of the service standards that are expected of

them in relation to that person. We further recommend that all discussions on the content of induction training should include representatives of NDIS participants.

Regarding training delivery, we note that currently the Induction course is delivered via 280 different existing RTOs. Given the large number of employees that will need to enrol in the induction program over a short period of time, capacity building support will be required to train additional industry trainers to deliver induction training; this is especially true within workplaces employing large numbers of new staff, and in rural and remote regions that currently have limited access to RTOs.

Enrolment in induction training should be available on a pre-employment basis for prospective employees considering a career in the industry. This would allow people who have an interest in working in the industry, but who are uncertain or unconfident, to get a better understanding of what work in the industry involves. The workplace component would need to be managed through connections between RTO trainers and local workplaces. This would also deliver advantages to employers, who may be more willing to employ someone who has invested some of their own time in having commenced an induction programme. The cost of induction training for people who have not been hired in a disability support role would be borne by themselves, or by employers who choose to use the induction program as a pre-employment screening mechanism.

Compulsory induction should be completed within 6 months of commencing a job in disability support; workers would not be able to work with clients without close supervision until the induction was completed. New employees would be paid for the time spent on the induction program.

Recommendations:

4. That the content of the new compulsory induction be reviewed (in consultation with all stakeholder organisations, including representatives of people with disabilities) to ensure that it includes a workplace component, and information about the requirements on workers under the proposed new Code of Conduct. Assessment standards should also be introduced to ensure that the learning objectives are achieved by all students completing the induction.
5. That it should be compulsory for employers to support workers to successfully complete the induction programme within 6 months of being newly employed.

OCCUPATIONAL REGISTRATION AND MANDATORY MINIMUM QUALIFICATIONS

As discussed above, there is a strong case for requiring disability support workers to achieve foundation qualifications recognised under the Australian Qualifications Framework. A separate question is whether employment in the industry should be conditional on the achievement of these qualifications; and whether registration on the basis of holding a relevant qualification is necessary. Occupational licensing is common in a number of areas – health care, education from pre-school through to secondary schooling), social work, real estate, and across most trades (e.g.; building and construction, plumbing, electrical work). Occupational licensing requires workers employed in a job to demonstrate that they are suitably qualified to work in that occupation/industry, having achieved a nationally (or internationally) recognised qualification prior to employment in the sector.

Occupational licensing has been the subject of discussions in the disability sector for some time. In the early 2010s, the NDS established a project entitled *Roadmap to a Sustainable Workforce*, which amongst other things, considered entry requirements for the disability sector workforce (Windsor and Associates, 2014b). The working party whose discussions formed the basis of the report noted that most employers already had in place basic training and induction to ensure compliance with regulations associated with the disability sector – including manual handling, first aid, infection control, administration of medication, food safety, fire safety, and health and safety. It also noted considerable interest in developing a standardised industry-based approach to induction, for the purposes of managing costs, improving quality and reducing duplication of training to facilitate the movement of workers between employers. While the desirability of this as a basic minimum qualification for entry into the sector was recognised, the introduction of the NDIS made it more difficult. Creation of an explicitly competitive market between service providers meant that inevitably providers would use initial induction and training to embed organisation-specific service standards and values to differentiate them from their competitors. In addition, the philosophy of the NDIS, based on consumer-directed support, implies that while workers require a common core of knowledge, the needs of individual people with disability vary, and so inevitably must the skills needed by their support workers. As noted earlier, however, it has now been proposed that an industry induction be made compulsory.

Suggestions for a mandatory minimum condition of entry for the industry have been controversial within the industry. This is despite the fact that, as discussed earlier, almost 80 percent of the current workforce have already completed some form of

vocational or tertiary training (Macdonald and Charlesworth, 2016, pp. 636-637). For example, the 2011 Productivity Commission report recommended against a qualifications requirement or compulsory training for disability support workers (Productivity Commission, 2011, p. 693). The NDS's *Roadmap to a Sustainable Workforce* project (NDS, 2014) also argued for maintaining low barriers to entry to the disability support workforce, despite recognising that training was critical for the maintenance of quality.

In our view, however, these expose the half-hearted commitment of many industry observers to training. While nominally acknowledging the importance of training to the quality of delivered services, these approaches nevertheless focus on containing costs more than optimising service quality. Overall it is difficult to escape the conclusion that opposition to mandatory qualifications is not based on the desirability of minimum standards per se, but rather motivated by reducing the costs for employers associated with training in the context of the current, inadequate NDIS pricing model.

Concerns with the cost of training can be addressed through increased funding to support high-quality training and a modern, flexible regime of qualifications, such as is proposed in this report. Input from NDIS participants and their organisations into the definition of minimum qualifications would also be important in ensuring that the workforce better matches the needs of participants as the training and qualifications system is implemented. Others have expressed concern about the unreliable quality of vocational education provided through “fly-by-night” private VET providers (in the wake of the VET fee-help scandals and other instances of private market failure in vocational training). Again, the solution to these problems is not to abandon the goal of minimum qualifications for workers who provide such critical human services, but rather to ensure that the training system is organised around reliable, high-quality public institutions which deliver training on the basis of a public policy mandate (rather than to earn quick profits); this is why the training system proposed here is centred around public and selected non-profit vocational training.

In this respect, an important precedent has been set by the Victorian Government's announcement that it will establish an independent, legislated registration and accreditation scheme for the disability support workforce in that State.¹⁸ This decision emerged from a 2016 Parliamentary Inquiry into Abuse in Disability Services, following which the government announced a “zero tolerance” approach to the abuse of people with disability. This approach to managing the risk of abuse highlighted, in their view,

¹⁸ See <https://www.vic.gov.au/ndis/registration-and-accreditation-scheme-for-victoria-s-disability-workforce.html>.

the necessity of a registration process to ensure that only workers with sufficient skills and competencies work within the industry. The registration and accreditation scheme is expected to help drive continuous improvement, especially as the disability workforce grows so quickly. The consultation paper makes a clear connection between satisfying the needs of the workforce and the delivery of high quality services. It sets out goals for the disability workforce as including:

- Workers uphold participant rights and treat them with compassion and respect.
- Disability work attracts talented, compassionate people.
- Workers can build a productive and rewarding career in the disability sector.

These goals will be met through a regulatory system that has the following functions, based on international practice in similar jurisdictions:

- Setting enforceable qualifications for entry into the profession and for registration.
- Pre-registration screening (e.g.; police checks, worker screening).
- Accredited education and training programmes (as discussed earlier).
- Maintaining a public register of qualified workers.
- Providing practice guidelines.
- Monitoring ongoing fitness to practice.
- Managing complaints and disciplinary issues.
- Managing prosecutions.
- Collecting and analysing workforce data for the purposes of service and workforce planning.

While the decision to include registration and accreditation requirements in Victoria has been made, a consultation process is asking for feedback from the sector to ensure that the system operates in a way which supports the needs of the workforce, providers and participants. In particular, it raises questions about whether registration should be required for all workers in the industry (including those working in specialist services where there are already existing accreditation processes; and workers who do not have direct contact with NDIS participants); or should be targeted at those performing high risk work (such as those working with those who are particularly vulnerable, participants requiring medication, and people for whom personal services are being performed). Discussion is also being held about whether distinct classes of registration may be needed. For example, provisional registration could be offered to those who are working in the industry and completing an initial qualification under supervision.

Secondly, consideration is being given to whether registration should be mandatory or voluntary. In either case, registration (with public access to the register) would provide assurances that a worker has met registration standards; and only those workers would have the right to use one or more reserved professional titles (e.g.; Registered Disability Support worker). Under a mandatory registration scheme, only registered workers would be able to be employed. Under a voluntary registration scheme, service providers would be entitled to offer employment to unregistered workers (except workers who have lost their registration as a result of misconduct), but those workers would not be able to use reserved professional titles. This would send a signal to NDIS participants that workers were not registered and provide them with more informed choice about the level of skills and knowledge that a worker has.

Introducing a new comprehensive system for accreditation and registration based on minimum qualifications for disability support workers will require time, and transition arrangements will be necessary for workers already employed in the field. In particular, workers who have been working in the industry must have ample opportunity to have their existing experience and skills formally recognised. In addition, many new workers bring to the job skills and knowledge that they have gained in other contexts. Australia's VET system has existing processes for recognition of prior learning (RPL), to give workers credit for skills and knowledge they already possess. Efforts to support workers to apply for RPL in relation to the Units of Competence that will be included within Certificate III and IV qualifications for disability services.

Recommendations:

6. That an accreditation and registration regime be introduced to support improvements in quality standards in the disability sector. Registration should be based on the achievement of a minimum foundation qualification at Certificate III level; with the proviso that newly employed workers enrolled in a Certificate III could apply for provisional registration for up to 18 months.

A CAPACITY BUILDING FUND FOR THE SECTOR

This report is based on the premise that the culture in the industry around training needs to be changed significantly. A systematic approach to training investment, based on the development of a skills ecosystem formed around nationally recognised qualifications, is essential for achieving the outcomes of the NDIS. As we have noted earlier, many workers in the sector experience difficulties in accessing training. Barriers

to access include the cost of training, and finding time to study given long hours of work as pertinent. In addition, many casual workers (who comprise 42 percent of the total workforce; NDS, 2018) miss out on training entirely. While many employers have systems in place for on-job training, much of it is perfunctory and employer-specific, meaning that even where workers are experienced, they are not able to demonstrate their skills to a new employer. While the Certificate III is recognised nationally, and a significant proportion of long-term workers in the industry have completed this qualification, we note concern expressed in the sector about the variable quality of training and assessment (including in RTOs).

Finding the financial resources to support employee training is always a challenge for employers in Australia. This is particularly the case in health, community and social services where the prices paid for services are tightly controlled by government agencies. Within the disability sector, this has been made worse with the introduction of the NDIS pricing model. As noted earlier, this has severely limited the aspiration of providers to provide induction and training. Over half of CEOs disagree or strongly disagree that the NDIS provides pathways for staff to advance their careers; and workers identify restricted time for training as a key consequence of the roll-out (Cortis et al., 2017).

There is a strong case for funding training and professional development for the sector from a separate and ring-fenced Capacity Building Fund that is not tied to participant plans. The Capacity Building Fund would be jointly funded by the Commonwealth and State levels of government (in line with the current cost-sharing model for other NDIS services), and integrated with existing NDIS fiscal structures. At the current time, training is supposed to be funded out of participant accounts, on the basis of tiny margins built into the NDIS unit prices. Quite apart from the fact that prices for supports are inadequate for covering non-contact activities in general, this situation creates an unnecessary competition for resources between NDIS participants and the workers who provide them with services; participants should be guaranteed that workers delivering their services are sufficiently trained and qualified to do their job, but not at the expense of the resources allocated to their individual plans.

The challenges to be addressed by the Capacity Building Fund (CBF) are significant, given the underinvestment in training that is a legacy of the roll-out of the NDIS to date, combined with the need to increase the scale of the system's operations in the coming years. The Fund would have two broad areas to direct investment:

- Funding directed towards training individual disability support workers to develop their skills and knowledge on the basis of nationally recognised qualifications. Individual training opportunities would be delivered in three

stages: induction training, foundation training, and an ongoing portable training entitlement to facilitate career-long training and upgrading.

- Funding for building training and professional development capacities in the industry as a whole, at an organisational level. This would provide fiscal support to providers to build their internal capacity to deliver high-quality supervision and professional development in support of quality standards within their workplaces. It would also support the development of training capacity within RTOs to deliver training to workers in the skills associated with the NDIS’s consumer-directed model.

The specific functions associated with these two areas are described in further detail below.

Individual capacity building

Because of the scale of investment necessary, we suggest the need for individual training in three stages, as summarised in Figure 2. The first stage would be provision of basic induction training for new recruits to disability support roles. This would be closely followed, in Stage 2, by larger-scale funding for those new hires (if they stay with their jobs) to complete foundation qualifications (Certificate III) at public or selected non-profit RTOs, as will now be required under our proposed mandatory

Figure 2: Three Stages of NDIS Training

STAGE ONE	<p>Immediate induction training for new disability support recruits.</p> <ul style="list-style-type: none"> • CHCSS00081 for new recruits; available through TAFES and not-for-profit RTOs. • Existing skill set supplemented by workplace experience and training in Code of Conduct and QSF. • To be completed within 6 months of initial employment
STAGE TWO	<p>Foundation training.</p> <ul style="list-style-type: none"> • Certificate III. • RPL costs also covered for existing employees to gain recognition. • To be completed within 18 months of initial employment.
STAGE THREE	<p>Portable training entitlement for congoing upgrading.</p> <ul style="list-style-type: none"> • Entitlements accumulated based on compensated NDIS hours worked. • Portable and flexible; leads to recognised qualifications. • Selection of courses controlled by individual workers.

qualifications scheme. Then, in Stage 3, investment is directed towards ongoing and continuous upgrading of the qualifications of workers throughout their careers, through a portable training entitlement.

Ensuring coherence and quality within this three-stage structure will require planning and close administrative oversight. Therefore, we also recommend the establishment of a Disability Services Training Administration (DSTA) to oversee the CBF's training investments, coordinate with other agencies within the vocational education and training system, and oversee administration of accumulation and spending of training credits (through individual training accounts for each disability support worker).

Stage One: Induction to Disability

There is an urgent need for an increase in the numbers of workers with sufficient skills to be employed in the industry. Through the CBF, the NDIA would cover the full cost of compulsory induction training in order to address the urgent need for recruitment of a skilled workforce. There is precedent for this approach, in federal government's funding provided for people training for early childhood education during the early 2000s (see Noonan, 2016).

The intent of the investment is to ensure that:

- Funding is delivered separately from the NDIS pricing model (which pays for delivered services).
- A large number of new recruits can access and complete training in a short time.
- Providers have certainty about the quality of teaching/learning/assessment that new hires are receiving.
- Workers that have successfully completed the training have a better understanding of the service requirements that are expected of them; and having achieved an accredited qualification are incentivised to consider a long-term investment in their employment in the sector.

Stage Two: Foundation Qualifications

In addition to immediate induction training, newly recruited workers must also gain a complete foundation in the knowledge and skills to enable them to provide the high quality, flexible, and individualised supports expected by the NDIS. We recommend the introduction of a registration scheme for disability support workers based on a minimum qualification level at Certificate III level. The NDIA's CBF would cover the cost of in-class teaching and resources (including wage continuation for the workers enrolled in the course); wages paid during on-the-job placement time would be

covered by the employers. Stage 2 funding would also cover the cost for existing workers to have previous training and work experience assessed through the RPL process, to further boost the number of workers with formal foundation-level qualifications.

Stage Three: Portable Training Entitlement for Continuous Upgrading

Stage Three would address the need for developing specialised and advanced vocational streams for the industry, on the basis of ongoing and continuous upgrading of credentials and career paths. This would be achieved by:

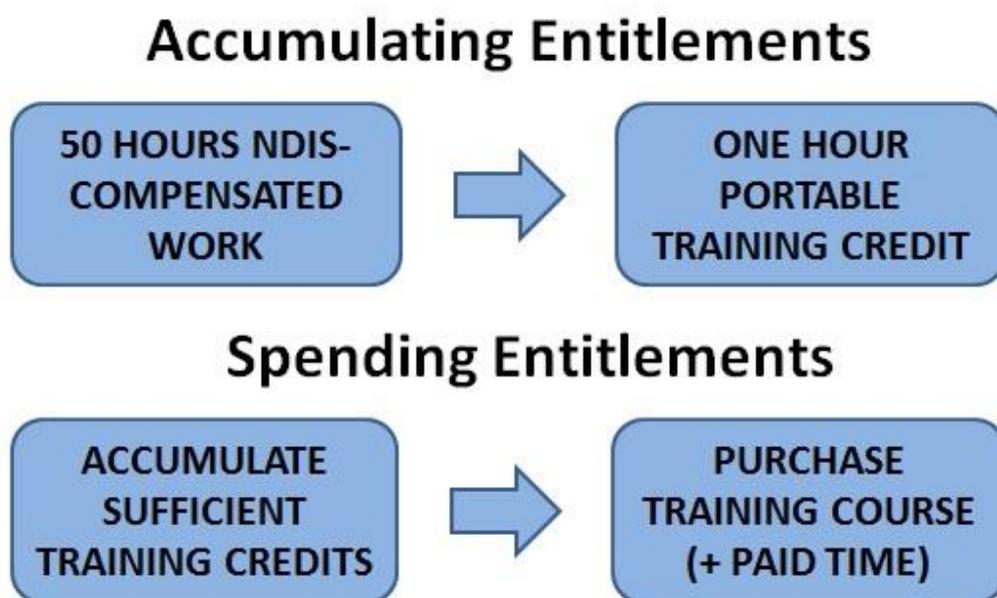
- Establishing an entitlement to paid training, vested with each individual worker, accumulated on the basis of NDIS-funded hours worked.
- Establishing corresponding vocational qualification pathways that extend beyond Certificate IV into specialist Diploma, Advanced Diploma, and University-level qualifications.
- Defining specialised and sub-specialised career paths, integrated with graduated pay scales, so that workers can ultimately get credit for their accumulating qualifications.

To this end, we propose the introduction of a training entitlement, with all workers (including those working on a casual basis) accumulating credit for one hour of paid training, for every 50 hours of NDIS-compensated work. These credits would be “banked” through individual accounts maintained by the DSTA, allowing workers to gain credit for work performed for various or multiple employers. At a 1-for-50 rate of accumulation, this scheme would allow an employee working average hours of work in the industry (around 20 hours per week, according to NDS, 2018) to engage in one 3-day training course (or 21 hours of training) per year. Credits could only be “spent” on Units of Competence that are part of the Australian Qualifications Framework, and delivered through public or selected non-profit RTOs.

Upon becoming employed in a disability support role, workers would supply their unique student identifier (already required as part of the national education and training system) and details of existing qualifications to the DSTA. The DSTA would then create a learning account for each individual, searching previous training records to identify any Units of Competency that might allow the worker to apply for RPL. Workers and their employers would then be notified of the requirement to enrol in and complete the *Induction to Disability* skill set within 6 months. Employers would be required to complete quarterly returns identifying how many hours of NDIS-compensated work each worker has worked over the course of the previous quarter, and their pay; this record of hours worked is converted into credits for paid hours of training at the 1-to-50 ratio. These credits are available to “purchase” training in the

future, with workers choosing the specific topics and timing for training; workers would be paid for the time spent in training by the NDIA (through the CBF), at the average rate of pay they experienced on NDIS-compensated work over the previous year. Once a worker enrolls in a qualifying course, credits would be “debited” against a workers account (see Figure 3).¹⁹

Figure 3: Accumulating and Spending Entitlements



Many other professions have also established requirements and funding mechanisms to support career-long training and upgrading by workers, on the basis of a certain number of required development days each year (including teachers, many medical and allied health occupations, and others). The proposal here to establish a system to support continuous upgrading for disability support work follows the same logic: in an occupation in which the skills and knowledge of service providers is essential to safe and quality care, it is essential that those providers have opportunity to continuously upgrade those skills, develop specialisations, and keep up with new knowledge and leading practices in their field. Of course, the accumulation and spending of training credits as described would be a minimum entitlement only. Should workers and/or providers elect to make additional investments in training above the minimum entitlement at their own expense, that is acceptable, and those additional qualifications (so long as they are attained at approved public and non-profit RTOs) would be fully recognised within the sector’s vocational qualification system.

¹⁹ We propose that participation in Induction and processes for RPL are not offset against training credits.

There are several important benefits of this portable training entitlement system. Newly-hired workers will begin accumulating training credits as soon as they have completed their required foundation certificate;²⁰ existing employees would begin accumulating credits as soon as the scheme is implemented. Disability support workers accumulate credits for work with any employer (including if they work for multiple employers); they would even accumulate credits when providing services as sole traders directly to individual NDIS participants. This flexibility and continuity is essential because of the fluid and insecure work practices that typify the sector, all the more so as the NDIS market system is implemented. Workers employed on a casual basis, or who switch employers (for example, because of changes in personal circumstances for the participants they were working for), or workers providing services directly to NDIS participants (rather than being employed by a provider organisation), are all equally able to accumulate training credits.

The portable training entitlement system is also fully compatible with the flexible, individualised model of service which underpins the whole NDIS model. After all, the NDIS is organised on the principle that services must be tailored to the specific needs of each participant. For that goal to be realised, it is essential that the workforce providing those services is fully capable of providing a comprehensive range of needed, individual services. This will require ongoing upgrading and development of specialised career paths in dozens of specific sub-disciplines. By endowing individual disability support workers with the opportunity to customise their own advanced vocational path and qualifications, informed by the emerging needs of NDIS participants communicated through the market system, the portable training entitlement system will play a critical role in developing a workforce that can meet the expectations of flexible, individualised care that motivated the creation of the NDIS in the first place.

A critical component of this program is to develop a system of qualifications and matching career paths in a systematic and integrated way. Existing workers who do not have a qualification equivalent to the Certificate III or IV with disability specialisms will be encouraged to complete those or an equivalent qualification (or apply for RPL) as a priority; new workers will be required to complete one within the first 18 months of their employment. Once those basic qualifications have been completed, workers then have personal flexibility in how to use their accumulating training credits. They could be used to pay for any relevant skill sets and qualifications under the Australian Qualifications Framework, or alternatively to undertake specialist courses in specific conditions affecting people with disability, therapists using different modalities, other training that may assist participants with specific needs, or relevant personal

²⁰ Costs associated with the induction and foundation courses offered to new workers in the sector are directly covered by the CBF, not paid through the individual training accounts.

development activities which individual workers may be interested in. In conjunction with existing VET governance practices, higher-level qualification pathways will be defined so that workers' ongoing training can be reflected in recognised, portable qualifications.

Sector capacity building

In addition to these three stages of training opportunities for individual employees, the program would also provide direct funding to provider organisations for selected workplace-level training initiatives, as well as establishing a system to consistently administer course curriculum and related qualifications. There are two specific sector-wide priorities which would be addressed and supported by the CBF:

The first is to address concerns that have been expressed regarding the variable and inconsistent quality of training and assessment in existing training programs for disability services, and about the ability of existing RTOs to teach the new competencies associated with the NDIS model of consumer-directed support. The CBF would support up-front investments in curriculum, resource, and professional development by publicly-funded and selected non-profit RTOs to upgrade their capacities in these areas.

There is an even greater need for ongoing investments to ensure that provider organisations are able to provide continuous training and supervisory support to their workforce as the transition occurs to the NDIS delivery model. Priorities would include the development of practice standards, establishing new systems for team meetings and supervision, and more.

Support by the CBF for these organisation-level capacity enhancements would be delivered on a grant basis, with interested provider organisations and RTOs submitting applications, and resources allocated from budgeted amounts by an independent jury of sector experts appointed by the DSTA.

Recommendations:

7. That an independent Capacity Building Fund be established under the NDIA, jointly endowed by the Commonwealth and State governments, separate from the funding mechanisms associated with the NDIS unit pricing system.
8. The Capacity Building Fund would cover the full costs of compulsory induction and foundation training for newly hired disability support workers (and the cost

of completing RPL procedures for existing workers), as a means of quickly boosting the number of skilled workers in the industry.

9. The Capacity Building Fund would also cover the costs of a portable training entitlement system, under which disability support workers accumulate credits for paid training hours and then utilise those credits to enrol in qualifying courses.
10. The Capacity Building Fund would also fund organisation-level investments in training capacity, by both public and qualifying non-profit RTOs, and by disability service providers.

COST ESTIMATES

Cost simulations have been developed to estimate the fiscal dimensions of the training program, including estimates for each of the major components, based on reasonable assumptions regarding the number of participants, benchmark training costs, and other parameters.

Several studies have estimated that the overall disability services workforce will double in size in coming years as a result of the full roll-out of the NDIS. This will involve the recruitment and placement of 70,000 new full-time equivalent (FTE) positions. We assume that initial “surge” in hiring is completed over the first four years, following which the flow of new recruits to the industry slows to a steady-state rate of 5,000 per year. Our costing simulations assume that two-thirds of the NDIS workforce consists of individuals performing broadly-defined disability support functions – excluding those in otherwise recognised and regulated allied health professions (who are already integrated into well-defined training and qualifications regimes of their own), and those performing other tasks and functions which do not generally involve direct disability support skills (including office and administrative staff, transportation services, maintenance, etc.). Based on existing average working hours in the sector, we assume that FTE positions are converted into headcounts at a ratio of 1.5. For the induction and foundation stages of training, we assume that all new workers will complete these programs. For the portable training entitlement, we assume a 90 percent utilisation rate of earned credits.²¹

²¹ Of course, the goal of the program is maximum take-up of earned credits, but in reality some small proportion of entitlements will never be utilised due to workers exiting the industry, scheduling issues, etc.

Stage One: Induction

This is a minimal induction training package provided to new workers starting with NDIS providers. It would involve 30 hours of on-line and face-to-face orientation to the goals and principles of the NDIS, and core features such as the code of conduct and basic safety practices; and 20 hours of supervised contact with people with disabilities.

We assume the time in training is paid according to Level 2(1) of the SCHADs award induction pay classification (currently just under \$25 per hour), and a relatively small per student cost for course resources and materials (\$250 per student); given the large number of students participating, course resources and instruction can be developed and delivered at large scale, with consequent savings in unit cost. We assume the program would train 70,000 new inductees over the first four years (representing two-thirds of the estimated 105,000 new hires, equivalent to 70,000 FTE workers, entering the sector). The stage one induction program would thus cost \$30 million per year for the first three years, \$15 million in the fourth year, and \$7.5 million per year thereafter (as the mass induction program was reduced to a steady stream of 5000 new inductees per year).

Stage Two: Foundation (Certificate III)

This foundation entry-level course would be required for all new disability support workers within the first 18 months of their employment in NDIS-funded service delivery (unless they already possess relevant Certificate III or IV qualification or equivalent RPA). The *Induction to Disability Skill Set* (described above, to be completed within the first 6 months of employment) would count toward this Certificate III qualification. The course involves 90 hours of classroom training, and 120 hours of workplace training and assessment. The classroom time would be paid at workers' normal hourly wage.²² Teacher, resource, and material costs are assumed to equal \$500 per participant (including administration). This represents a cost per participant of just under \$3000, or total costs of about \$60 million per year for the first three years. After the first 70,000 recruits receive their foundation training, annual costs decline to just under \$15 million per year (for an assumed ongoing inflow of 5,000 workers per year).

Stage Three: Portable training entitlement

The largest element of the comprehensive NDIS training program would be the portable training entitlement system, through which NDIS-providing workers would

²² The costings assume an average wage slightly higher than the induction-level SCHADs 2 induction pay, at \$27.50 per hour, recognising that some participating workers will have already begun advancing through the industry pay scale

accumulate credits toward additional training through the normal course of their work. Training credits are earned as workers complete NDIS-funded work – whether with a provider-employer, or even directly for NDIS participants (working as sole traders). Workers can choose how and when to allocate accumulated credits toward additional training. The resulting credentials would be recognised and portable between employers, and count toward recognised qualifications (Certificate III and IV qualifications, as well as the diploma-level and higher vocational pathways which will be developed as the system is implemented).

Credits would cover the teacher, resource, and material costs associated with the courses, as well as paying the worker their normal hourly wage for time spent in the courses (assessed at the average hourly NDIS-funded compensation received by them during the previous 12 months, as recorded by the DSTA). Workers would earn credit for one hour of funded training, for every 50 hours of NDIS-compensated work.²³ This accumulation rate would be sufficient to allow an NDIS worker logging average weekly hours (currently around 22 hours per week, according to NDS estimates) year-round to undertake one three-day (21-hour) course per year.

Allowing for \$750 per course in teaching, resource, and material costs for a typical 3-day course,²⁴ and with paid time in the classroom evaluated at an average hourly rate of \$35, this results in a total cost of around \$1500 for a typical 3-day course. This represents around 3% of the annual salary, superannuation, and overhead costs for a typical NDIS worker. The cost, pro-rated over the worker's yearly NDIS workload, would add about \$1.30 to the total NDIS-charged hourly cost of their services (less than 2%).

We assume that the portable training entitlement stage of the program will require five years to reach full operation (as workers accumulate new credits, and then identify preferred courses and qualifications to pursue). Once fully phased-in, a total of over 120,000 workers would be entitled to paid training opportunities, at an average rate of three paid days per year. The estimated total cost of the program would thus grow from \$36 million in the first year, to \$182 million per year once fully phased-in.

²³ For new workers, accumulation of credits would begin once they have completed the induction and foundation stages of training described above (since those programs are funded directly by government). For existing workers, accumulation of credits would begin immediately upon commencement of the program.

²⁴ The cost per student for teaching is higher on an ongoing basis than for the entry-level Induction, because of the more specialised, smaller-scale training contemplated.

Total costs:

We have also allowed for administrative expenses of \$5 million per year for the Disability Services Training Authority (sufficient to cover 25 FTE staff plus operational expenses) and related functions. We have also provided for organisation-level investments in training, also financed through the Capacity Building Fund, of \$10 million per year. All costs are covered by the NDIA through its CBF (endowed jointly by the Commonwealth and State governments).

The training program proposed here is ambitious, aimed at meeting the pressing need for skills and qualifications for the growing disability services workforce: including rapid skilling of the large numbers of new recruits coming into the sector, and career-long training and upgrading opportunities for the whole workforce. The immediate costs for induction and foundation courses are significant in the first years of the program, but then abate to modest ongoing levels (required to train a smaller steady-state flow of new recruits to the industry in future years). The costs for the ongoing portable training entitlement are more significant, but take some years to phase in. On average over the first five years of the program, total costs (including administrative and overhead expenses) average just over \$190 million per year. The fiscal estimates are detailed in Table 2.

The total cost of the NDIS is currently estimated to reach \$22 billion for fiscal 2019-20,²⁵ and more in subsequent years. Therefore, the combined expenses for all three stages of the training program, combined with new administrative costs and organisation-level investments, amounts to less than 1 percent of the expected costs of the overall NDIS. In other words, this proposal would involve an investment of less than 1 cent, for each dollar of overall NDIS funding, to develop high-quality skills and qualifications for this ambitious new social program. This is a small investment indeed, given the close relationship between the quality of service delivery, and the skills and capacities of the disability services workforce.

²⁵ See Tale and Buckmaster (2015).

Table 2
Fiscal Estimates for Disability Services Training Program
(\$ million)

Costing Assumptions		Year 1	Year 2	Year 3	Year 4	Year 5	5-Year Average
Stage 1	105K headcount (70K FTE); 2/3 disability support workers; 100% utilisation; 70K trained over 4 yrs, then 5K per yr; 50 hours at \$25 + \$250 course cost.	\$30.0	\$30.0	\$30.0	\$15.0	\$7.5	
Stage 2	105K headcount (70K FTE); 2/3 disability support workers; 100% utilisation; 70K trained over 4 yrs, then 5K per yr; 90 hours @ \$27.50 + \$500 course cost.	\$59.5	\$59.5	\$59.5	\$29.8	\$14.9	
Stage 3	210K headcount (140 FTE); 2/3 disability support; 90% utilisation; phase in to 123K per year trained by year 5; 21 hours per worker per year @ \$35 + \$750 course cost.	\$36.5	\$73.0	\$109.5	\$145.9	\$182.4	
Disability Services Training Authority		\$5.0	\$5.0	\$5.0	\$5.0	\$5.0	
Organisation-Level Investments		\$10.0	\$10.0	\$10.0	\$10.0	\$10.0	
Total		\$141.0	\$177.5	\$214.0	\$205.7	\$219.8	\$191.6
<i>Source: Authors' estimates as described in text.</i>							

IMPLICATIONS FOR THE SCHADS AWARD

A comprehensive new approach to investment in training will have implications for entitlements currently specified in the SCHADS modern award that applies to , including job classifications and pay structure. The SCHADS pay grid covers a range of direct disability support functions, but it is relatively truncated: there is limited opportunity for direct service providers (as opposed to supervisors and managers) to move up in classification and pay. Furthermore,, Cortis et al’s (2017) analysis of the NDIS pricing model suggests that providers are often paying above the minimum pay rates specified in the SCHADS grid, because of the challenge of retaining valued and skilled workers.

In a tightening general labour market, exacerbated by the challenges of recruiting suitably qualified workers for the sector, there may be upward pressure on wages. In the context of the highly constrained NDIS pricing model, this implies that financial

pressures on providers will get even worse. While we recognise that the existing bargaining environment is not in the control of any single party, over time it is reasonable to expect that increased training across the sector (as envisioned under our proposal) should lead to higher pay rates, and a more comprehensive grid of classifications (related to the growing set of qualifications possessed by disability support workers). In other words, the SCHADS system of classifications will need to be extended commensurate with the acquisition by more workers of advanced vocational qualifications; there may also arise a need to ensure parity with workers in other health-related industries. A continual review of the NDIS pricing structures in relation to competencies, qualifications and career paths will be necessary in order to ensure that providers are able to both address their costs in relation to employment standards and improve quality standards.

Another implication of the proposed training scheme for the SCHADS award is the need to specify in the award that workers have a clear and protected right to use their accumulated training hours, and to enrol in courses that they choose.

Recommendations:

11. That parties to the SCHADS award consider how to develop and implement an extended structure of classifications and pay that will reflect the accumulating advanced vocational qualifications attained by disability support workers under the proposed portable training entitlement.
12. That the SCHADS award explicitly recognise the right of disability support workers to utilise their paid training entitlements in working hours, on course and vocational streams of their choice.

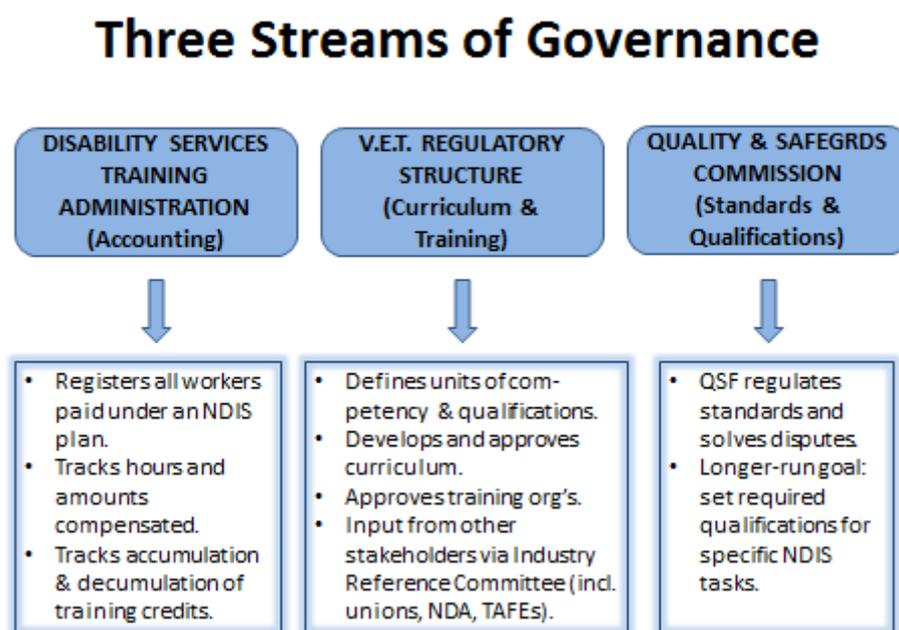
THE DISABILITY SERVICES TRAINING ADMINISTRATION

Our proposals for a new “ecosystem” of training and career-long upgrading in the disability support sector will require consistent oversight, an integrated capacity to account for entitlements, and an ongoing liaison with the NDIA and the AQF. We propose the establishment of a Disability Services Training Administration (DSTA), located within the NDIS’s Quality and Safeguards Commission, to perform four specific functions:

- Ensure that quality and safeguarding standards set by the Commission are supported by initial and on-going training of the disability support workforce, particularly in response to regulatory requirements.
- Work with existing VET authorities operating in the sector to ensure and maintain relevance of qualifications, develop skills pathways that extend beyond Level IV, and facilitate the achievement of a high quality learning environment through RTOs.
- Administer individual learning accounts for disability support workers, including determining the financial value of training credits.
- Champion cultural change within the sector in respect of investment in training and skills development.

The regulatory model envisioned would require the coordination of three channels of responsibility, as summarised in Figure 4:

Figure 4: Regulatory Structure for Proposed NDIS Training Regime



While the DSTA would be located within the NDIS Quality and Safeguards Commission, it should maintain a degree of independence in its governance arrangements.

Accordingly we recommend that the strategic direction and workplan of the DSTA be overseen and coordinated by a Steering Committee that includes the voices of people with disability, a representative group of industry stakeholders (including workforce representatives) and those currently involved in overseeing and delivering training for workers employed in the Disability Support sector.

Recommendations:

13. That the Quality and Safeguards Commission include an independently constituted Disability Services Training Administration (DSTA), with responsibility for tracking the portable training entitlement for workers across the disability support sector, and regulatory oversight of curriculum, training and quality assurance (in collaboration with relevant VET authorities).

VI. Summary and Conclusions

The NDIS is world-leading in its approach to providing supports to people with disabilities. Achieving its vision, however, requires an available workforce that understands the philosophy and values underpinning the NDIS and has the skills and training necessary to deliver the services that are required. It also requires high trust relationships between participants and their support workers, relationships that can only be built up over time, in a context of stable, high-quality work. Current policy settings place a large degree of responsibility on disability support workers, without providing them with the support or quality working conditions they need to deliver high quality services. This is particularly the case in respect of training and skill development. While the necessity of a skilled workforce is nominally acknowledged in NDIS policy documents, the reality is that this goal requires more meaningful funding, leadership, and commitment. Immediate investments are needed simply to recruit and train the large number of additional workers that are needed for the national roll-out in coming years. In the longer term, investment is also needed to ensure continuous upgrading of the skills and qualifications of the workforce. We have argued that this requires a change in the culture of the industry, including a core commitment by its government funders, that recognises training as an investment, and not just a “cost”. Initial and ongoing training must be seen as a necessary part of delivering high quality support services to people with disability.

The proposal developed here for a comprehensive, well-funded training system fits well with the flexible nature of service delivery envisioned under the NDIS. Workers undertake a range of different tasks, for different NDIS participants, depending on shifting needs and demand patterns. Without a training ecosystem that recognises and adapts to that highly mobile work context, the industry will chronically underinvest in training and skills provision, to the detriment of both workers and participants.

Australians with disabilities are excited about the positive potential of the NDIS to meet their needs in a more respectful, flexible, and individualised manner. Society as a whole should be proud of the shared commitment that has been made to better meeting the needs of people with disabilities, and recognise that society will be much stronger thanks to better support and fuller participation. This positive potential, however, is put at risk by a failure to recognise the contribution made to this goal by a dedicated and skilled workforce, securely employed and paid fairly, and capable of delivering the best-quality services possible.

The training and skills development structure that has been described here is feasible, pragmatic, and affordable, and consistent with the founding vision that motivated the development and implementation of the NDIS. By emphasising that a commitment to quality benefits all participants in the sector – people with disabilities, workers, providers, and ultimately government itself – a consensus can be built that investing a very small proportion of total costs (less than a cent in each dollar of NDIS funding) in ongoing training will help to achieve the full potential that the NDIS’s architects hoped for.

LIST OF RECOMMENDATIONS

1. All recognised foundation training for the industry should be based on qualifications registered through the Australian Qualifications Framework.
2. All training should be conducted by public or selected non-profit RTOs, and quality audits undertaken by ASQA to ensure that RTOs have the training infrastructure to deliver educational outcomes that are of the highest possible level of quality. Incremental funding should be prioritised towards TAFES as the highest-quality publicly funded RTOs.
3. Vocational pathways available to workers should be extended through the development of qualifications at Diploma and Advanced Diploma level on the Australian Qualifications Framework.
4. That the content of the new compulsory induction be reviewed (in consultation with all stakeholder organisations, including representatives of people with disabilities) to ensure that it includes a workplace component, and information about the requirements on workers under the proposed new Code of Conduct. Assessment standards should also be introduced to ensure that the learning objectives are achieved by all students completing the induction.
5. That it should be compulsory for employers to support workers to successfully complete the induction programme within 6 months of being newly employed.
6. That an accreditation and registration regime be introduced to support improvements in quality standards in the disability sector. Registration should

- be based on the achievement of a minimum foundation qualification at Certificate III level; with the proviso that newly employed workers enrolled in a Certificate III could apply for provisional registration for up to 18 months.
7. That an independent Capacity Building Fund be established under the NDIA, jointly endowed by the Commonwealth and State governments, separate from the funding mechanisms associated with the NDIS unit pricing system.
 8. The Capacity Building Fund would cover the full costs of compulsory induction and foundation training for newly hired disability support workers (and the cost of completing RPL procedures for existing workers), as a means of quickly boosting the number of skilled workers in the industry.
 9. The Capacity Building Fund would also cover the costs of a portable training entitlement system, under which disability support workers accumulate credits for paid training hours and then utilise those credits to enrol in qualifying courses.
 10. The Capacity Building Fund would also fund organisation-level investments in training capacity, by both public and qualifying non-profit RTOs, and by disability service providers.
 11. That parties to the SCHADS award consider how to develop and implement an extended structure of classifications and pay that will reflect the accumulating advanced vocational qualifications attained by disability support workers under the proposed portable training entitlement.
 12. That the SCHADS award explicitly recognise the right of disability support workers to utilise their paid training entitlements in working hours, on course and vocational streams of their choice.
 13. That the Quality and Safeguards Commission include an independently constituted Disability Services Training Administration (DSTA), with responsibility for tracking the portable training entitlement for workers across the disability support sector, and regulatory oversight of curriculum, training and quality assurance (in collaboration with relevant VET authorities).

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COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY
INSURANCE SCHEME

**Market readiness for provision of services under the National Disability
Insurance Scheme**

THURSDAY, 14 JUNE 2018

MELBOURNE

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JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME

Thursday, 14 June 2018

Members in attendance: Senators Gallacher, Steele-John and Mr Andrews, Ms Husar.

Terms of Reference for the Inquiry:

To inquire into and report on:

Market readiness for provision of services under the NDIS, with particular reference to:

- a. the transition to a market based system for service providers;
- b. participant readiness to navigate new markets;
- c. the development of the disability workforce to support the emerging market;
- d. the impact of pricing on the development of the market;
- e. the role of the NDIA as a market steward;
- f. market intervention options to address thin markets, including in remote Indigenous communities;
- g. the provision of housing options for people with disability, with particular reference to the impact of Specialist Disability Accommodation (SDA) supports on the disability housing market;
- h. the impact of the Quality and Safeguarding Framework on the development of the market;
- i. provider of last resort arrangements, including for crisis accommodation; and
- j. any other related matters.

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HAYWARD, Professor David, Director, Future Social Service Institute

STANFORD, Dr Jim, Economist and Director, Centre for Future Work, Australia Institute

Evidence from Dr Stanford was taken via teleconference—

Committee met at 09:31

CHAIR (Mr Andrews): I declare open this hearing of the Joint Standing Committee on the National Disability Insurance Scheme for the inquiry into market readiness under the NDIS. These are public proceedings, although the committee may determine, or agree to a request, to have evidence heard in camera. I remind all witnesses that in giving evidence to the committee they are protected by parliamentary privilege. It is unlawful for anyone to threaten or disadvantage a witness on account of evidence given to a committee, and such action may be treated by the Senate as contempt. It is also contempt to give false or misleading evidence to a committee.

If a witness objects to answering a question, the witness should state the ground upon which the objection is taken and the committee will determine whether it will insist on an answer, having regard to the ground which has been claimed. If the committee determines to insist on an answer, a witness may request that the answer be given in camera. Such requests may be made at any other time.

Could I please remind those contributing that you cannot divulge confidential, personal or identifying information when you speak. If you wish to supplement your evidence with written information, please forward it to the secretariat after the hearing.

I welcome Associate Professor Chris Brebner, from Flinders University; Professor David Hayward, from the Future Social Service Institute; and, from the Centre for Future Work, Dr Jim Stanford. Do you have any comments to make on the capacity in which you appear?

Prof. Hayward: I'm a professor of public policy at RMIT University as well as being the director of VCOSS-RMIT Future Social Service Institute.

CHAIR: Thank you. Could I invite you, if you would like, to make some opening comments.

Prof. Brebner: The rollout of the NDIS has had an impact on service providers in South Australia. We've been running a project, funded by the Department of State Development, in northern Adelaide looking at the development of the allied health workforce in the northern suburbs through placement engagement. We've partnered with eight different service providers in northern Adelaide and have also interviewed a large number of key stakeholders about their experiences. What we've found is that there's been a significant impact on the training of allied health professionals to work in the service context for people with disabilities. We've found that people have been withdrawing placement opportunities for students to have work-integrated learning experiences, primarily because they're very anxious about billing compliance within the NDIA framework.

They're also talking about the short-term nature of plans for individuals with disabilities impacting on the services that they deliver and therefore how they integrate students into those. And they're concerned that the billing mechanisms do not promote best practice for allied health service delivery, and therefore they do not wish to involve students in those services. For example, interpreters are not able to be charged for, say for families who speak a language other than English in the home—they're not able to provide services in those languages and actually bill for those services.

We've found that a high level of anxiety is being communicated to students, and this anxiety is about financial distress due to uncertainties about payment, and that's enhanced by some of the problems around the payment of fees and delays in payments. And there has been significant uncertainty about plans. With plans rotating on a three-monthly or one-yearly basis, that's making it very difficult for people to plan their services.

We see a need to train students to be flexible service providers in a disability context in this new market-style environment. So we need some clarity and consistency for service providers about the plans and the services they can offer and how they can bill for those. We'd recommend explicitly being able to bill for student-led services, as long as they're providing adequate supervision for those students. We'd also recommend flexible pricing for services that are delivered to enable innovative models of service delivery. Thank you.

CHAIR: Thank you. Professor Hayward?

Prof. Hayward: I will begin by acknowledging the traditional owners of the land on which we meet, the Wurundjeri people of the Kulin nations, and pay my respects to elders past, present and future. The Future Social

Service Institute has the objective of looking at the workforce issues that confront health care and social assistance.

There is a graph that I could happily distribute to people, indicating our main concern. It's an eye-catching graph because the most significant growth in the labour force over the next five years and the past 10 years has been in that broad healthcare and social assistance workforce. Over the next five years, it'll grow by about a quarter of a million, Australia wide, and the next fastest growing segment of the workforce will be professional scientific services.

I raise that as an issue because most people aren't aware of the rapid growth of this sector. Yesterday's financial review picked it up, but they carried it in a way that was misleading in that they only talked about it as 'health care'. It's health care and social assistance.

The driver of the growth is the NDIS—that's No. 1—and, I think, in particular, the ageing of the population structure. In Victoria it's family violence reform and also other community services reform. But what we are looking at is a rapid growth of what we call the social economy. It's the fastest-growing part of the Australian economy. It is being driven very heavily by government funding, but what's happening is that the workforce is not being looked at in a uniform way. If you look at what's happening in Victoria, there is now a commitment to a gold-plated family-violence workforce, and a strong commitment towards professionalisation and new qualifications, requiring the primary workforce to have at least a social work qualification.

If you look at aged care and the federal government's recently convened task force looking at aged-care workforce issues for the future, chaired by John Pollaers from Melbourne university, his conclusion is that it's time to dramatically improve the pay, conditions and qualifications for the aged-care workforce. His argument is that, without that, there is no way on earth we will meet the needs of generating an extra million people working in aged care by 2050, and he's recommending a significant amount of improvement in working conditions.

Sitting in the middle of that is 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. Last week, I heard Professor Pollaers talk at a CEDA conference, and he made the point that he has talked to the NDIA about the need to dramatically improve pay and conditions across the sector. His view is that the NDIA has been distracted by other concerns, but he can't wait, he said. So he's pushing ahead with mechanisms to make the aged-care sector the most attractive part of the workforce to be in. I think what's going to happen is that, over time, without serious attention being paid to it, we'll be looking at a crisis in the workforce in this most important sector. Without a really good workforce in disability, and without a really impressive set of pay and conditions to make it every bit as attractive as family violence, aged care or other parts of the community services workforce, the NDIS will not meet its objectives. So that's really our basic argument.

I want to finish by making the point that I think that making it far worse at the moment are the qualifications that are available through vocational education. They are not fit for purpose. The more consultation we do, the more it is really clear that they have been degraded over the years. And it's no wonder that people with disabilities say that people with those cert IIIs and cert IVs that are coming out are not the sort of people who should be working in the sector. They say repeatedly that often people have cert IIIs and cert IVs but don't have the values needed to work in the sector. That tells you that the curriculum is not fit for purpose. If people are coming out with cert IIIs and cert IVs and diplomas and they aren't able to treat people with disability in a dignified and good way, that means that the curriculum is failing, and it's failing critically. With that, I'm happy to take any questions on my submission.

CHAIR: Thanks, Professor Hayward. Dr Stanford?

Dr Stanford: Thank you very much to the committee. I'm very grateful for the opportunity to meet with you, even by teleconference. I wish I could be there in person. I'll be speaking mostly today from a report which we published in April this year and which we developed in conjunction with the New South Wales branch of the Australian Services Union. I do want to acknowledge the work that was done by my co-author on that report, Dr Rose Ryan, who is unable to join us today.

The gist of our report I think builds very much on the previous two opening statements. We do want to address both the potential of the NDIS to meet the needs of people with disability in a flexible, individualised and respectful manner, as is the intent of the decentralised, market-oriented delivery model on which the NDIS is based. But we also recognise the challenges of doing that, in the context of a workforce that, in part as a result of that market-based delivery model, neither experiences stability in job and employment patterns nor has access to ongoing training and skills-acquisition opportunities. What we've tried to do is to develop an innovative model for

how, within the context of the market based system, workers who are providing those services 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 participants in the program.

The full report of course has been tabled with the committee, but I think what I'd like to do is just to summarise the main features of the training model that we would propose. 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, 30 in the classroom and 20 in a supervised work setting. 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 level of training from the existing vocational education and training system, that would consist of 90 hours of classroom training and 20 hours of supervised on-the-job training.

The third tier—and, I think, the most important and innovative aspect of our proposal—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. This would work out so that a person working average hours in disability services provision—as you're aware, the incidence of both casual and part-time work in this sector is very high. Average hours are currently between 20 and 22 hours of work per week. Someone working at that average would gain entitlement to three days of paid training per year. We think that is on a par with other human service professions which are also required to conduct ongoing training and skills development as part of their part responsibilities.

In addition to establishing the fiscal mechanisms that would provide for this entitlement, including a system for tracking how many hours registered providers of disability services are working and tracking their growing entitlements to the paid training leave as they work through their careers, we would also need to see a parallel development of career paths, classifications and pay tiers that would match the accumulation of credentials that this system would allow. This is because, of course, in a field as diverse as disability services, there are all kinds of specialised services and specialised areas that people in the field will want to concentrate on. But if they're going to have the proper incentives to do that, even though the cost of the training will be covered and they will be paid their normal wages while they're doing it, they have to know that the training will be reflected in growing credentials for themselves and growing opportunity to match those credentials with defined, specialised career paths and pay classifications. That would be an important and complicated parallel task in addition to just providing the training opportunities.

We've done some rough costings of the proposal—of all three tiers of our proposed training system. The costing is described and the assumptions are described in the full paper. The bottom line is that we think it's a very incremental and modest investment in the capacity of the NDIS workforce to make the most of the promise of this system. In fact, if we want to realise the potential of a flexible, individualised service delivery model, as was hoped, we are going to have to provide the people providing those services with sufficient stability and quality in their job and the opportunity to accumulate ongoing skills and credentials.

We estimate the total cost, on average, over the first five years would be around \$190 million per year in total. That would cover all three of the tiers of training we're imagining, plus the cost of administration, including a very close relationship with the qualifications management system within the NDIS, as well as continuing some funding for training provided at the group level by major providers. So that \$190 million per year works out to less than one per cent of the expected total cost of the NDIS.

We think it would be best for that to be provided through a separate stream of funds rather than trying to build the cost of this training into the unit price system of the NDIS. In experience, embedding a certain unit cost for training within the overall unit price, first of all, creates an unnecessary competition for resources between the workers getting the training and the participants, and, secondly, it has just been very inadequate. So we will propose a separate stream of funding we call a capacity-building fund to cover the three tiers of training, plus the associated administration. It's an innovative proposal that fits with the spirit of the NDIS for a flexible, individualised model of service delivery but one that recognises that will not on the basis of the digital platform that matches workers with participants as if you were ordering fast food from Deliveroo. That's the downside risk of this current model. Instead, we're proposing a model where workers would have the capacity to increase their skills and qualifications throughout their careers.

That's a summary of our proposal, and I look forward to your questions and discussion. Thank you again.

CHAIR: Thank you Dr Stanford. I will lead off to whoever would like to respond. It seems to me that there are at least three areas of concern here: the first is the quantity of the training—the number of people available to do the work; the second is the quality aspects; and the third is the pricing, which has an impact on both the others. Can I start with the numbers. On current provision of training, is there any ability to estimate what the shortage might be when it's fully rolled out if we don't do something more?

Prof. Hayward: We have done some modelling where we reckon it's somewhere around a 6,000 to 10,000 shortfall per annum, but that's across the social and community services—it's not just disability. Unfortunately, one of the things that are most frustrating is that we're looking at this rapidly growing part of the economy but the data just aren't there to tell us all the answers that we'd like. It just reflects the fact that it was previously thought of as welfare, but I think now we're increasingly realising it's actually a crucial part of the economy, and it's time for the data to catch up to need.

Senator GALLACHER: The Productivity Commission indicated that no matter what the training or the growth in the workforce in Australia is achieved the workforce in forward would need to be supplemented by immigration. Do you have a view on that?

Prof. Hayward: The Productivity Commission sort of hedged its bets a bit. I think that what it was saying was that in the short term there's a need to be pragmatic about it, and I agree with that, but I think what they've also hinted at is—and it's something we've found—that attracting young people into this sector is by no means easy, partly because people are caught with images of the past rather than what the future might look like. We've invested heavily in renewing the curriculum and making sure it's a really enjoyable experience. With the students that we've had we've had a really high rate of completion—95 per cent of the students have completed. If you have a look across the system at the moment, with the vocational qualifications about 35,000 students a year start but only about 10,000 finish. That's about as inefficient a system as I could possibly imagine. Just imagine if you were able to close that gap, but you're not going to close the gap under the current system, because too much of the qualifications and the organisations delivering them aren't fit for purpose.

CHAIR: That dropout rate seems to be much higher than is generally the case across tertiary studies.

Prof. Hayward: It is. Sadly, there's been a counterargument put up: 'That's because people are putting their toe in the water. They've got what they've wanted out of it and then they've decided they don't want to continue.' That's a terrible answer. If universities had a completion rate that low we'd be slammed, quite appropriately. It's a very, very inefficient way. Imagine all the costs of enrolling people and doing all that sort of stuff for them to drop out. This curriculum should be really exciting. One of the great things we've found from our cert. III students is that they've said they'd begun doing the course and they weren't sure whether they'd do disability or aged care, but they so enjoyed the experience—because we're getting people from industry to come and talk to them, people from, say, Women with Disabilities Victoria. We've had some really eye-catching presenters. They've gone off to film nights, they've met film producers who are producing films on disability advocacy. And they've said this has changed their whole view of the world. Their whole view of people with disability has shifted. Instead of seeing people with disability as the 'other' they see them as people, and it's altered their whole—so what your seeing is an education experience that's given them a sense of humanity. How good is that? I was thinking of these very young women predominantly from disadvantaged backgrounds. Wouldn't you want everybody to have that experience? I would.

CHAIR: Is that figure of 6,000 to 10,000 per annum a standard figure, year after year, or does it compound?

Prof. Hayward: Yes. Remember it's across the sector. Aged care and disability are the two big ones. Aged care has the really big challenge, but disability is sitting in there too. It's been thrown a little bit off balance because of the argument put forward by disability advocates that it's about choice and control, so we've taken attention away from what that—the flip side is what are the workforce needs? What do we need in terms of people who have got the skills that are required?

I should add one other point. We're caught up with a very modernist view of education at the moment where we think about certificates, diplomas and degrees. The latest thinking in tertiary education is: how can you break down qualifications into microcredentials? How could you get little bits of qualifications? Begin with this: the ethics of care. It's a little unit that might take, say, 20 hours with a microcredential and a badge that comes with it. Work for a little period of time and then come back and build up another microcredential. Then, after a period of time, what you might have is the equivalent of a degree that enables you to come in and go out and pick up majors and minors that enable you to work across what I think is a really exciting, rapidly growing workforce, if that



Reasonable, necessary and valued: Pricing disability services for quality support and decent jobs

Prepared for:

Health Services Union, Australian Services Union, and United Voice

June 2017

Natasha Cortis, Fiona Macdonald, Bob Davidson & Eleanor Bentham



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Abbreviations

ACNC	Australian Charities and Not-for-Profits Commission
ASU	Australian Services Union
CPOW	Centre for People, Organisation and Work, RMIT University
DSW	Disability support worker
HSU	Health Services Union
NCOSS	NSW Council of Social Service
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDS	National Disability Services
RCM	Reasonable Cost Model
SACS	Social and Community Services
SCHADS Award	Social, Community, Home Care and Disability Services Industry Award 2010
SIL	Supported Independent Living
SPRC	Social Policy Research Centre, UNSW Sydney

Executive Summary

Research aims

This report is concerned with prospects for quality services and decent jobs under Australia's National Disability Insurance Scheme (NDIS). Specifically, it examines how the prices set by the National Disability Insurance Agency (NDIA) are:

- affecting disability support workers;
- enabling employers of disability support workers to meet their industrial obligations; and
- supporting development of a skilled, high-quality, and decently remunerated disability support workforce.

Data sources

To understand and assess NDIS pricing arrangements, data was collected from several sources:

- Government policy documents, industry submissions and reports were used to understand the structure of NDIS prices relevant to disability support work, and the assumptions underpinning price setting.
- These documents, along with findings from a survey of CEOs of not-for-profit organisations registered to provide NDIS services in NSW, were used to understand how pricing arrangements are shaping employers' decisions about the types of employment opportunities and services on offer.
- Interview and survey data from employees helped capture the experiences and perspectives of workers providing disability services under the NDIS. This enabled assessment of how pricing arrangements are affecting working arrangements and disability support workers' capacity to deliver quality services under the Scheme.

Key findings

Together, the data shows the range of ways that disability support work has been under-priced in the NDIS. Prices for disability support work set by the NDIA according to the 'Reasonable Cost Model' do not enable minimum Award conditions to be met, and prevent employers who offer above-Award conditions from meeting their legal obligations. Prices do not account for what is required to deliver high quality services, and arrangements are not fully enabling disability support workers to deliver services which are personalised, co-ordinated, responsive or safe. Quality is likely to diminish in the process of NDIS expansion. Particular issues include:

- Prices do not recognise the time needed to deliver quality services to NDIS participants. As a result, disability support workers are under pressure to work intensely in their jobs and have inadequate time to build relationships with participants, follow up on participants' needs, co-ordinate and communicate with supervisors and other workers, complete paperwork, debrief,

and handover between shifts, all resulting in lower quality support and increased risks for participants.

- Prices are not covering the induction and training required to enable staff to address the health and other complex needs and behaviours of participants, raising the risks that NDIS participants' needs will not be met. Some staff have been required to train in unpaid time or to personally cover the costs of mandatory training.
- Prices are limiting the pay and career progression of support workers and supervisors. Prices assume low Award classifications and do not account for the remuneration levels required to attract experienced staff or to encourage upskilling.
- Many disability support workers have very fragmented working time. Multiple very short shifts with unpaid time between them results in long working hours and inadequate time for rest. Unpredictable working time is also contributing to poor work-life balance.
- Pay for disability support work is low, exacerbated by under-classification and underemployment from short shifts. Low pay is undermining efforts to expand the workforce.
- Casualisation is contributing to financial insecurity for staff and worker turnover, disrupting services and exacerbating risks for participants.
- Physical injuries, exhaustion, stress and other negative psychological impacts arise from combinations of unsafe working conditions, high work intensity, overwork, lack of support, and workers' recognition that participants are not receiving the quality of supports they deserve.

Impact of NDIS prices for disability support work

While the NDIA will increase prices for 2017-18 in line with minimum wage and cost of living increases, these changes do not overcome underlying problems in the structure of prices, which are shifting the costs of provision onto workers and undermining quality. Although disability support workers' commitment to NDIS participants means they frequently perform unpaid work to compensate for under-resourcing, the level of under-pricing is such that the quality of supports is inevitably diminished.

Pricing is undermining quality in a range of ways, including through the loss of co-ordinated team approaches to support, lack of time for communication among workers and supervisors, reduced oversight and safeguarding, and increased casualisation. Promoting choice and control of people with disabilities is an important policy principle. However, to put these principles into practice requires that frontline staff have access to the resources needed to build strong relationships and tailor services to individual needs.

A disability support system predicated on cost-shifting onto low-paid workers is unsustainable. Under current conditions, it will be difficult to expand the disability services workforce, placing the supply of quality services at risk. Prices need to properly recognise and value frontline workers, and provide incentives for service providers to employ, support and retain a workforce capable of providing high quality services and supports.

1. Introduction

This report provides new evidence of how NDIS prices are contributing to service quality and workforce risks. It is structured as follows.

- The first section provides background information about the NDIS (Section 1.1), and explains the significance of NDIS prices (Section 1.2) and our focus on the prices for services and supports involving disability support workers (Section 1.3). We then outline the evidence on which the work builds (Section 1.4), and explain the multiple methods used in the study (Section 1.5).
- Section 2 shows evidence of the general pressures experienced by employees (Section 2.1) and employers (Section 2.2), arising from NDIS pricing arrangements.
- Having established that prices are causing difficulties for disability support workers and providers, we then turn to examine NDIS pricing in detail, outlining the base hourly price and circumstances under which it is varied (Section 3), followed by a more detailed analysis of the assumptions made in setting prices for the services and supports provided by disability support workers (Section 4).
- Section 5 then outlines evidence collected from workers and employers to show the impact of the NDIS and in particular, how pricing arrangements are failing to recognise the time support workers need to complete the mandatory and essential aspects of their work, as well as for co-ordination, relationships and professional development.

Overall, this shows that although many disability workers compensate for under-resourcing by performing unpaid work to ensure participants' needs are met, the systematic under-pricing of disability work in the NDIS contributes to high levels of risk in the service system (discussed in Section 6).

1.1 About the NDIS

The National Disability Insurance Scheme (NDIS) has been repeatedly described as Australia's largest social reform since the introduction of universal national healthcare (Gilchrist, 2016; NDIA, 2016b; Productivity Commission, 2017). It follows decades of activism underlining the importance of self-determination for people with disability, and the inadequacies of underfunded, paternalistic and inequitable models of support provision (Productivity Commission, 2011). The NDIS seeks to overcome the inadequacies of previous arrangements by promoting client choice and control through a market model, broadly following examples of consumer-based reforms in other liberal welfare states (Riddell et al., 2005; Ungerson, 2004; Wilberforce et al., 2011).

Rather than directly providing services or contracting commercial or not-for-profit providers to provide services to NDIS participants, the government, through the NDIA, funds individual packages of supports for eligible people with disability, to meet their individual needs. Once

allocated a plan, NDIS participants¹ are assigned a budget to meet the service and support needs which were deemed 'reasonable and necessary' by the NDIA, and contained in their individual plan. Providers are paid from consumers' allocated funds on invoice at rates currently set by the NDIA, although some items require approval of the NDIA following a quote. The majority of Scheme costs are arising from meeting participants' needs for assistance with daily living (NDIA, 2017c) and, as such, the rates set for this set of supports are particularly important for participants, providers and the ongoing sustainability of the Scheme.

The Scheme is ambitious in scale, with the individualised fee for service model intended to replace most programs which were previously block funded by the Australian Government or the States and Territories. The program will support an estimated 460,000 people by 2020, including many people with previously unmet needs (Buckmaster, 2017). It is expected to create 20 percent of all new jobs in Australia in the process of transition to the Scheme (Productivity Commission, 2017, p. 22, citing Bonyhady, 2016, p5.). Associated, the cost to governments is projected to increase from \$4.2 billion in 2016-17 to \$22 billion in 2019-20 (Buckmaster, 2017) and, although the intention was that participant plans be fully funded, cost containment is quickly becoming the dominant Scheme priority (Productivity Commission, 2017).

A managed market

Essentially the NDIS establishes a managed market, shaped through the activities of government. The NDIA, as the statutory agency responsible for implementing the Scheme, effectively 'constructs' the market through:

- Demand levers, including:
 - determining eligibility using parameters set under the NDIS Act;
 - working with participants to assess their needs and form a plan; and
 - funding participants' packages at particular levels; and
- Supply levers, including:
 - registering organisations and individuals able to provide support to NDIS participants²; and
 - setting the maximum prices that registered providers can charge for supports, which shapes providers' viability and decisions about supply.

In future, the market will also be shaped by additional quality and safeguarding arrangements, with the NDIS Quality and Safeguards Commission planned for 2018 intended to handle complaints and investigate incidents, with worker screening left to the States and Territories (DSS, 2016).

How the NDIA, as market manager, uses these levers establishes the resource environment for the NDIS and shapes the extent to which the Scheme can achieve goals of independence and

¹ We use NDIA term 'participant' to refer to someone who is receiving services under the NDIS. The term 'client' or 'service user' is used in the report where it has been used by others, such as service providers or workers in interviews, or to refer to people using disability services but not as part of the NDIS.

² Note however, that participants who self-manage are not required to use registered providers, so can source services and supports from organisations which are not NDIS registered or bound by NDIS prices.

wellbeing for participants. As with social care in the UK and elsewhere, there are risks of rationing and under-provisioning arising from restrictions to eligibility, poor quality planning and cost containment through price controls (Lewis & West, 2014). Indeed, Australian evidence is emerging that NDIS plans can be highly variable and may not necessarily fully or fairly recognise participants' support needs (Browne, 2017; Warr et al., 2017). On the supply side, providers may avoid providing less lucrative services or operating in areas in which they are less viable, contributing to 'thin markets' (Senior Officials Working Group for the Disability Reform Council, 2015). Quality risks may arise from registration of unscrupulous or otherwise low quality providers, or from poorly developed accountability and enforcement arrangements. Setting prices too high risks enabling profiteering and low value for money for participants, while setting them too low will make it difficult for service providers and workers to deliver services at acceptable levels of quality (NDIA, 2017a; Productivity Commission, 2017).

1.2 The significance of NDIS prices

Although risks to quality can also arise from other elements of the NDIS model, we are concerned with how NDIS prices are shaping the supply of disability services and supports, and impacting on disability support workers and the quality of support they are able to provide.

NDIS prices are significant as they are the prime means of determining the levels of funding allocated to participants to purchase the services and supports deemed 'reasonable and necessary' in their plan. They also set a limit on what providers can charge, although in some circumstances providers may obtain NDIA approval to fund supports over these levels. The NDIA claims that it sets prices to maximise value for money for participants, and to give providers flexibility, reduce risk of business failure and attract new providers to the sector (NDIA, 2017a). To do this, the intention is that price caps strike a balance for consumers and providers, being 'as low as possible (but still achievable by providers)', yet higher than a 'theoretically efficient level' to be achieved in the future (NDIA, 2017a).

A series of lengthy documents set out prices for different kinds of services and supports that can be provided under the NDIS. Prices for 'core' supports such as assistance with self-care, daily living and accessing the community are derived from a base hourly price, which is varied in some circumstances according to geography, intensity, time of day and week, number of people being assisted and the specific type of service (NDIA, 2016c, 2016d). The base hourly price is derived from the NDIA's 'Reasonable Cost Model' (RCM), developed by a Joint Working Group comprising the NDIA, National Disability Services (the peak body for not-for-profit service providers) and consultants. The RCM has been described as a 'bottom-up' model (NDIA and NDS, 2014, p. 10) or 'ground-up' model (NDIA, 2014, p. 2), in that it was developed by seeking to identify and quantify all of the costs involved in providing eligible people with disability with assistance with self-care activities and assistance to access the community (NDIA and NDS, 2014, p. 2). The RCM consists of a range of components, each based on a series of assumptions. It claims to set prices at levels 'sufficient to cover the efficient costs of a reasonable quality support provider' (NDIA, 2014). Indeed, prices are intended to cover the full costs of providing supports deemed 'reasonable and necessary' in participants' plans, so that user co-payments will not be required, and so that providers can grow capacity (NDIA, 2016c).

The NDIA regards the current prices to be transitional, and its role in price review³ and price setting to be temporary, as part of a phase of change leading to a fully deregulated market⁴. The NDIA proposes to eventually deregulate prices, although price setting looks set to remain a feature of the Scheme for a decade post full Scheme rollout (DSS, 2017).⁵ The vision is that ultimately the NDIA will not play a price setting role, as the 'mature' marketplace will determine the prices of supports.

1.3 Focusing on NDIS prices for disability support work

This report focuses on prices for disability support work, and explores how these prices affect prospects for decent working conditions and for support workers' capacity to work with participants in co-ordinated, responsive and respectful ways. Disability support workers are important as they work at the frontline, providing direct support and assistance to people with disability to meet daily living needs, and participate in the community. Disability support workers are also numerically significant in the disability service workforce, and financially significant to the Scheme. Indeed, most funding for NDIS plans is associated with assistance with daily living, which involves the direct care and support that disability support workers provide: 69.3% of funds in the Barwon trial site and 78.9% of funds in the Hunter site were dedicated to this set of supports (NDIA, 2017c).

1.4 Building on existing evidence

Material in this report builds on existing evidence about the place of the workforce in consumer-centred reform of human services and how frontline disability workers are faring in the process of change. Prior to the NDIS launch, research highlighted possible workforce risks associated with individualised funding models (Cortis, Meagher, Chan, Davidson, & Fattore, 2013). That review pointed out how few studies have captured the perspectives of workers, despite their central place in delivering services and implementing change, and despite accumulating evidence associating individualised funding models with risks for workers. These risks relate to service continuity and job security, income security, skill development, health and safety, and rights to voice and representation.

In the last few years, there does not appear to have been a significant expansion of the Australian or international literature; however, there has been considerable public focus on outcomes for support and care workers of the market-based social care system in the United Kingdom under very tight financial constraints (e.g. House of Commons, 2017). Although some research has identified links between pricing and workforce risks (e.g. Mavromaras, Moskos, & Mahuteau, 2016) relatively little scholarly attention has been specifically dedicated to the detail of this interface.

³ Various reviews include: Personal Care and Community Participation 2016-17 Price Review - Discussion Paper (NDIA, 2016d); Context for 2016-17 NDIS Pricing Decisions (NDIA, 2016a); Summary of new and updated price arrangements for 2016-17 (NDIA, 2016e). Further reviews are underway or planned.

⁴ Recent changes include: in 2016, the hourly price for one-to-one support was increased by 3.9% in eastern states and 1.9% in other states and territories. Remote and very remote loadings increased to 18% and 23% and supported independent living prices in all areas were increased by 3.9%. Prices for most other supports increased by 2%. Prices were deregulated for participants who were self-managing their plans (around 8% of participants as at 30 June 2016 (COAG Disability Reform Council, 2016).

⁵ The NDIA has stated its transitional 'glide path' to an 'efficient' and eventually deregulated price allows for Equal Remuneration Order adjustments but no cost increases above this (NDIA, 2016e).

Since the review by Cortis et al (2013) the literature continues to highlight how individualised funding can shift risk from employers to workers. Macdonald and Charlesworth (2016) point out how employment outcomes under the NDIS depend on the underlying cost containment agenda and how services are regulated and monitored. Mladenov, Owens, and Cribb (2015) point out that although personalisation and consumer based funding embody ideals of both social justice and marketization, priorities of marketization can over-run social justice considerations. In relation to recent experience in the United Kingdom (UK) they suggest personalisation has been used as an ideological cover for austerity. The UK experience has continued to highlight the employment risks associated with low prices for adult social care services including disability support (Equality and Human Rights Commission, 2013; Rubery, Grimshaw, Hebson, & Ugarte, 2015) and inadequate employment regulation (Hayes, 2015), with poor quality jobs for support and care workers going hand in hand with increased risks for the quality of support provided to consumers (Commission on Dignity in Care, 2012; HM Government, 2012). Australian service providers have also recently identified job quality as a risk for service quality under the NDIS (NDS, 2016, p. 29).

In their review Cortis et al. (2013) identified uncertainty of demand, increased demand at short notice, increased administrative burden and higher transaction costs as some of the pressures likely to adversely affect workers as organisational costs and risks are passed on. The pressures on providers of the low price for one-on-one personal support under the NDIS (NDS, 2016, p. 26) can be added to these pressures, although to date there has not been any detailed scholarly analysis of the shortcomings of different elements of the price.

This report also builds on overseas research showing how, under consumer-based funding, providers have shifted risks and costs onto workers. This has been well illustrated in examples of two Scottish not-for-profit providers documented in recent case studies (Cunningham, 2015, 2016). In moving to personalised social care (and facing effective cuts to service funding of up to 25%) the organisations reported losing money on delivering services or having to subsidise service delivery from organisation resources. Both organisations closed some services but also responded to these pressures by reducing staff numbers or demoting staff to lower skill and pay levels, cutting pay rates, hiring new staff at lower skill levels, increasing the use of casual and zero-hours contracts, introducing split shifts, reducing paid leave and pension conditions, intensifying work, increasing full-time weekly hours, reducing training and/or charging employees for training, and reducing supervisory and management positions. The impacts on social care workers included reduced morale, reduced real and nominal pay rates, longer working hours, reduced leave, more fragmented work days and weeks, reduced training and development opportunities, reduced career prospects and greater employment insecurity.

These types of organisational responses and consequences for workers can be seen more generally in the adult social care sector in England. Cost pressures underlie the failure of some social care providers to pay social care workers the national minimum wage. Indeed, up to 220,000 social care workers have been estimated to be earning less than the minimum wage (Hussein, 2011). Key contributors include unpaid travel time, unpaid time spent in training and supervision, unpaid time assisting service users in emergencies, and overrun in support time beyond that which is recognised in hourly prices (Hayes, 2015). An investigation into 80 providers (HM Revenue and Customs, 2013) found that almost half (47%) were not compliant with National Minimum Wage regulations, while the Low Pay Commission (2016, p. xxvii) recently singled out social care workers

as particularly at risk due to employer non-compliance with minimum wage regulation. Social care work in England has very high levels of employment on 'zero hours contracts' meaning workers do not have stable hours or stable incomes; in 2016 it was estimated that almost a quarter (24%) of adult social care workers and a half (49%) of domiciliary (homecare) workers were employed on zero-hours contracts (Skills for Care, 2016, p. 28).

Early findings from the evaluation of the NDIS pilot sites suggest that the low NDIS price may be leading to the emergence of similar issues in Australia. The interim evaluation found increased use of casual and contract staff by providers in trial sites compared with non-trial sites (Mavromaras et al., 2016). In interviews, service providers reported difficulties in meeting industrial relations responsibilities due to low prices; increased use of casual and contract arrangements for support workers; reclassification of support roles at lower pay and skill levels; increased staff workloads; and increased problems with recruitment and retention including the loss of skilled staff. Providers were delivering less training and supervision than they had been at the beginning of the trial. Together, these factors were reported to be resulting in concerns about the declining quality of support.

1.5 Methods

To build on this evidence and assess whether NDIS pricing arrangements enable providers to meet their industrial obligations and provide decent employment opportunities, information was drawn from a range of sources.

Review of pricing arrangements

Reports from the NDIA, Productivity Commission and other government agencies were collated and analysed to understand the design of pricing arrangements, and their underlying assumptions. Explanation of the NDIS Reasonable Cost Model (RCM) is primarily contained in the key documents published in 2014 when the RCM was established (NDIA 2014, NDIA & NDS 2014). Subsequent NDIA documents explain changes in assumptions and variables in the RCM (NDIA, 2016e) including detailed annual Price Guides issued by the NDIA (NDIA, 2016c, 2016d). Primarily drawing on these documents, an analysis of the RCM was conducted to identify in detail the elements of the model and the assumptions and data used to generate the base hourly rate and the current price guides, with a particular focus on prices for disability support work.

Alongside analysis of pricing arrangements, we analysed reports and submissions of service providers and their peak bodies, including National Disability Services (NDS).⁶ These reports and policy documents helped deepen understanding of the assumptions underpinning NDIS pricing arrangements and their impacts, and to identify any evidence about employment issues and challenges evident under current pricing arrangements.

Interviews with workers providing disability services

To explore how NDIS pricing arrangements are shaping workers' experiences and perceptions of delivering disability services, the research analysed interview data from 20 disability support

⁶ Documents included providers' submissions to the NDIA's *Personal Care and Community Participation 2016-17 Price Review Discussion Paper*, obtained under Freedom of Information.

workers—including some team leaders and supervisors—delivering services in the NDIS trial sites of Barwon, Victoria and in the Hunter, NSW.

Of the 20 interviewees, 8 were workers providing support to people participating in day activity centres, group homes, and providing personal support in the community or working as support coordinators. These interviews were conducted in February and March 2017 with interviewees recruited with the assistance of the unions commissioning the project. The other 12 interviews were undertaken between November 2016 and February 2017 by RMIT researchers. These interviews were with workers providing personal support and assistance to people with disability in the community and in private homes. Discussion of these 12 interviews draws on a working paper presenting work in progress by Bentham and Macdonald (2017) (attached to this report as Appendix A: CPOW Working Paper 2017-1).

Interviews centred on what workers thought was needed to ensure good quality support for people with disability who accessed their services and how they saw the NDIS impacting on the quality of support they and other support workers are able to provide, and on their job quality. While the interviewees identified positive changes for some people with disability as a result of the NDIS they also identified significant problems, many of which relate to NDIS pricing.

Interviews were audio-recorded and transcribed. Key themes, and excerpts of the interviews which illustrate them, are presented in this report. Case studies are used to give more in depth information about how individual interviewees experienced their work. More information about the methods are in Appendix B and Appendix C.

Survey of disability workers

A survey of disability services workers was conducted by the three unions, and findings were provided to the research team for analysis and inclusion in the report. Responses came from 1476 people working with people with disability. Of these 74% were female, and around a third were aged over 55. Around a quarter said they supervise other staff in their current role. As the survey asked if workers deliver services in an NDIS area or to NDIS participants, perceptions can be compared for those working under NDIS providers and others. A little over half of respondents (54.7%) were working in an NDIS rollout area or with participants of the NDIS.

Further details about the methodology, key characteristics of the sample, and supplementary data are provided in Appendix F. Additional analysis is available in Cortis (2017). Some material from this survey was also reported by Health Services Union (2017).

Survey of employers

Information about providers' experiences was drawn from a survey of CEOs of not-for-profit community service providers in NSW, conducted in February 2017 (Cortis and Blaxland, 2017). This is supplemented by information from policy submissions and other public documents. Of the 398 organisations whose CEOs responded to the survey, 135 (33.9%) were registered to provide services under the NDIS. These registered providers were asked specific questions about perceptions of NDIS pricing arrangements. These survey items were followed with the open-ended question 'Do you have any other comments on what NDIS means for your organisation and staff'. Full findings are reported in Cortis and Blaxland (2017). This information was used to understand

how organisational leaders were experiencing the pricing model, and any differences in perspectives among different types of NDIS providers. Supplementary tables are in Appendix G.

2. Experiences of delivering services under NDIS

This section presents an overview of how employers and employees are experiencing the NDIS and observing that problems are arising from current pricing arrangements. First, data from employees shows that, despite their high commitment to people with disability and to principles of consumer rights and control, many disability workers are finding it difficult to achieve what they consider to be acceptable standards of quality under the NDIS model, and do not see it as positive for people with disability or their families (Section 2.1). Providers are also experiencing difficulties operating under NDIS pricing arrangements (Section 2.2). This material highlights how both employees and employers are finding it difficult to work under current arrangements. It provides a basis for our closer examination of the design of the pricing model and the assumptions underpinning it, in Sections 3 and 4. The adequacy of these pricing arrangements is then assessed, based on the experiences of service providers and employees who have been working under the NDIS (Section 5).

2.1 Employees' experiences of service delivery under NDIS

Both the interviews and the data from the employee survey show that employees are finding it difficult to deliver quality services under the NDIS. The interviews show how frontline disability services workers are very positive about the key focus of their jobs: providing support and assistance to people with disability. All employees spoke of the satisfaction of working closely with people and supporting them to gain independence and to live fulfilling lives. They also spoke of enjoying many of the challenges of their work that required them to be creative and to resolve problems to best support the people they worked with. The fulfilling nature of working closely with people with disability and helping them achieve milestones in their lives is explained by this interviewee:

I find it immensely rewarding that, through my work, I can support someone and achieve maybe a small milestone.. ...And it's just, it keeps you on your toes that you've got to think beyond the box, well okay, if that's not going to work maybe we should try that and in that I find that challenging. You get someone to laugh or you get someone to (achieve a personal milestone), it just seems to, it just gives me a fulfilment, I suppose. (Employee 1)

That workers valued making a difference in the lives of people with disability lives was also highlighted in Bentham and Macdonald (2017), for example:

(I)t's good to wake up every morning and think that you have the opportunity to influence somebody's life today and that you can choose to make that a positive influence, and help someone with their goals that otherwise without you they wouldn't have been able to do. (DSW22, Bentham and Macdonald, 2017)

When asked about the qualities necessary for providing good support to people with disability, workers identified the importance of skills acquired through training and preparation for the specific needs of the individuals they were working with; being able to respond to individual needs and

goals; and having respect for clients and for their independence. However, the interviewees also explained how it was difficult to provide services in ways that met their ideals of quality support under the NDIS. Many pointed to lack of time to develop familiarity and trust which are well recognised in practice scholarship as the basis through which clients and workers attune to each other to negotiate individual-centred support (Denton et al., 2015; Rugkasa et al, 2014). Interviewees also identified a lack of consistency and co-ordination in teams, lack of flexibility and spontaneity to address clients' needs, and lack of safeguards.

Exemplifying several of these themes, a support co-ordinator with almost 20 years' experience in the disability sector explained how she observed difficulties meeting the needs of people with disability under the NDIS, largely because of a presumption that participants can access kin-based care and because of time pressure and fragmentation between systems and workers:

Whereas previously there's been a lot of time to work with people in a more person-centred way, get to really know them, what their goals are, how we're going to help them, and support them to achieve those goals. ... (Now) (t)here are a lot of participants out there that you feel really concerned about because their family may not have capacity to provide for their disability support needs, and you're working a really complex system I suppose where there's lots of different isolated systems, trying to work together to support somebody and it doesn't always work very well... (Employee 5)

When asked about the impact of the NDIS on participants, workers noted that increased choice was benefiting some people with disability. However, experienced employees who had been working in the NDIS trial sites highlighted some negative impacts on the quality of support and assistance provided. They felt there was reduced scope to provide quality support, and that the pricing model was a key contributor. When asked about the quality of support that participants were receiving under the NDIS, one interviewee expressed concerns that were typical: that although staff were trying their hardest, the resources available under the NDIS and the emphasis on economic efficiency precluded quality provision:

I suppose there were a lot of people who weren't getting supports (prior to NDIS), and we were very aware of that. And to be honest, for some people the NDIS has been the best thing that's ever happened. ... (But) If you want to provide a quality service, you can't provide it for the hourly rate that the NDIS has determined... I mean I know from working in this organisation that we do absolutely the best we can as far as providing an excellent quality service. But I think it's problematic where maybe there's too much counting of money. And an unwillingness to be flexible, and creative, and yeah, it's just really challenging. I can't see it as being a positive thing, really, to tell you the truth. It's really quite depressing. (Employee 4)

Employees identified only negative impacts of the NDIS on the quality of disability support jobs. Many of the negative impacts they experienced relate to funding and the pricing of disability support work, which reduced resources available, fragmented service delivery arrangements and increased the prevalence of short hours and casual positions staffed by people with little experience or training. Of the 20 workers interviewed seven said they were taking active steps to

leave their current jobs—including six who said they were leaving disability work altogether—while several others were thinking about leaving.

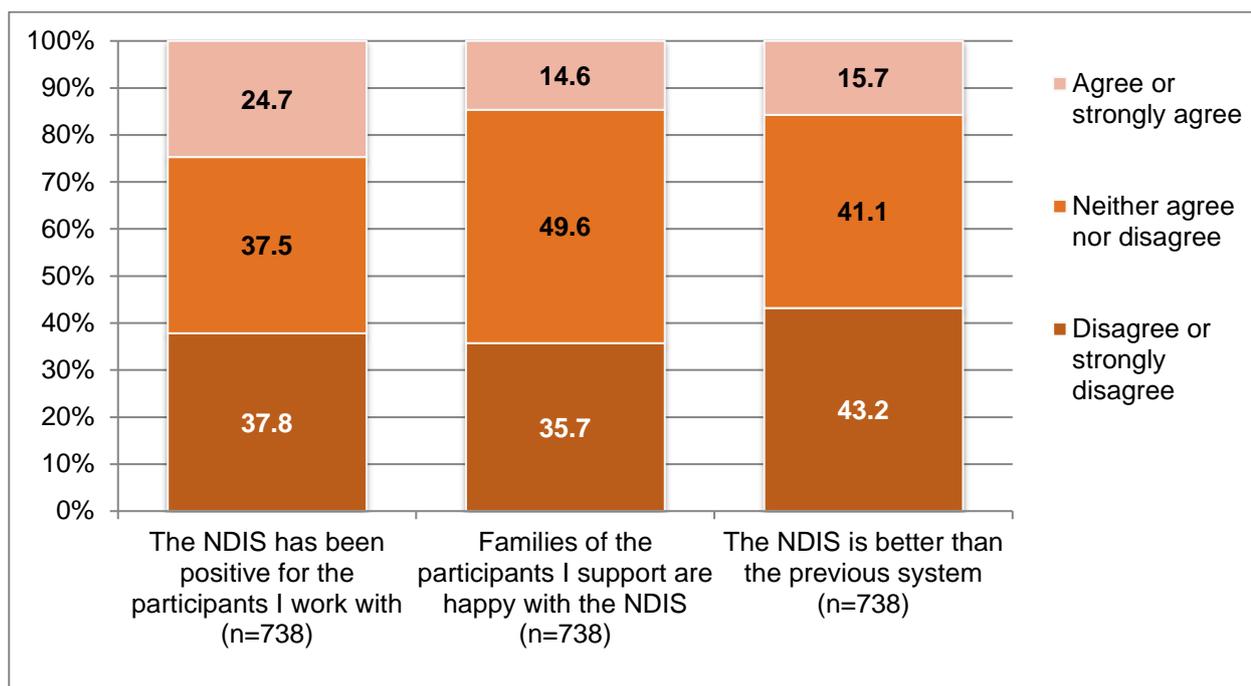
As well as low pay and underpayment, employees highlighted interlinked problems of extended and fragmented working days and weeks, including: unsocial hours and weekend working; a lack of days off; unpaid work; inadequate or no training; poor supervision and/or organisational support (especially for new employees); increased work intensity and overwork (often unpaid); casualisation; stresses caused by a decline in the quality of supports and risks to participants' safety; and additional health and safety issues for staff. These factors contributed to workers' intentions to leave. One support worker described how the combination of stresses related to seeing the decline in quality of support for her clients, together with all the other negative aspects of the job, made it difficult to stay even though—and largely because—she was deeply committed to her clients:

I'm waiting to see how things pan out but, and I know a lot of staff are anxious about how (the NDIS) is going to work for our clients. But if it really goes downhill, and it breaks my heart to see what's happening with our clients, I don't know that I could stay. The stress would be too hard. I have actually looked at what, how much people at Safeway and Big W get paid, I have actually looked into that. *Interviewer: And what did you think?* Oh well you go to work... you do your job and that's it. You can leave it all at work. You're not ringing up and saying how's such and such doing and, when you come back in the next day, well how did that all work out, what did the doctor say about this, what's the policies and procedures we're following now, signing for medication, signing for money... you walk in, you walk out. (Employee 1)

Data from the survey of disability workers corroborates the concerns expressed by the interviewees. While many respondents working in NDIS rollout areas or with NDIS participants were unsure or neutral about the impact of the Scheme, only a minority agreed it was generally having positive impacts on participants (see Figure 2.1). Around a quarter agreed or strongly agreed that 'the NDIS has been positive for the participants I work with', but many more (37.8%) disagreed. Around half of respondents were unsure or neutral on the issue of whether families of participants were happy with the Scheme, but many more disagreed than agreed (35.7% compared with 14.6%). Similarly, 43.2% disagreed with the statement that 'The NDIS is better than the previous system', while 15.7% agreed.

A breakdown by service type, which shows that across all service types more respondents disagreed than agreed, is provided in Appendix F: Details and supplementary data from worker survey.

Figure 2.1 Percentage of respondents who agreed with statements about the impact of the NDIS on participants and their families



Source: Survey of disability workers

2.2 Employers' difficulties operating under NDIS prices

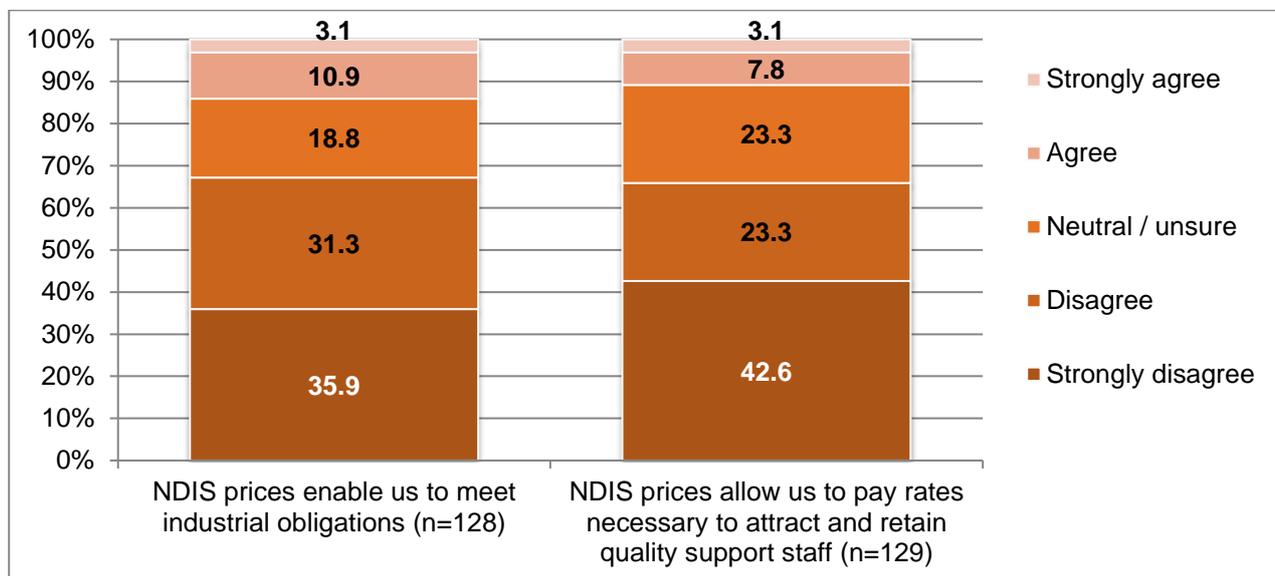
Like the employees interviewed and the workers who took part in the survey, employers have also reported that approaches to NDIS prices are not conducive to quality service provision. The peak body for not-for-profit disability service providers, National Disability Services (NDS), has argued the NDIA's approach places too much emphasis on managing disability markets through price setting, with low prices for disability support causing providers to carry the burden of cost-containment (NDS, 2017). National Disability Services has argued that prices are too low to cover providers' overheads and the margin necessary to cover future costs, and, as such, the pricing mechanism precludes existing providers from developing the additional service capacity required to meet demand (NDS, 2017). Based on surveys of their members in 2016, they found two in three providers agreed or strongly agreed that they would be unable to provide services at the prices offered under the NDIS (NDS, 2016, p. 15). Close to half of providers (46%) agreed or strongly agreed that quality would need to fall in order to provide services at the prices offered (NDS, 2016).

National Disability Services also found that, in 2016, aligning NDIS prices with the actual costs of supply were the highest priorities for 58% of NDS members (NDS, 2016). They have articulated the need to increase one-to-one support prices, establish a mechanism to set more appropriate prices for services delivered to participants in groups, change prices to more accurately reflect jurisdictional and geographical differences in costs, and set prices that better reflect complexity of support (NDS, 2016, p. 24). They have also reiterated the Auditor-General's concerns that the design of the Scheme failed to consider possible conflict of interest between the NDIA's role as both funder and price regulator; that is, that low price setting could be used to achieve funding goals of containing costs, rather than recognising the costs of service provision and providing adequate resources (Auditor-General, 2016; NDS, 2017).

The arguments of NDS and employers, however, have not closely focused on the link between price levels and workforce issues. To explore this in more depth, specific questions were asked about workforce management under NDIS pricing arrangements in the survey of not-for-profit CEOs conducted in NSW as part of a larger survey that is reported in more depth in Cortis and Blaxland (2017). Figure 2.2 shows that overwhelmingly, employers delivering services under the NDIS are finding that NDIS prices are undermining their capacity to operate as 'good' employers:

- 2 in 3 (67.2%) CEOs disagreed with the statement 'NDIS prices enable us to meet our industrial obligations' and only 14.0% agreed. 18.8% were neutral or unsure, showing that a substantial proportion are uncertain about pricing adequacy.
- 2 in 3 (65.9%) CEOs disagreed with the statement 'NDIS prices allow us to pay rates necessary to attract and retain quality support workers' and only 10.9% agreed. Almost 1 in 4 (23.2%) were neutral or unsure, again showing a high level of uncertainty about the operating environment.

Figure 2.2 Registered providers' perspectives on pricing (%)



Source: Survey of Employers, see Cortis and Blaxland (2017)

In the open-ended survey question, there was some recognition that pricing arrangements depend on the type of service and practitioner employed. In general, pricing was most problematic for organisations employing support workers, as those employing allied health practitioners received prices more attuned to actual costs. Several organisations made general comments on the difficulties they faced in managing and developing their workforce under the NDIS, for example:

There is still considerable uncertainty in relation to how we can best manage our workforce under an NDIS - balancing choice and control for participants

whilst still meeting industrial and professional obligations under existing NDIS pricing. (CEO of medium sized non-metropolitan service⁷)

Others delved deeper to focus on particular areas of difficulty arising from the price. These respondents focused on the amount of activity required of the organisation which was not paid for under the NDIS (including administration and travel time), the difficulty of skilling staff, and the need to subsidise provision from other sources. Typical comments included:

An enormous amount of backoffice work that is not paid for by the NDIS (CEO of small non-metropolitan service)

Covering travel cost is a major concern as most of the clients we support live in rural remote areas. Without adequate funding to cover travel, our service may not be able to continue to provide support to clients in these areas. There are no other services in some of the areas we provide support in. (CEO of medium sized non-metropolitan organisation)

Low NDIS prices are causing staff to be employed on lower wages, making it difficult to attract and retain quality staff. This will lead to decrease in quality services provided to people with disability. Staff will receive less training to the detriment to the people with disability. (CEO of medium sized non-metropolitan organisation)

Providers' comments were, however, imbued with commitment to the principles of choice and control underlying the NDIS, mixed with disappointment about the Scheme and uncertainty about prospects for future provision. For example:

Whilst we agree that the NDIS is the greatest social reform since Medibank, it is chaotic, underfunded, poorly priced and with almost daily changes in rules and policy. We fear that it will lead to a deskilling of our workforce and we cannot yet identify how the pricing will permit the essential back office operations. We have been providing NDIS services for over two years, but almost every package has to be subsidised from our diminishing equity. (CEO of very large multi-state organisation)

Many linked the NDIS, and NDIS prices, in particular, with a range of workforce challenges:

The hourly rate is unsustainable and does not allow funds for training or CPD⁸ or staff meetings or supervision. This all is covered by the org as a commitment to maintaining quality. Hours cannot be guaranteed so we look to a casual workforce in our regional areas, we cannot meet demand with staffing and are constantly short staffed. Travel is a nightmare in regional

⁷ Organisations with less than 20 staff are described as small, those with 20 to 50 staff are described as medium, those with over 50 are described as large, and those with over 200 staff are described as very large.

⁸ Continuing Professional Development

areas with agencies needing to pay mileage as well as travel time. (CEO of medium sized non-metropolitan based)

Another focused on the failure of NDIS prices to reflect providers' industrial requirements:

The lack of alignment between how NDIS is funded and employers obligations under the Modern Award (particularly in NSW with higher rates under transitional arrangements) make it incredibly difficult to attract and retain quality staff and operate at a level of efficiency and quality that is sustainable (Human resource manager in very large multi-state organisation)

Another explained how the NDIS had diverted the organisation from its focus on quality, to its focus on market share:

Competition between other providers and an unspoken message that staff needed to try and 'win' business to secure their own work changes the nature of our organisations focus from providing quality services to splitting attention to having to 'capture' business. I believe this may have counterproductive consequences to the overall industry and depersonalisation of our sector in the future. (Senior manager in large multi-service, multistate organisation)

As the data presented so far shows, both employers and employees note a range of difficulties of working under the NDIS and of the NDIS pricing arrangements. To explore these issues in more depth, the remainder of the report introduces the design of NDIS prices (Section 3) then details the assumptions underpinning prices for disability support work (Section 4). We more closely explore the adequacy of pricing arrangements in Section 5.

3. NDIS prices for services requiring Disability Support Workers

Having shown that employers and workers are experiencing difficulties working under NDIS in Section 2, Section 3 provides an overview of the design of NDIS prices for services requiring disability support workers, as a basis for systematically assessing the adequacy of prices. Prices for disability support work are the major component of Scheme costs and are expected to increase as full Scheme rollout increases demand for support workers. Section 3.1 outlines 2016-17 prices for services provided by disability support workers, with further detail about the structure of prices in Section 3.2. Section 4 examines the assumptions underpinning the base hourly rate for disability support work, and grounds for variation according to geography, intensity and other factors (Section 4.7).⁹ Section 5 assesses the adequacy of prices for disability support work, using data collected from disability support workers and leaders of service provider organisations.

3.1 2016-17 Prices

Prices for services provided by disability support workers are set out in four Price Guides.¹⁰ These guides set out prices for three major ‘support purposes’ (Core, Capital, and Capacity building). Each contain a number of ‘support categories’, which contain support items (‘line items’). Two support categories are relevant to disability support workers:

- Assistance with Daily Living (containing 43 relevant support items)¹¹, and
- Assistance with Social and Community Participation (containing 27 support items).

Figure 3.1 shows the structure of these categories. Appendix D sets out their 70 items and their prices. Together, prices for these Support Categories are important because they set the amount of funding allocated to participants to access assistance from disability support workers, and because they are the main components of Scheme costs (NDIA, 2017c). Assistance with daily living, and with social and community participation are also critical to Scheme costs given the prevalence of disability types among NDIS participants: 30% of NDIS participants in Barwon were people with intellectual disability (29% in Hunter), and almost a quarter of participants were people with autism and related disorders (22% in Barwon and 23% in Hunter) (NDIA, 2017c, p. 95). People with these types of disabilities are likely to require assistance with daily living and with social and community participation, and so can be expected to draw on disability support workers (NDIA, 2017c, p. 95).

⁹ Analysis is based on 2016-17 prices and the best available information about how these were developed. However, at the time of writing, a complete account of how prices were determined is not in the public domain.

¹⁰ The four guides for 2016-17 have identical structures and definitions, but refer to different areas: non-remote areas in the four eastern states (NDIA, 2016b) and other jurisdictions (NDIA, 2016c), plus separate guides for remote areas, and very remote areas. Differences in prices between each guide are shown in Appendix D, and the sources of the differences are explained below. Other than actual prices, any citations in this report for NDIA (2016c) are identical for the other Price Guides.

¹¹ There are three service types under Assistance with Daily Life that do not use Disability Support Workers (Figure 4.2).

Figure 3.1 NDIS Services, by Support Purpose and Support Category

PURPOSE	CATEGORY		Number of support items
Core	1. Assistance with Daily Living		1. Assistance with daily living
	2. Transport		<ul style="list-style-type: none"> • Assistance with self-care activities: day 10 • Assistance with self-care activities: overnight 4 • Centre Based Group 4 • Assistance with Daily Life 4(*)
	3. Consumables		18
	4. Assistance with Social & Community Participation		3
Capital	5. Assistive Technology		TOTAL 43
	6. Home		
Capacity building	7. Coordination of Supports		
	8. Improved Living Arrangements		
	9. Increased Social and Community Participation		
	10. Finding and Keeping a Job		
	11. Improved Relationships		
	12. Improved Health and Wellbeing		
	13. Improved Learning		
	14. Improved Life Choices		
	15. Improved Daily Living Skills		
			4. Assistance with Social & Community Participation
			<ul style="list-style-type: none"> • Assistance to access community, social and recreational activities 10 • Group-based community, social and recreational activities 16 • Assistance with Daily Life (community, social and recreational activities) 1(*)
			TOTAL 27

Source: NDIA 2016c, p.5

Source: Derived from NDIA 2016c, pp.24-33. Note (*): There are some items that are not necessarily provided by disability support workers, e.g house maintenance, linen, meals.

3.2 The structure of NDIS prices

The NDIS prices relevant to 'Assistance with Daily Living' and 'Assistance with Social and Community Participation', and which therefore underpin prices for disability support work, are derived from three main elements:

1. First, the **base hourly rate**, is paid for services provided (a) in a non-remote area (b) on a weekday in the daytime (c) on a one-to-one basis (d) with a participant who does not have complex (high intensity) needs. The base hourly rate has been derived using the NDIA's Reasonable Cost Model (RCM), based on a set of assumptions and data concerning six factors: the level of disability support workers, the time-allocation of disability support workers, the level and workload of supervisors, staffing on-costs, corporate overheads, and a 'return on capital' margin.¹² The assumptions underpinning the base hourly rate are detailed in Section 4.
2. Second, a number of factors may be applied to vary the base hourly rate to take account of differences in participants and service situations. These **variation factors** relate to geographic location, the intensity (or complexity) of the support needs of a participant, the time of the day or week that the service is provided, and the number of participants being supported. These factors are also based on various assumptions (discussed in Section 4.7).
3. Third, there are a number of relevant Support Items where the prices have apparently been based on **benchmarks** established by the NDIA on the basis of empirical data from a small sample of providers, rather than being directly derived from the base hourly rate and four variation factors (although some take into account the number and/or level of need of participants). The most significant of these services is Supported Independent Living (SIL). These prices are not the key focus of our analysis.

Figure 3.2 summarises this structure, showing that of the 70 relevant prices, 37 are directly derived from the base hourly rate, combined with the four variation factors. The NDIA has stated that these are 'cross-checked against rates under schemes covering similar services, such as the Transport Accident Commission (TAC) in Victoria (NDIA, 2017a, p. 7).

Since the pricing methodology was introduced in July 2014 (NDIA and NDS, 2014), prices have been periodically adjusted upward from the initial base hourly rate of \$38.78, but the underlying methodology has been not been substantially amended. However, the NDIA is currently reviewing its underpinning assumptions (NDIA, 2017a), and the intention is to align rates across the two sets of state and territory jurisdictions. In 2016-17 the base hourly rate for daytime self-care was \$42.79 in the four eastern states (NDIA 2016c), \$43.58 in the other four jurisdictions (NDIA, 2016d), and higher in remote and very remote areas (see Appendix D). Appendix D also shows how current prices vary according to the time service delivery, the number of participants and other features of the service.

¹² The term 'base hourly rate' was not used in the original Joint Working Group report (NDIA and NDS, 2014). That report uses the term 'hourly rate' to refer to this concept), but the term 'base hourly rate' has now been adopted by the NDIA (NDIA, 2017b). This ensures that the concept is not confused with the large number of hourly rates used for the various Support Items.

Additional points relevant to understanding the context of pricing arrangements are in Appendix E, including that prices were set using the Social, Community, Home Care and Disability Services Industry Award 2010 (the SCHADS Award) (also discussed in Section 4), indexation arrangements, assumptions about provider characteristics, the vision for an efficient price, and levels of transparency in price setting arrangements. Next, in Section 4, we more closely examine the assumptions underpinning current prices, before assessing these in Section 5.

Figure 3.2 Services provided by disability support workers by basis for deriving the price

BASIS OF PRICE	SUPPORT TYPE	Number of SUPPORT ITEMS
Base Hourly Rate	<ul style="list-style-type: none"> Assistance with self-care activities: day 	10
<ul style="list-style-type: none"> Level of disability support workers 	<ul style="list-style-type: none"> Assistance to access community, social and recreational activities 	10
<ul style="list-style-type: none"> Time-allocation of disability support workers, 	<ul style="list-style-type: none"> Group-based community, social and recreational activities 	16
<ul style="list-style-type: none"> Level & workload of supervisors 	<ul style="list-style-type: none"> Assistance with Daily Life (specialised home-based assistance for a child) 	1
<ul style="list-style-type: none"> Staffing on-costs 		
<ul style="list-style-type: none"> Corporate overheads 		
<ul style="list-style-type: none"> Return on capital (margin) 	TOTAL	37
Four Variation Factors		
<ul style="list-style-type: none"> Geographic location 		
<ul style="list-style-type: none"> Intensity (need) of participant 		
<ul style="list-style-type: none"> Time the service is provided 		
<ul style="list-style-type: none"> Number of participants 		
Other Bases for Prices	<ul style="list-style-type: none"> Assistance with self-care activities: overnight 	4
<ul style="list-style-type: none"> Primarily derived from benchmarking based on the empirical experience of a small sample of providers 	<ul style="list-style-type: none"> Centre Based Group 	4
	<ul style="list-style-type: none"> Assistance with Daily Life 	4
	<ul style="list-style-type: none"> Supported Independent Living 	18
	<ul style="list-style-type: none"> Assistance in a shared living arrangement 	3
	TOTAL	33

4. Detailed assumptions underpinning pricing arrangements

This section outlines the assumptions underpinning the 2016-17 price arrangements based on the Reasonable Cost Model (RCM) in more detail, to provide a foundation for assessing the extent to which they recognise the full costs of disability support work (in Section 5). Specifically, we explore the assumptions underlying six major components of the RCM:

- The classification of disability support work at a particular pay-point under the Social, Community, Home Care and Disability Services Industry Award 2010 (SCHADS Award) (Section 4.1);
- how disability support workers spend their time (Section 4.2);
- supervisors' time and workloads (Section 4.3); and
- staffing on-costs (Section 4.4), corporate overheads (Section 4.5) and margin (Section 4.6).

4.1 Classification levels of disability support workers

The RCM assumes that disability support workers are employed at SACS (Social and Community Services) Level 2.3 of the SCHADS Award (NDIA and NDS, 2014, p. 2). The NDIA deemed this level to be a 'reasonable direct staff pay-point, qualification or experience level' for Disability Support Workers (NDIA, 2014, p. 2). Earlier statements indicated this level was chosen as 'the reasonable minimum qualification and experience level' for disability support workers (NDIA, 2014, p. 3). However, more recently (NDIA, 2017a, p. 10) the NDIA has described this level as an *average* rather than minimum, indicating that some workers could be expected to be employed below Level 2.3, as well as above it. The 2016-17 rate for a SACS 2.3 level disability support worker is \$24.70 per hour (which represents 58% of the base hourly rate of \$42.79 in the four eastern states).

4.2 The time allocations of disability support workers

The base hourly rate assumes that disability support workers spend less than 5% of their paid non-leave time away from participants. This derives from the assumption in the RCM that 85% of a worker's paid time *including* leave is 'client-facing' or spent with participants, and that 95% of a worker's paid time *excluding* leave is with participants. This has been described by the NDIA as a 'minimum utilisation rate' (2014, p. 3). Thus, under the RCM, only 10% of a disability support worker's paid time is deemed to be leave¹³, leaving only 5% of time 'on duty' but not with participants or travelling between participants (equivalent to 3 minutes per hour). There does not appear to be any publicly available data or detailed analysis about the extent to which these

¹³ NDIA (2017a, p. 10) sets out the NDIA's assumptions underlying the figure of 10% of a disability support worker's paid time is leave: staff are entitled to 10 days paid personal leave and all 10 days are used; staff are entitled to 4 weeks paid annual leave and all 4 weeks are taken each year; there is a 17.5% leave loading for the 4 weeks annual leave; and staff are entitled to 8.67 weeks long service leave after a 10-year tenure, and 17.98% of employees qualify for long service leave.

assumptions reflect the time demands on disability support workers arising from the range of essential tasks required of workers when they are not with participants, and whether administration, handover and communication between disability support workers, supervision, training, team meetings, breaks, and other requirements are accounted for.

The NDIA has previously indicated that the assumed time that disability support workers are not with participants could be reduced in future: 'Staff utilisation rates are a key lever in the cost of disability support services and for a more competitive supply of such services. The current industry utilisation rates and the efficient utilisation frontier may be materially different.' (NDIA, 2014, p. 3). More recently, it has indicated that it 'is considering expanding on the assumptions relating to utilisation' (NDIA, 2017a, p. 11).

4.3 The levels and workloads of supervisors

The RCM assumes that supervisors are employed under the Award at SACS Level 3.2, seen as 'an average pay-point and experience level for program management and administration' (NDIA, 2014, p. 3). As it is assumed to be an *average*, it could be expected that some supervisors will be employed below it (NDIA, 2017a, p. 10). The RCM also assumes a 'supervision span' of 1 supervisor for 15 staff (1:15). As noted above, the original assumption (NDIA and NDS, 2014, p. 12) was that the 1:15 ratio applied for both standard and more complex (high intensity) support, but more recently the NDIA has implied the 1:15 ratio is only for 'standard needs' (NDIA, 2017a, p. 1). The NDIA has also said that increasing the supervision span from 1:15 to 1:18 is one of the major means by which the transition to an 'efficient' price will be achieved (NDIA, 2014, p. 4).¹⁴

4.4 Staffing on-costs

Common practice is to include a loading of 25-30% for staff on-costs, which is broadly the amount outlined by the Joint Working Group on Pricing (NDIA and NDS, 2014, p. 12). The NDIA has stated that the RCM allows for staffing on-costs that include superannuation and workers' compensation (NDIA, 2014; NDIA and NDS, 2014, p. 3). It has also noted the specific assumptions for superannuation (9.5% of total salary costs) and workers' compensation (4%) (2017a, p.11). However, it is not clear from public documents precisely how this element of the RCM was calculated, and which other costs, if any, were included, making it difficult to assess its adequacy.¹⁵

4.5 Corporate overheads

Corporate overheads are normally assumed to include the costs of governance, back office support, service and staff development and quality assurance, logistics for organising service sessions (e.g. IT rostering software), and business development activities. The RCM assumes an

¹⁴ As part of a current review of pricing, the NDIA is considering whether this assumption 'is appropriate for the current state of the NDIS, ...[and how it] may vary according to the complexity of need.' (NDIA, 2017a, p. 11).

¹⁵ Table 1 in NDIA and NDS (2014, p. 12) shows on-costs of \$8.76 which represents 38% of the 'salary cost including client-facing time' of \$22.56 per hour that is shown in the table. There may be various reasons for this high number, for example if it also includes the on-costs for supervisors and program management/administration staff as well as Disability Support Workers (NDIA, 2014, p. 3), and/or some allowance for staff development. Alternatively, the \$8.76 is 23% of the total 'per hour price of \$38.78 shown in that table, which is unduly low, and 27% of the sum of the salary cost and on-costs (\$31.32).

allowance of 15% for 'reasonable infrastructure and overhead costs' while acknowledging 'that providers can choose to run their operations in any number of different ways' (NDIA, 2014, p. 4). The 15% is based on the 'total salary, management, and non-client-facing expenses' (NDIA 2017a, p.11). In setting the rate of 15%, the 2014 Joint Working Group considered benchmarks and data from the NSW and Victorian NDIS trial sites; from health, aged care and mental health providers; and from earlier benchmarking studies (NDIA, 2014, p. 4). In July 2014, the NDIA proposed that the movement to the 'efficient' price' should include a reduction in the allowance for corporate overheads (NDIA, 2014).

4.6 Return on capital (margin)

The RCM assumes a margin of 5% as a 'return on capital'. The 5% (presumably applied on top of the staffing, supervision and overhead costs detailed above) is intended to ensure sufficient working capital (cash flow) for daily operational needs, and to meet a number of future expenses (e.g. replacing depreciated assets, new investment and innovations, and major unforeseen contingencies). The 5% does not appear to include provision for the payment of dividends to owners or shareholders, but such payments are not explicitly excluded.

Ensuring that providers have adequate working capital is especially important at present, as NDIS providers adjust to receiving their revenue from individual participants after the services are provided, rather than through block funding in advance of service provision. In deciding to use 5%, NDIA stated that 'there is no real benchmark information available for Australian disability suppliers' and presented data on a number of relevant measures of return to providers from other human service sectors, before concluding that:

While NDIA is not in the business of dictating return characteristics of suppliers we believe that an overall net profit below 4% is likely to be problematic. Below 4% most organisations struggle to keep pace with inflation let alone replacing critical assets or business innovation. The working group agreed to 5% [but this] should be regularly reviewed against relevant aged care and community health results for reasonableness. (NDIA, 2014, p. 5)

4.7 Variation to the base hourly rate

Sections 4.1 to 4.6 have outlined the assumptions underlying the base hourly rate for disability support work. This price can then be varied in recognition of the diversity of participants and circumstances in which NDIS services are provided. The pricing model involves the application of *four variation factors* to address differences in:

- the geographical location of the service;
- the intensity (complexity) of the participant's support needs;
- the time when the support is provided; and
- the number of participants being supported.

These factors are applied variously to the different service types. Along with the assumptions underpinning the base hourly rate, assumptions about these variations also affect the funding

allocated to participants to access services provided by disability support workers. A brief outline of these variation factors are below, with the resulting differences in 2016-17 prices shown in Appendix D.

Geographic location

NDIS prices vary according to jurisdiction and remoteness. A number of the prices for the four eastern states are slightly less than for the other four jurisdictions.¹⁶ These differences are gradually being removed, as the NDIA intends to align the prices across jurisdictions in coming years. In addition, there are loadings for remote areas (18%) and very remote areas (23%). These loadings, which are based on the Modified Monash Model¹⁷ are applied to the (higher) base hourly rate for the non-eastern state jurisdictions (\$43.58 in 2016-17). For the 2017-2018 financial year, these loadings will be increased to 20% (remote) and 25% (very remote). At the time of writing the rationale for this is not clear.

Intensity (complexity) of participant support needs

Participants are assessed by NDIA as having standard or high intensity support needs¹⁸ For participants with high needs, a loading is applied. The various pricing documents recognise that 'high intensity [support] requires additional experience, risk management, and supervision' (NDIA and NDS, 2014, p. 12), and that the higher rate for supports 'may be considered when 'frequent (at least 1 instance per shift) assistance is required to manage challenging behaviours... [and] continual active support is required due to high medical support needs.' (NDIA, 2016d, p. 17).

However, additional demands of high intensity participants recognised in the above statements are not reflected in the loading. The original formulation of the RCM noted that 'higher intensity support in the model is built from the same support worker pay-point with lower utilisation, but this mix may not reflect the actual reality of the cost of providing these supports' (NDIA and NDS, 2014, pp. 10-11). In fact, the price loading for more intense needs only takes account of the additional worker time required away from participants. Thus the prices for supports for high intensity participants assume 'client-facing time, *including* leave' is 80%, not 85% and that 'client-facing time, *excluding* leave' is 90%, not 95%.

Time when the support is provided

NDIS prices for a number of service types requiring disability support workers vary by the time of day and/or the day of the week when the service is provided. Depending on the particular service type, there are up to six periods for which prices may be set, namely (i) daytime (6am-8pm) (ii) weekday evening (8pm-12am) (iii) Saturday (iv) Sunday (v) public holiday (not used for group programs), and (vi) overnight. The reasons for differences in prices between these periods are not

¹⁶ This is relevant for 32 of 65 support items (5 of the 70 in total are by quote only).

¹⁷ <http://www.health.gov.au/internet/main/publishing.nsf/content/modified-monash-model>

¹⁸ There is also a category of 'low' intensity, which is only used for Supported Independent Living, based off benchmark prices, rather than the RCM. Note that from July 2014 the NDIA had used the term 'Intensity' to refer to the level and complexity of the support needs of a participant. NDIA (2017a) has used 'complexity' while 'intensity' has not been used at all in that document. This report primarily uses 'intensity', as this is the term used in the current Price Guides.

completely apparent but they appear to reflect the shift loadings and penalty rates in the SCHADS Award at the time the RCM was developed.

Number of participants

This factor applies to ‘Group based community, social, and recreational activities’, with separate prices for two or three participants. A provider only receives in total the base hourly rate (\$42.79) for each activity, with the cost allocated equally between the number of participants. In effect, this assumes that there are substantial economies of scale, with no extra costs arising from each additional person. Where there are more than three participants in any group activity, an additional disability support worker should attend, such that the ratio of participants to disability support workers should never be more than 3:1. Centre-Based Group and Supported Independent Living (SIL) services also each have different prices depending on the number of participants in the group or residence, but the prices for these services are not based on the base hourly rate.¹⁹

4.8 Other aspects of NDIS pricing

Other services provided by disability support workers

In addition to the prices for the 37 Support Items that are determined using the RCM (including the four variation factors) there are another 33 Support Items for services requiring disability support workers where the price does not derive (at least not directly) from the RCM and the four variation factors.²⁰ These services, which include supported independent living and assistance in shared living arrangements are shown in Appendix D. In most cases these are considered ‘benchmark prices’ whereby a provider can either accept that price or submit a quote (and seek NDIA approval) where its costs are higher than the benchmark prices. This arrangement contrasts with other prices, where the price is a firm cap (Australian Senate, 2016). The bases of the prices for these services are not clear from the public documents, but in general they appear to have been derived by seeking to establish ‘benchmarks’ based on the empirical experience of a small number of providers, especially those in the NDIS trial sites.

Other costs for services requiring disability support workers

There are also costs which the NDIA will cover which are not part of the RCM or variation model nor paid according to quote. These include the travel of workers, cancellation fees, and

¹⁹ In some cases, prices appear based on assumptions that there are economies of scale, while in others, they do not. For centre-based group supports for example, the same rate per participant is charged regardless of the number of participants, assuming no economies or diseconomies of scale. For supported independent living on the other hand, the indicative price per participant declines as the number of people assumed to be sharing accommodation increases. Thus, ‘returns to scale’ are assumed for supported independent living, presumably achieved through some ‘sharing’ of Disability Support Workers by participants (NDIA, 2016d, p. 12).

²⁰ Only 28 of these 33 Items actually have a price. The other five require a quote or are listed as ‘Varies.’

establishment fees²¹, shadow shifts²², and case management²³. For disability support workers, the most significant of these is travel. Rather than providing a separate amount for travel, providers can use up to 20 minutes of the first hour of support to travel between participants, for services of less than four hours. In 2016-17, the Price Guide states that for travel to provide personal care and community access:

the time that a worker spends travelling from home to the workplace (or first participant) and from the workplace (or last participant) to home cannot be claimed at the hourly rate for the relevant support item [but] where a worker travels from one participant appointment to another, up to 20 minutes of time can be claimed against the second appointment at the hourly rate for the relevant support item. (NDIA, 2016c, p. 13)

The NDIS website clarifies that although the first 20 minutes of a service may be for travel, it is expected that the outcomes required in the delivery of support will still be met (NDIA, 2017b).

4.9 Future developments in NDIS pricing

There are a number of possible changes to future prices arising from measures that have been announced by the NDIA or about which the NDIA has expressed a view, including proposed price reviews (NDIA, 2016a), the move to 'efficient prices' by 2019-20 which would be aligned across jurisdictions, and eventual price deregulation (NDIA and NDS, 2014). A current review (NDIA, 2017a) is focusing on:

- the levels of price controls for supports under the categories of 'assistance with self-care activities' and 'assistance to access community, social and recreational activities';
- simplification of shared care price controls; and
- other specific updates to pricing arrangements.

Assessing the pricing model

Section 4 has provided a detailed account of the structure of NDIS pricing and the assumptions underlying the base hourly price, and other aspects of pricing arrangements. The next section builds on this by examining the appropriateness of the assumptions that underpin the various elements of the NDIS pricing model, using empirical data.

²¹ Details of cancellation and establishment fees are detailed in service agreements between participants and providers, however the NDIA will only pay a provider for 8 cancellations per participant, per year. (NDIA, 2016b).

²² Case management is charged as either 'Support connection' (\$56.61 per hour in 2016-17), or as 'Coordination of supports' (\$92.27) for participants with high needs and more complex situations. These supports are listed under a different Support Category from the Service Types that are the focus of this report, and are not typically provided by disability support workers (although in practice, some disability workers may carry out aspects of co-ordination to ensure continuity of services for participants).

²³ Providers can claim up to 6 hours of weekday support for the purposes of 'shadow shifts', which allow a new worker to accompany an existing worker to participants before they provide support on their own. These are considered necessary where participants have limited communication, or high medical or behaviour support needs (NDIA, 2016b). It doesn't cover 'buddying' of new staff in usual circumstances.

5. Assessing NDIS prices for disability support work

This section draws on data from employees (disability support workers) and from provider organisations to assess the adequacy of assumptions on which NDIS prices for disability support are based, and the challenges emerging from pricing arrangements.

The analysis shows the range of ways that disability service provision is under-priced under NDIS, as prices have been set based on assumptions which have failed to recognise the nature and value of disability support work. The level of under-pricing is such that NDIS prices do not enable minimum award conditions to be met without diverting resources from other functions. As the material shows, NDIS prices are predicated on:

- under-classification of support workers and supervisors;
- under-estimation of the time needed by both disability support workers and their supervisors to deliver quality services to NDIS participants, especially participants with more complex needs; and
- under-estimation of a range of other costs that providers must incur to develop and maintain quality staff and services.

Inadequate prices are having adverse effects on disability support workers, on providers, and on services received by NDIS participants, and contributing to the problems described in Section 2. For workers, access to training and induction are under pressure and levels of risk are high. Staff are performing unpaid work to compensate for systemic under-resourcing. Providers wishing to meet their basic industrial obligations are having to divert resources from other functions. In turn, these pressures on workers and providers are affecting the quality, responsiveness, equity, efficiency, and stability of services, and the overall sustainability of the NDIS.

This section examines each of the elements underpinning NDIS prices, which were outlined in Sections 3 and 4, and shows the adverse impact of the 2016-17 pricing model on workers and services. The elements of the base hourly rate are explored in Sections 5.1 to 5.6, while Section 5.7 considers the variation factors and other elements of NDIS pricing.

5.1 Classification levels of disability support workers

Assumptions made in the RCM about the skills requirement and award classification level of disability support workers is a key means through which the work is under-priced.²⁴ Specifically, the RCM assumes employment is at Level 2.3 of the SACS classification of the SCHADS Award.²⁵

²⁴ Moreover, the actual amounts that are calculated for all but one of the other assumptions underpinning the base hourly rate are essentially mark-ups on the rate payable for the assumed level of support workers. The exception is the level and workload of supervisors, but under-pricing of that factor also has similar effects on the other assumptions.

²⁵ In earlier statements by the NDIA, SACS Level 2.3 was described as a minimum level (NDIA, 2014). If set as a minimum, employment costs of current long-term staff, and the progression of new staff above this level will not be covered. However, the most recent statement from the NDIA indicates it is an average (NDIA, 2017a).

There is no allowance made for above award wages, for example those provided under an enterprise agreement.

The SCHADS Award sets out that an employee at Level 2 performs personal care services or 'elementary tasks within a community service program', involving functions which are defined by established routines. Level 2 staff are not expected to engage in problem solving and have only a 'limited scope to exercise initiative', working under general guidance and assistance which is 'readily available'.²⁶ Under the Award Level 2.2 is the *minimum* pay point for an employee with an appropriate Certificate level qualification, while Level 3.3 is the commencement level for graduates with a three-year degree.

Evidence from employers and from workers also shows that the classification level assumed for disability support work is too low. NDS for example, has stated that Level 2.3 is lower than the sector pays (NDS, 2017). Problematically, some employers have downgraded or 'frozen' staff classifications at this level as a result of NDIS prices. An employee explained in the survey:

We have been advised that our hourly rate is higher than what the NDIS rate is so as grade 3 employees, we will be now classed as grade 2. We won't lose pay immediately however we won't be getting a pay-rise until grade 2 rates catch up to ours.

Similarly, an interviewee highlighted how the classification assumed in pricing arrangements had precluded career progression in her organisation:

Our company argues that anyone on 2.4 is already costing us money and that's not true, but it's a really good stopgap for the company to say, 'Stop whingeing.' (Employee 2)

Level 2.3 is also too low, given the tasks performed by disability support workers. As shown in Bentham and Macdonald (2017) workers deploy a range of skills in the course of the working day, applying their knowledge across a wide spectrum of advanced skills, including knowing how to respond to complex health needs such as epilepsy, PEG feeding, calming people with dementia; responding to medical emergencies or violence; managing demanding workloads under time pressure including accommodating unforeseeable events; deploying negotiation and strategic skills to achieve the best for their clients; and working across agencies. Disability support workers often work on their own and perform these functions with minimal levels of support, with supervisors only available remotely, for example, over the phone or days later in planned supervision meetings.

Several of the workers we interviewed described the risks inherent in over-reliance on inexperienced staff members particularly in the NDIS context where training has been cut. For example, one supervisor spoke of her concern for participants because untrained casuals were being left to perform PEG feeding (in which a tube is inserted through the abdomen directly into the stomach to enable feeding):

²⁶ Corroborating this, the assumption that supervisors will be overseeing the work of between 15 and 18 staff (discussed below, under 'The level and workload of supervisors' suggests general guidance and assistance is unlikely to be readily available.

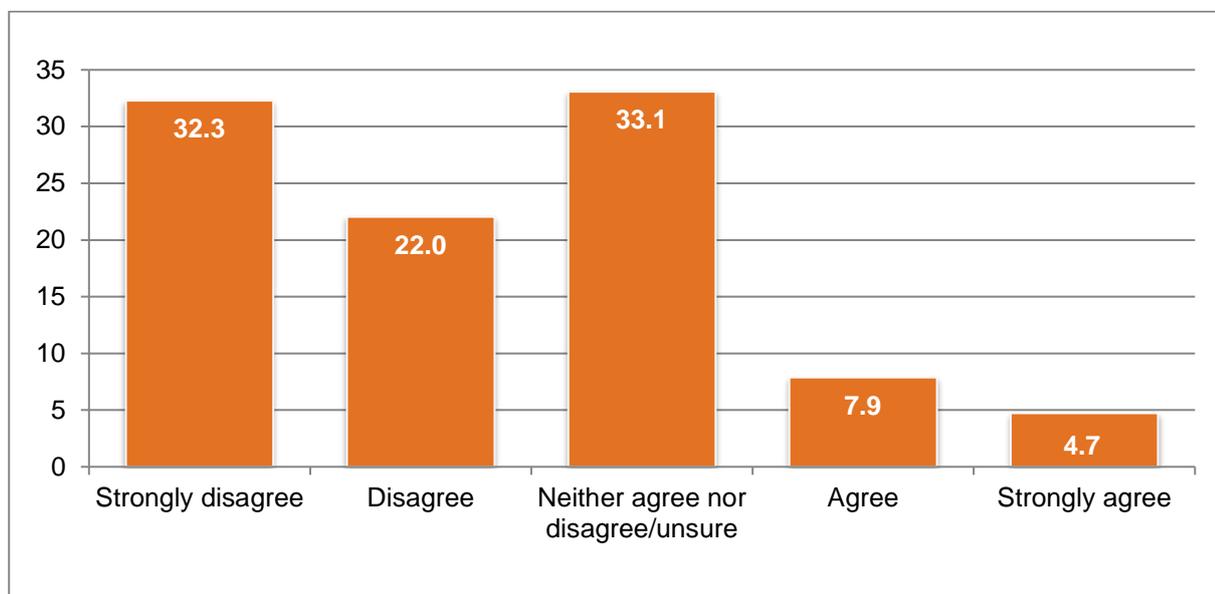
I've had staff members say that to me, 'Oh, how does she drink this?' ... (W)hen I started with this company I had weeks of training before I was supervised to do that ... [and transporting groups of people], now, it's, 'Off you go, get in the bus, have a good day, we'll see you when you get back...' (Employee 2)

Additional evidence of the problematic nature of assuming employment at Level 2.3 comes from the survey of employers in NSW. Indeed, in their comments, employers described Level 2.3 as 'entry level', and described how they instead needed to employ experienced staff and ensure they could advance through the organisation and be retained. This is reflected in the statement of a leader of a registered provider in NSW, who explained that Level 2 was not a classification they used, whilst also describing several other challenges arising from pricing arrangements. This CEO described the NDIS as:

A huge change as the NDIS hourly rates for direct care work barely cover entry level positions only (Level 2 SCHADS whereas we currently use level 3) so no room for any advancement. (CEO of medium sized metropolitan organisation)

The survey data shows that many employers shared the view that career advancement was restricted under NDIS. The employer survey asked for the level of agreement or disagreement with the statement 'Under NDIS, the organisation can provide pathways for staff to advance their careers'. More than half of organisation leaders (55.3%) disagreed or strongly disagreed, reflecting how the pricing assumptions are recognised to restrict career progression (see Figure 5.1).

Figure 5.1 Percentage of registered providers who agreed with the statement 'Under NDIS, the organisation can provide pathways for staff to advance their careers' (n=127)



Source: Survey of Employers, see Cortis and Blaxland (2017)

Based on comparison with definitions in the SCHADS Award, and on employer and disability worker accounts, Level 2.3 is considered entry level, and under-classifies disability support workers. This component of the price is misaligned to the actual profile of the workforce, creating

incentives to hire less qualified, competent and permanent staff. As expectations of the disability support workforce grow, and new skills demands arise from individualisation and quality and safeguarding measures (DSS, 2016), the assumption that workers will, on average, be employed at Level 2.3 provides a disincentive to organisations to support upskilling and career progression.

5.2 The time allocations of disability support workers

Evidence from disability workers and employers shows NDIS prices for disability support do not allow adequate time for quality support. For example, there is too little allowance made for legal requirements such as breaks for workers, and for essential tasks such as administration and co-ordination, or for the development of workers through training and time for supervisor and peer support.

Employees expressed high commitment to performing their jobs well, and pointed out how pressure on their time meant they undertook significant amounts of unpaid work. This is a common feature of under-funded support and care delivery. Rubery et al. (2015), for example, point out that arrangements in home care work in the UK have relied on workers' altruism. They observe

Current practices rely on care staff's goodwill to work more hours than they are paid for even when their hourly pay rate is already close to the minimum wage, to fund their own travel, and to constantly reschedule their times to maintain earnings. (Rubery et al., 2015, p. 769).

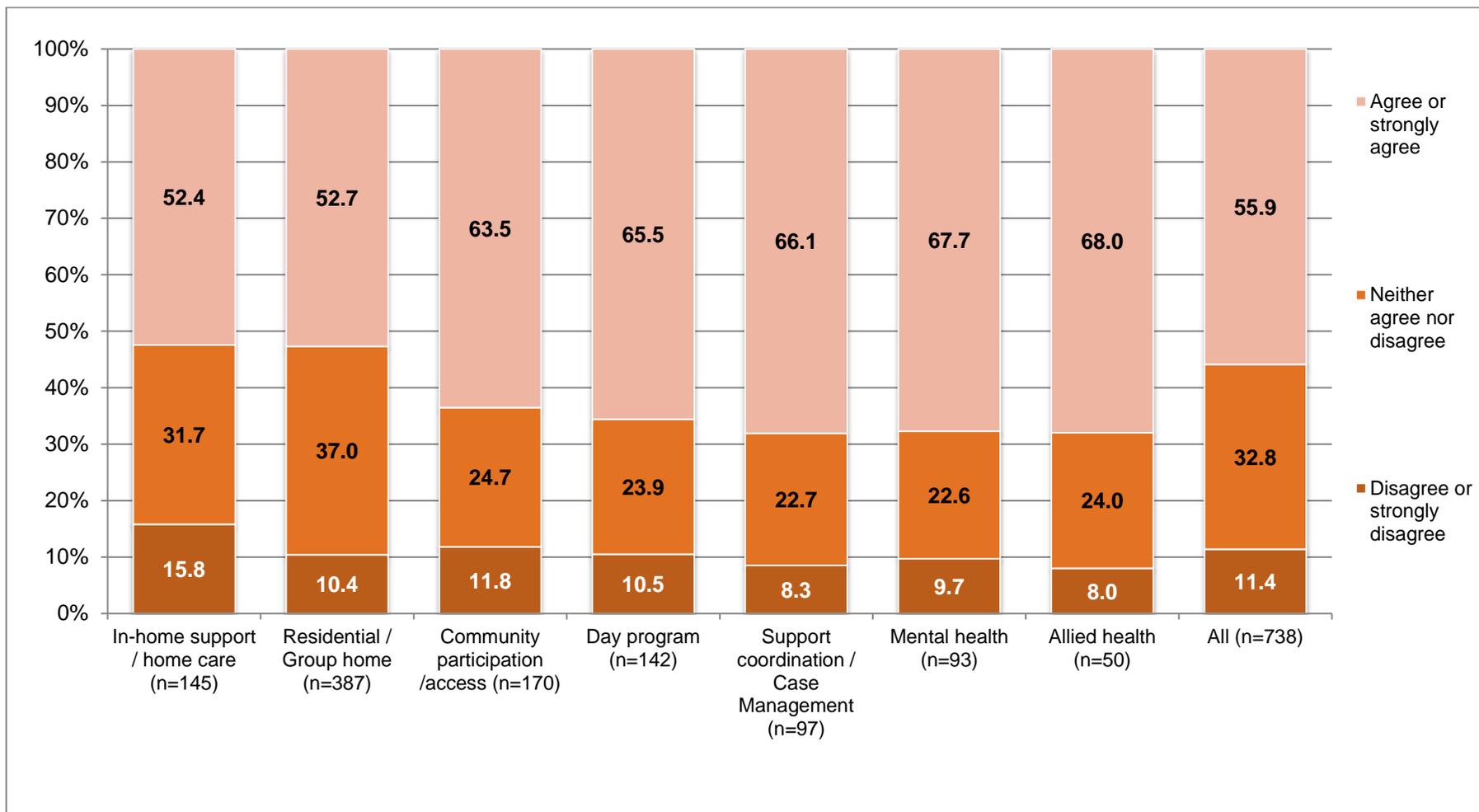
However, where employees contribute additional unpaid time, while cost pressures may be offset, evidence also shows the quality of services is inevitably affected.

Analysis of the pricing model in the context of the SCHADS Award shows prices do not adequately account for non-client facing time, including breaks. The pricing model assumes that just 3 minutes per hour of workers' time is not spent either with participants or travelling between them (Section 4.2). This allows for little more than the 10 minute paid tea break required every four hours under the SCHADS Award, leaving minimal time for other non-client facing activities.

The failure to fully recognise the time demands on workers places workers under pressure. In the survey of disability workers more than half of respondents (55.9%) agreed or strongly agreed with the statement 'Under NDIS, I don't have enough time to do everything in my job' and only 11.4% disagreed. This is shown in Figure 5.2. In open ended comments respondents elaborated on this, underlining how their work takes place under increasing time pressure under NDIS, for example:

There is a lot more pressure to take on new clients so that the case load has increased... ...Before we could spend extra time if needed with a client in crisis, now it is all about hours and money.

Figure 5.2 Percentage of disability workers who agreed with the statement 'Under NDIS, I don't have enough time to do everything in my job'



Source: Survey of disability workers. Note that respondents could deliver more than one type of service.

Similarly, the disability support workers who were interviewed for this study reported they had inadequate time in their jobs to do what was necessary to maintain participants' safety and well-being and/or to do the job as their employer required them, and this resulted in a high level of work intensity and hours of unpaid overtime. This was a major source of frustration and distress for frontline disability support workers. Support co-ordinators also experienced this problem:

The time you have allocated to each person is a huge factor in what sort of a service you can provide. And if you're a support coordinator ... there's a bigger responsibility to make sure that people have maximum, I suppose, support around understanding their plan and implementing it. But I still think there's a lot of restrictions around [that] because of all the aspects of the job that we have to fulfil, it's not just the direct contact, it's all the admin side of stuff, it's about the rostering of the time, it's all that sort of stuff that makes it I suppose less user friendly. I don't know. That's how I feel. ...And I haven't had any training [since commencing this role] and what I keep asking for is I just want, I really want someone from the NDIS to come here and just explain this scheme to us, so it's not so mystical. [But that hasn't happened] and then you're sort of, you're told that the best way to keep up to date is to read the NDIS, go on their webpage and read all the updates. But in reality I don't, I honestly don't have time. (Employee 5)

A worker in a residential setting who responded to the employee survey described staff as 'under the pump':

Responsibilities seem to be getting greater, as clients age and have more health problems. When this happens clients need more staffing hours, and therefore more funding, especially when chronic health issue need constant care. I notice a lot of staff under the pump, some working over hours for no pay at times to get things done, and generally being taken advantage of. It is hard to provide the levels of good quality support that is expected and anticipated, when the staff to client ratio is so low in some group homes.

Others identified a range of risks arising from the time pressures under NDIS. Another survey respondent summed up their experience under NDIS, which capture how time pressures were reducing scope to personalise services:

Clients going without more outings without rapport being built with the client. Less opportunities /funding for clients being treated as a number without existence. Clients being rushed or misunderstood without a carer that understands the client. e.g non verbal client / behavioral. Client being rushed on 1 hour outings rather than being able to take their time e.g unstable on their feet, cognitive issue / behavioral client. Less contact with staff whom the client know and have built rapport with. Strangers taking the clients for appointments. Client becoming house bound, as they don't feel comfortable with unknown services / staff. Client not getting heard! as the NDIS appointments are so rushed.

The failure of the RCM to adequately address the time demands upon disability support workers has had the effect of preventing workers and their supervisors from effectively carrying out all of

their essential tasks. This can be seen in relation to time available for communication between staff, administration, travel, training, and other activities integral to performing disability work.

Lack of time and opportunity for communication

A particular concern among disability support workers, and a source of risk, was the inadequate time allowed under the NDIS for handovers between support workers, for communication (including with office staff), and for support workers to complete required paperwork. Inadequate time for staff handovers was made worse by high levels of staff turnover and use of casual staff. Direct support workers interviewed said it was much more difficult under the NDIS arrangements to pass on important information to other support workers, even when that information was vital to participant wellbeing or service operations or recording was mandatory. As one respondent in the employee survey explained:

The system does not provide funding for anything other than direct support, therefore all the ancillary tasks such as note writing, documentation, communication with other stakeholders must be done in the employee's own time. In my case I spend at least one hour each day unpaid doing file notes etc. This needs to be looked at as all of this documentation is mandatory.

Many commented that communication was more difficult under the NDIS as, often, staff were not paid to attend team meetings. In some cases this was because their employer now allocated less or no time for team meetings. In other cases, more complex communication was required under the NDIS, as the 'team' supporting an individual now comprised multiple (and changing) individual support workers from several organisations, requiring more extensive cross-agency communication than previously. While the separation of different support services to different providers was seen to make it logistically difficult to communicate, in these workers' experiences the difficulties were worse because time for even basic communication, such as 'handover', was not funded. Any opportunity for support workers to share knowledge with workers from different organisations was severely restricted due to minimal time for support workers to do anything other than provide face-to-face support to participants. Several workers in residential services spoke of not wanting to use up too much of the small amount of time participants had in their NDIS packages for participation in community activities. One interviewee explained:

... and as much as we try to give a handover to the [other service provider] staff, there's a, if a client's only got 2 hours [a week] to get out into the community, you've got to be very short, quick [in your handover]. [For example, you might need to explain] 'this person needs clear boundaries, you can't fluff around, they don't cope well with open-ended questions, you need to say do you want a chicken sandwich or a ham sandwich because otherwise it's just not going to work. You need to get in the backseat of the car because they can't, they're too distracted with all the stuff that's in the front seat of the car'. There's a lot to handover. (Employee 1)

Workers felt quality was also undermined as they had insufficient time to give information to other support workers, or to receive information from other support workers, especially at the changeover of shifts. This communication is essential to ensure continuity of support and to maintain a good awareness of participants' needs and well-being. Interviewees also felt quality was

undermined where they were not receiving the information they needed from other support workers:

...[support workers] basically bring the client in, well some of them don't even bring the client in, they just drop them off at the front door and drive off. ...So, but they'll say, they'll turn around and go 'Joe Blow had a good time', Well what does that mean? What did you do? ... Well some clients are capable of [telling you], but not all clients are capable of doing that (Employee 1).

Time for administration

Workers also reported that increased paperwork associated with the NDIS had also increased their workloads causing spillover into unpaid work time. Bentham and Macdonald (2017) explain how one worker listed the tasks she had to complete in extra unpaid time at the end of a week and sometimes at the end of a shift. These included: recording any extra shifts in her diary; printing up her roster; fill out a claim form for her client's travel kilometres; making notes about any issues with clients; going into the office to deliver paperwork; discussing issues regarding clients with managers; discussing new clients with managers; correcting errors in rosters; and making appointments for clients.

In the other interviews, in which workers were asked if the NDIS had changed anything, one worker said: '...in some respects I see it's given more choices and more opportunities for people with disabilities'. She also said:

Our workload's increased, because we have to justify everything we do. Simply taking the ([participants out], because their goal might be to access the community more. ...We then have to justify in this, in these particular forms, every single time we take them out.... ...They say we should be able to get case notes and shift records and all our paperwork done within half an hour. It takes two staff half an hour to get it done and sometimes you still need longer. (Employee 6)

This worker felt in a dilemma about completing administration, as she needed to cut short her client's activities in order to complete her paperwork in her paid time:

... we've got to get all of this [paperwork] done. [For example] you're looking at your time because you're out on an outing where your client's having an absolute ball. You've got to be back by quarter past one because you finish at 2 o'clock. You know? So, you're potentially pulling a client out of an activity that [took] three hours to get them to be comfortable to be accessing the community, and now you're here, she doesn't want to leave, but you've got to go. (Employee 6)

Others also pointed out how the additional administration had been created by the NDIS. An interviewee in a service co-ordination role explained how she was struggling with the combination of a very high workload and the need to balance the needs of a large number of clients. Added to this she was now required to account for her work time in 15 minute slots that were allocated to individual clients' funding:

...I'm finding that this position is ... overwhelming and distressing ... *Interviewer: Okay. So what do you find distressing about it?* Probably the workload I guess, it's an incredible amount of work involved with each person. There's a lot of administrative kind of work that needs to be done. I have to account for every 15 minutes of my day, as far as rostering my time, and making sure that I'm using my time effectively. ... So there's a lot of kind of record keeping around making sure that I'm being fair and making sure that I'm using people's time wisely I suppose and if I am working with a particular person, because I could work up to 15 people a day I could be supporting, in that time I've got to be able to work out how many minutes did I work with that particular person, how many minutes did I work with the other person. (Employee 5)

This support co-ordinator, who was considering if she would stay in her job, said she used to spend time researching to support her clients but she no longer did due to the stress of overwork:

[I was doing this in] my personal time [but now] I really don't want to be going home from work and reading about the NDIS. Whereas in the past I didn't feel as overwhelmed, and I was able to, I was really interested in research, really interested in reading articles and looking up different service providers, and what they offered, and getting a really sound understanding of the system. But I think in this system it's just you feel so overwhelmed all the time. (Employee 5)

These sentiments were echoed in comments in the employee survey:

I have concerns about the viability of the NDIS. We have been told there is not allocated funds for administration however the administration requirements have significantly increased. In order to provide a plan that is individualized a provider needs to be flexible [and] to do this costs money. Each time a person chooses to make changes to their goals or planning it takes time and therefore money.

They also echo concerns raised in the evaluation of the NDIS (Mavromaras et al., 2016), in which staff raised concerns about their increasing administrative workloads.

Case Study 1: Jessica's unpaid administration

Jessica has worked in disability support for around twenty years. She is a permanent part-time disability support worker in a community residential unit with five residents. Several times each fortnight Jessica works unpaid overtime to complete work that is supposed to be undertaken during shifts. Here Jessica describes her typical sleepover and morning shift which often results in her undertaking unpaid work:

So you sleep over, so you wake up and you're on shift at 6:30am and you finish at 8:30am. Our second staff member or the first day shift [worker] is 7:15, they come in and the second day staff person comes in at 8:15. ... (S) o from 7:15 til 8:30 we've got to get the medication, all medication must be administered by 8:30am and we have a lot of creams and ... 'cause we've lots of personal care, we've got creams, we've got pad changes, we've got tablets. ... (S) o we've got any personal care that needs to be done in that period of time, which is often a couple of pad changes, ... [one resident] has seizures so these are all factors that come into our morning but there might be a seizure, there might be a fall, there might be ... and it happens, it does happen quite frequently. Then we also have, we have case notes to write up. So this is all in that first hour and 15 minutes, so it's medication, any personal care, attending to anything, if the residents are having showers, then we need to attend to those. Then we've got the case notes that we have to do on CareLink and then we have the shift records that we have to do on the computer system itself. I've also then got to write up any incident reports, that may have happened on the morning because I'm the sleepover, so I've got to finish them. And then potentially if one of these two staff members are new, they will have done an induction to the house so (...) they've already been to the house and done a bit of a run-through but on this first shift I go through and say, 'Okay, well in this folder, this is where you'll find this information, this is here, this is here.' A rundown, give them the protocol folder to read (...), communication book and diary.

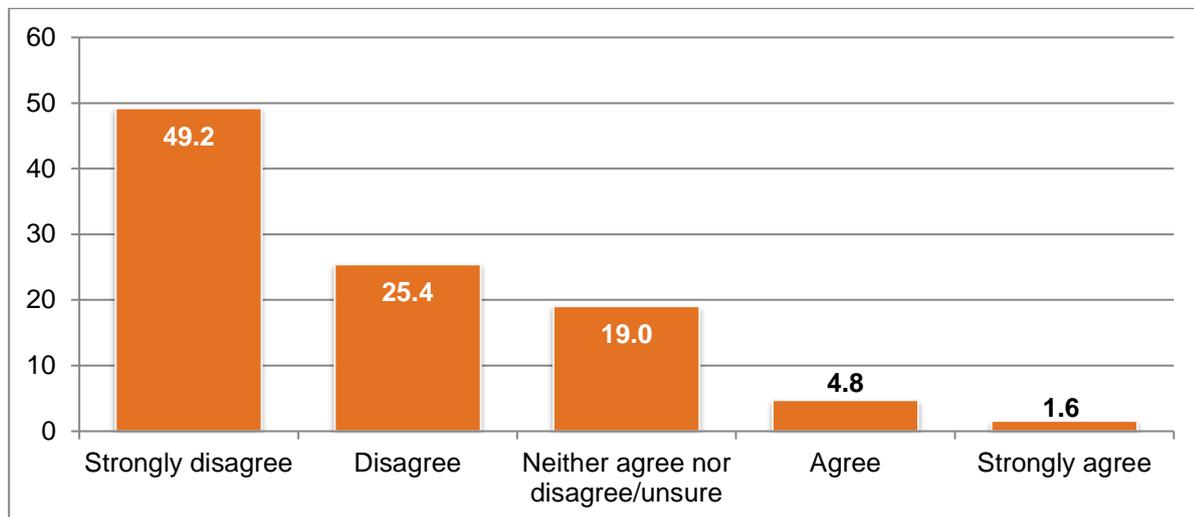
And also while giving them a handover of what may need to be done that day. So, 8:45 the second staff member comes in and then I walk out at nine o'clock and all of that has to happen before I walk out the door. [However] it's rare for me to be walking out that door at 9:00 normally, it's closer to 9:30 and occasionally it'll be a ten o'clock. (Employee 6)

Travel time

Pricing of workers' time spent travelling between clients under the NDIS is a vexed issue. Service providers, and the NDIA recognised that prices in the reasonable cost model did not account for travel time of workers between participants (NDIA and NDS, 2014), and arrangements were subsequently changed to allow payment for 20 minutes between clients. However, travel time remains a major issue for employers, reflected in their survey responses. As Figure 5.3 shows,

around half of CEOs in registered not-for-profit providers in NSW 'strongly disagreed' that NDIS pricing covers the full costs of staff travelling between clients, and a further 25.4% disagreed. Very few agreed or strongly agreed.

Figure 5.3 Percentage of CEOs of registered providers who agreed with the statement 'NDIS pricing covers the full cost of staff travelling between clients' (n=126)



Source: Employer survey (Cortis and Blaxland, 2017)

In their comments, survey respondents explained:

Covering travel cost is a major concern as most of the clients we support live in rural remote areas. Without adequate funding to cover travel, our service may not be able to continue to provide support to clients in these areas. There are no other services in some of the areas we provide support in. (CEO of medium sized non-metropolitan organisation)

We are [in] a rural and remote area, NDIS has no concept of what this means in relation to travel times. All adult clients are over 20 minutes away and we are the closest provider. One person who we used to provide services to the driveway was 20 minutes from an unsealed road. Travel needs to be reassessed (CEO of small non-metropolitan service)

We are transitioning at the moment and our client base are quoted on for service provision - they are outside the NDIS benchmarks. The transition has not been smooth and it is hard to make favourable comment at this stage. We know the costs, NDIS acknowledges the costs - we do not know if they will be met. We are a charity 90% of our costs are staffing. NDIS has not allowed for client travel and transport costs in a rural setting- a major problem (CEO of medium sized non-metropolitan service)

Travel time is also a serious concern for disability support workers who explained it is a major source of unpaid work. A survey respondent explained how her payment for travel had changed under NDIS:

I do drop in support. We used to get paid when traveling to the next client as well as our kilometres. Now we only get kilometres our days are longer with the same pay. I'm worried that our penalties will be cut as it's the penalties that make our job worthwhile.

I am worried that the hours of work offered will consist of 1 to 2 or 3 hour shifts and hardly worth traveling for once you factor in travel time petrol and time wasted to get to other shifts

We are also concerned that we will only be paid per the actual hours spent with clients and not for the travel in between and office time etc. Currently I may only spend 6hrs directly with clients (3 clients at 2hr each) and am paid for my whole day 9am - 5.00pm as that reflects my roster Currently I'm perm part time 26hrs/week over 4 days.

Bentham and Macdonald (2017) show that employers' treatment of travel differs, but where shifts are short, unpaid travel time is often seen to make it not worth working. Indeed, unpaid travel time between home and work for very short shifts is a key contributor to very low pay experienced by support workers:

And it's like, I'm driving forty minutes out there for a forty-five minute job; I'm getting paid like seventeen, eighteen dollars— and that sounds really cold and callous, because it's not all about the money – but in the end, nah, doesn't make sense.' (DSW11) (Bentham and Macdonald, 2017)

The shortest (shift) I do is half an hour. ...I've got one this week. It's a 9:30 to 10:00 shift at night. And it's ...about 25 minutes [from my home]. And it's only a half hour shift, and then 25 minutes home again. (DSW04 Bentham and Macdonald 2017)

...But the hours are really hard. We've got to sort of keep ourselves open for a 13-hour day ...and we only work five hours of that. (DSW19 Bentham and Macdonald 2017)

...oftentimes I will have just that one shift that's half an hour away and I won't have anything for another hour or two which means that I don't get paid to go there or back, and essentially it's like the money that I get paid for the shift is covering the petrol to get there and back and it's probably like \$5 left over for the actual work once you take that into account. (DSW22 Bentham and Macdonald 2017)

Case Study 2: Marlene's short shifts and unpaid travel

Marlene is a disability support worker with around ten years' experience, a Certificate IV in disability support and an additional diploma-level specialist qualification. She works for two service providers, casually in one job and as a permanent part-time worker in the other.

Marlene works extended days and weeks providing support to people in their homes. Although she usually works only 30 paid hours a week Marlene works on most days and has only one weekend off a fortnight. Due to her work being organised in multiple short shifts she has many days in which she has periods of one to two hours or more between work shifts and she spends a lot of time travelling to and from home to work for which she receives no pay.

Three days a week Marlene works for a non-profit service provider, starting around 9am and finishing 13 hours later at around 10pm. Marlene is paid only for the time she spends working directly with clients, which consists of between 4 and 6 separate shifts. Usually, these shifts amount to between 5 and 6.5 hours of paid time. In addition, Marlene usually spends about 1.5 hours each day travelling back and forth from her home to work between shifts. She travels around 100 km per day excluding her first and last trips. She is not paid for any of this travel time nor does her employer reimburse her for costs associated with the use of her own car to undertake the travel. Marlene must also complete administration for her work that is unpaid.

Unpaid work comprises a very substantial proportion of Marlene's work time. The first day of Marlene's work diary shows that she is not paid for 21% of her work time. On the second day she is not paid for 24% of her time. Marlene says she is 'tired' and feels that she doesn't 'have a life' because she is always working or waiting between shifts:

You can't go out for dinner, you can't do this, you can't do that, cos it's time to go back to work.

My ideal would be 9-5 so I could have a life, like any normal working person.

(DSW19) (Bentham & Macdonald, 2017)

Time for training

Employees we interviewed also reported that time for training was squeezed under NDIS.²⁷ For example, one interviewee was adamant about the importance of disability support workers having some knowledge of new participants as they came to the support service and she said she read new participant files to ensure she could provide a good service. Asked if she had time to do this in

²⁷ This may relate to both under-accounting for employees to spend time in professional development in the pricing model, or to provide for sufficient overheads to cover it. As such, it is considered here, and also later in assessing the pricing model's assumption in relation to corporate overheads.

her job she said she was not given any time, so she did so in her own time. She also said her employer had removed access to training under NDIS:

No. Not now. We used to, but before NDIS. Since NDIS, no. We have no training, we used to have it ..., we would have a total day where no clients/customers had service that day, where all staff came in, we had training for the full day or shift, which would be some upgrading of mental health training, manual handling, clients, new client inductions so staff would have a general awareness of who a new person was coming in, and enough details to at least get past. You would have team meetings for people who have one-on-one direct support, that all their staff could get together during the week and have a chat and see what was working, what wasn't working, come up with new plans. ...NDIS came in and we stopped doing that because the company assumes, designates that nobody's going to pay for me to sit around and learn. I as a worker, and I as a parent – I'm a parent of a child with a disability, I would rather have a well-trained staff than somebody who was just flying by the seat of their pants. When I started with this company we had a really well-trained, committed team of people and now we have a lot of people ... doing a couple of hours a week here, nothing against them, but the company's training is nothing. Literally nothing. ...It's a very grey area about training at the moment, and I think it's leading to poor service (Employee 2)

Asked if new employees received training or induction, this interviewee described:

Well the company would say, 'Yes,' but I have yet to see anyone in the last three years have proper inductions, of any sort. ...If you were to come in as a new staff member today and I put you with Justin Bieber, let's call him Justin Bieber. You've walked in at nine o'clock this morning and [we've said to you] 'you're working with Justin Bieber.' You're literally then walked around the building to [be] shown where the toilets, kitchen, staffroom is, shown where the file room is, had five seconds or a quick verbal about Justin, and then, off you go, get in the car, and have a good day with Justin. Oh, by the way, he has [difficult] behaviours. By the way, he has epilepsy. By the way, he has medication ... we have people that have never had any training, and certainly no certificates, some who haven't even had lived experience that have been employed, have not been trained by this company, who are delivering medication. (Employee 1)

She described how lack of training, or inadequate training carried extremely serious risks for participant health and safety:

We've had staff arrive at the centre with no brake on the wheelchair, which is, you stop, you're stopping to look in the window, it's mandatory you put the brake on, it's automatically a thing that you do without thinking now. But no brake on the chair, no straps on, and they've driven maybe for half an hour in that vehicle, and that's my fear that, as I said, you hit the brakes because someone cut you off or there's a red light ahead, that continues, flying through a hole with, and a lot of those people ... are non-verbal, some of them are silent, so they can't even make a noise that they've been frightened or that they're choking. (Employee 2).

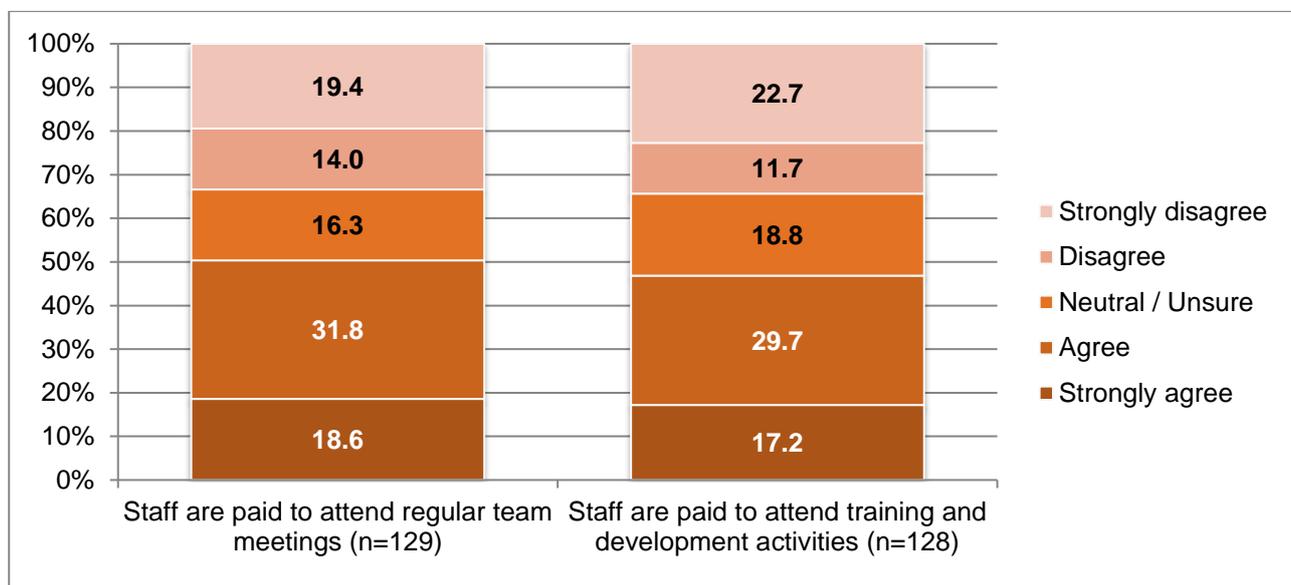
This employee explained the importance of the formal and on-the-job training she had undertaken prior to the NDIS and she described how training, along with experience working consistently with and getting to know individual clients, was important for enabling her to ensure participants' health and safety:

So I would look at the five people that I'm putting on my bus and go, 'Well, you're sitting here sweetie where I can see you in my rear vision mirror, because you're my choking hazard,' I would look at who was sitting in the front because maybe they had some behaviours or maybe they were epileptic, and I would rather have you right next to me in the front seat of the car where I can see what's going on, or pick [a seizure] as it's coming and pull over as opposed to you're right down the back behind a wheelchair and two other people, and what's that noise, that hitting against, and oh, that's your head smashing on the window. (Employee 2)

A further account from this employee demonstrating systemic lack of training for epilepsy is included as part of Case Study 3.

Employers corroborated employees' reports that staff were not provided with adequate training with many reporting that under the NDIS support staff were not paid for their time to attend training and development. Indeed, 1 in 3 survey respondents reported that support staff delivering NDIS services were not paid to attend training and development activities (34.4%), and the same proportion (33.4%) disagreed that staff were paid to attend regular team meetings (Figure 5.4).

Figure 5.4 Percentage of CEOs of registered providers who agreed that staff are paid for meetings and training and development



Source: Survey of Employers, see Cortis and Blaxland (2017)

Case Study 3: Jessica and Michelle's training for epilepsy

Jessica was responsible for supporting a participant who had epileptic seizures. However, because of understaffing in the residential unit, she was not given training in how to administer the drugs required in the event of a seizure. At the time, high turnover, staff on sick leave and high use of casuals meant many of her co-workers were new and also untrained:

I was started in the house in February. So for eight months, approximately seven, eight months, I didn't have Medaz training for our client who needed it. So if she had a seizure, I would have to ring an ambulance or hope that someone with Medaz training was on shift.... We were getting casuals coming and going... Then we had people leaving and people coming and it [training] just never happened. We had a team leader leave, we had [our new team leader] come. And it was her pushing for it that we finally got [the training]. (Employee 6)

Michelle, working in a different setting, also explained lack of training around epilepsy:

It's not just this company, I've had friends that work in other companies and it's exactly the same in their company too. Some are still doing better training and working their training a lot better around taking small groups of staff off direct support and training them repeatedly, like that's four or five people out of 55 people, once a month, I think, they go through theirs. Which is better than nothing, don't get me wrong. But in the same sense, if you've got five people that are really well-trained in epilepsy ...and then they might be working with people for the next four months that have no epilepsy training but are working with people who have epilepsy. (Employee 2)

Leave required under the SCHADS Award

The RCM assumes that 10% of workers' paid time will be taken as leave. Against this however, the NDIA has also assumed that support workers take 10 days personal leave and four weeks annual leave each year, which in total represents 11.54% of the year (i.e. 6 out of 52 weeks) (NDIA, 2017a, pp. 10-11). This does not reflect leave entitlements. Where employees work more than four hours on ten weekends a year, they are classified as shift workers, and entitled to an additional week's annual leave, which is not accounted for in the RCM's assumptions.

In addition, the NDIA assumes that 17.98% of Support Workers are eligible for 8.67 weeks of long service leave every 10 years, which represents a further 0.16 weeks of leave per annum across all Support Workers (NDIA, 2017a, pp. 10-11).²⁸ However, these assumptions are incorrect. Long service leave entitlements differ across Australia, with the ACT for example having a portable long service leave scheme leading to higher eligibility. There are also instances in which higher long service leave entitlements result from expired enterprise agreements which were maintained in

²⁸ That is, each year over a 10-year period, there would, on average, be 10% of 17.98% of Support Workers taking 8.67 weeks long service leave. That is $[0.1 \times 0.1798 \times 8.67] = 0.16$ weeks.

transition to the modern award. Thus, the assumption that 10% of workers' paid time will be taken as leave does not fully account for industrial requirements.

5.3 The level and workload of supervisors

Assumptions about supervision also contribute to the under-pricing of disability support work. Good supervision is a key element of quality service provision, but one which is poorly recognised under NDIS pricing arrangements. In Australia there have been some concerns, including prior to the NDIS, of poor skills and knowledge among disability support workers, exacerbated by poor supervision (Commonwealth Senate Community Affairs References Committee, 2015; Iacono, 2010; Mitic, 2013; Office of the Public Advocate, 2016; Parliament of Victoria, 2016). While good supervision will boost morale and staff retention, insufficient or inadequate supervision will raise quality risks and contribute to unpaid overtime (Cookson, 2013, p. 44; Gray & Muramatsu, 2013; Judd, Dorozenko, & Breen, 2017; Larsen & Hewitt, 2012).

The RCM assumes a ratio of one supervisor to 15 workers (1:15), and the NDIA's intention is that increasing the span of control to 18 workers (1:18) will be a source of efficiency which allows the price to drop. However, these ratios do not appear to be based on existing practice or any model of good practice, and do not recognise how disability support work is organised. In the employer survey, for example, a respondent stated this pricing assumption was misguided:

The expected [supervision] ratio per staff member is 1:15 whereas we currently operate on 1:10. (CEO of medium sized metropolitan organisation)

Further, there is a strong link between the level of support workers (discussed above) and the supervision span. If all workers were employed at SACS Level 2, as per the pricing level, the span would need to be much less than 1:15. However, as Level 2.3 is assumed to be the average for support workers (with some employed at higher levels and some lower), in order to make 1:15 acceptable, supervisors would need to be employed at SACS Level 4 or higher, rather than at Level 3.2 as assumed in the RCM. The SCHADS Award stipulates that Level 3.2 staff 'supervise a limited number of lower classified employees'. The assumed level of supervisors, at Level 3.2, is below the commencement level of a graduate with a three-year degree (Level 3.3). Under the SCHADS Award a characteristic of Level 4, is that positions may involve a 'substantial component of supervision'. This would more plausibly reflect supervision spans of 1:15, than the 'limited number' stipulated at Level 3. Further, larger supervisory spans (such as the 1:18 envisaged in future) require higher levels of responsibility and employment of supervisors at higher levels, and are poorly aligned with the description of responsibilities at Level 3.2.

Empirical data shows supervisory spans of 1:15 and 1:18 are much higher than is common practice. Data from the survey of disability workers shows that among disability workers with supervisory responsibilities, 2 in 3 were supervising 8 or fewer staff (66% of supervisors). Only 16.4% of supervisors reported supervising over 14 staff, although the figure was higher for those working under NDIS (20%) compared with those who were not (12%). This is shown in Figure 5.5 and also contained in Cortis (2017).

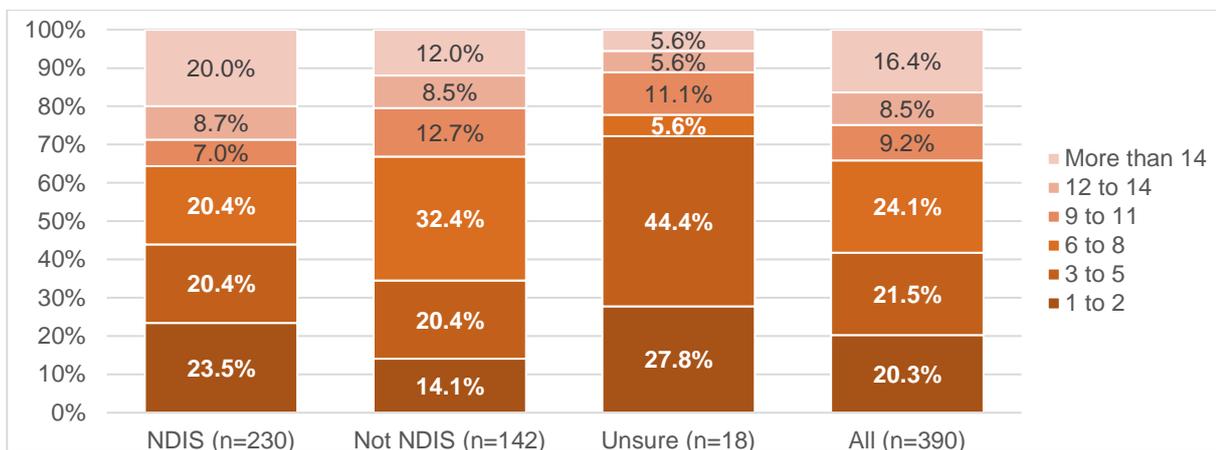
The proportion of supervisors overseeing over 14 staff was higher for workers in in-home settings and case management (each 26%) and community settings (24%), while it was low in outreach

(8%), allied health (11%) and residential/ group home settings (16%). These data are contained in Appendix F.

These data underline how the pricing model has assumed a larger supervision span than accords with the SCHADS Award classifications or than is common practice. Supervision of 15 staff as per the pricing model would entail significant (and unrealistic) change to the design of supervisory roles, and would intensify supervisory workloads for around 83% of supervisors in the survey.

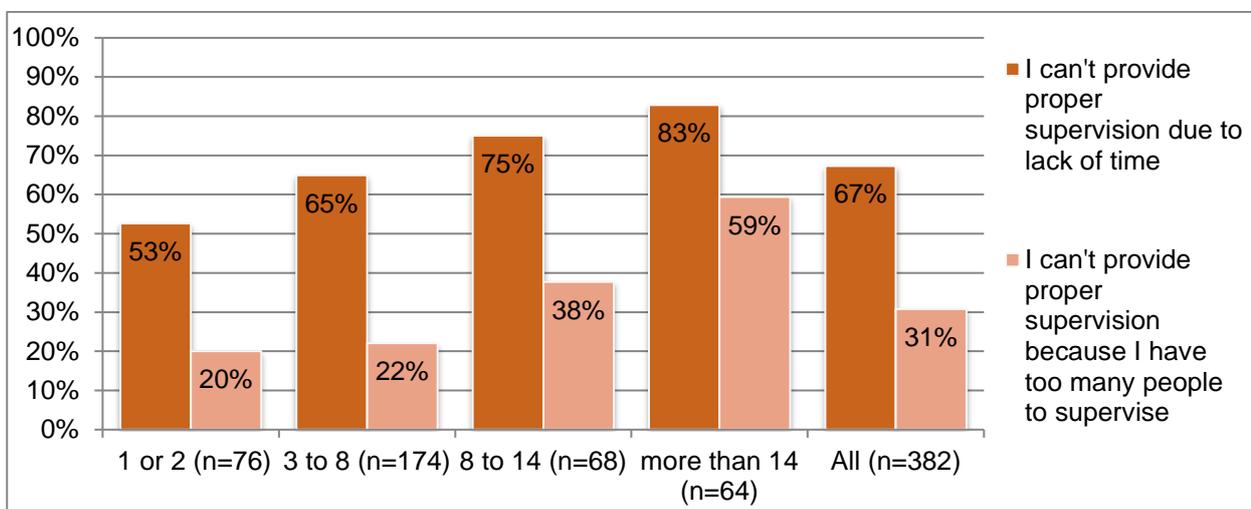
Further, supervisors with high numbers of supervisees are struggling to provide proper supervision. As the survey of disability workers showed, 83% of supervisors who supervise more than 14 staff (the level assumed in the NDIS pricing model) agree or strongly agree that they can't provide proper supervision due to lack of time, and 59% agree or strongly agree that they can't provide proper supervision because they have too many people to supervise (see Figure 5.6). This underlines how increasing the number of supervisees to levels assumed by the pricing model is predicated on poor quality supervision.

Figure 5.5 Number of staff directly supervised, by whether or not respondent was working under NDIS, supervisors (%)



Source: Survey of Disability Workers, 2017

Figure 5.6 Percentage of respondents who agreed with statements on supervision, by number of staff directly supervised



Source: Survey of Disability Workers, 2017

A respondent to the employee survey commented on the difficulties of supervision under the NDIS, and the Scheme's failure to recognise the time requirements for the type of supervision required to support choice and quality assurance:

It appears that the NDIS has been created with a particular set of disabilities in mind, or at least as a priority, but in the case of intellectual disability there is not enough consideration given to the complexities of supporting those with complex care needs. Where participants are unable to self-manage or advocate strongly for themselves, supervisory staff are not being given the resources to properly provide choices and to collect the evidence that quality services are being delivered. What was sold as an opportunity to address the inequalities inherent in the block-funded arrangements has instead delivered a cost-cutting exercise; whether through accident or design, the lofty ideals of the NDIS are not being going to be achieved for a great many participants unless the paucity of funding to provide the best outcomes is rectified.

Loss of supervision and support for workers was identified as something that had occurred with the NDIS and was felt directly by many workers, mainly in that they—as qualified, trained and experienced workers—were relied on to support new, inexperienced casuals. For example one disability support worker who did not have formal supervisory responsibilities for other staff described needing to step in to supervise less experienced staff:

When you're working with casuals, because you're attached to the house as a staff member, you're the most senior person there on staff so depending on what needs to be done, then you're directing staff to do that. I'm also the OH&S rep and the union delegate. So in those roles I'm supporting staff. Not so much supervising, but supporting them to make sure that we're all doing A, the same thing and we're all doing it the correct way. *Interviewer*: So how often would you have to be working with casuals? ... *Interviewee*: I'd say every second shift I'm working with a casual. (Employee 1)

A broader perspective was offered by a support-co-ordinator who observed new service providers in her region were not putting resources into supervision and support and this was impacting on the quality of support for people with disability. In her own organisation she had seen training and supervision cut to an extent that she believed was having a negative impact on quality of support, particularly for one-on-one personal support. She said:

... there's a lot of agencies that have started up in.... [and] they don't have that sort of supervision and governance with their direct care support staff. And direct care support staff can get themselves into some tricky situations I suppose around boundaries and that sort of thing. So I see that because I support other people to engage with other agencies, so I see when the problems arise. (Employee 4)

Interviews with disability support workers suggest a combination of reductions in training and support for disability support workers, increased use of inexperienced casual employees and increased supervisor workloads are creating unsustainable pressures on supervisory staff. For example, one supervisor reported that she was working at least 10 to 15 hours unpaid overtime a

week undertaking essential work such as keeping up-to-date with participants' medical needs to try to ensure a safe, good quality service and a safe workplace:

I'm not getting any training ... So who's to say I'm doing things the right way and showing you how to do things? That worries me. That terrifies me, that I show someone, or explain something to someone, and it's completely wrong. I put someone at risk of, at best, an emotional outburst, at worst of physical violence and psychological injury, because I've told you to do things this way, or such-and-such and it's completely wrong. And that terrifies me. That eats my soul. Which is probably why I do the 10 hours extra [unpaid], making sure that I know what I'm talking about and who I'm talking about and I'm reading people's plans and I'm seeing if anything's been updated in their plans, their diagnosis, their medication.
(Employee 2)

5.4 Staffing on-costs

The adequacy of provision for staffing on-costs is difficult to assess, and data was not specifically collected on this theme in the survey or interviews. It appears that the types of costs usually included as staffing on-costs, such as superannuation and workers compensation, have been included in the RCM. However, the actual amounts in the RCM (based on the calculations used in NDIA and NDS, 2014) are inevitably much less than what is necessary, because on-costs are a percentage mark-up on direct wage costs, which, as shown above, are significantly under-stated, based on the under-classification of workers and supervisors, and under-estimates of the time required to provide disability support (as detailed in 5.1, 5.2 and 5.3).

5.5 Corporate overheads

Low allowance for overhead expenses in contracts with governments (or donors) is a problem for not-for-profit financing, as it feeds a cycle of under-investment (Lecy & Searing, 2015). Lecy and Searing (2015) identify how the excessive pursuit of administrative efficiency has caused a steady, self-perpetuating practice of cost-cutting in organisations, which in turn harms not-for-profits and their service users. Reductions in overheads can cause a myriad of behaviours which are detrimental to the long run productive capacity of not-for-profits, including cutting expenses relating to personnel development. Low overheads also place organisations at risk of financial shock, and have long term consequences by depleting organisational capacity, through starving organisations of funds to invest in skilled and efficient management, and training and development. Low overheads result in burned out staff, under-maintained capital, out of date programs, and other manifestations of poor quality.

It is difficult to assess the appropriateness of NDIS prices for corporate overheads, given the diversity of providers' operational models. Indeed, Lecy and Searing (2015) caution against a simple rule of thumb for all not-for-profits, and instead show that organisations have different levels of overheads depending on their size, subsector and stage of growth. However, it is pertinent that disability service providers report that NDIS pricing arrangements do not adequately cover overheads. One CEO explained, how under NDIS, there is:

Very little face to face time, eg for supervision, meetings and training and it is inadequate and we will have to reduce all 3. We will be cutting back on our regular 3 full training days a year. We will initially be putting people on casual now as we will be unable to determine ongoing employment. The pricing may cause viability issues for us and is a poor outcome for our staff. (CEO of medium sized metropolitan organisation)

Commonly, inadequate provision for overheads was seen to impact on employers' capacity to cover staff development and training:

The pricing is not appropriate and for many of our participants it is not reasonable or necessary for them to live an ordinary life. The apparently arbitrary allocation of service costs at 12% or 15% does not allow for staff development or training. The NDIS is squeezing organisations and promoting casualisation of the workforce and skills atrophy of staff. It is great in theory, and I really love the concept, but the implementation and understanding by government, the NDIA Board and the NDIA staff is poor. (CEO of large metropolitan organisation)

The pricing structure for NDIS means that opportunities for training, professional development are being called into question and how/what type of training can be delivered. Individual plans are also not covering the cost of clinical services and requisite training to staff to deliver particularly in relation to behaviour management. Also the cost of team meetings is not being covered. In many cases the plans for supported independent living do not cover even the direct support needs of people with disabilities (CEO in large non-metropolitan organisation)

It is challenging to maintain quality and an appropriate level of L & D²⁹ and supervision under the NDIS. This is particularly important as we deal with quite complex cases that require this support. Also the qualifications of people who can deliver different supports has meant an entire organisation restructure and recruitment to ensure our employees can deliver the required supports.... ..Also, there has been great pressure on employees to deliver NDIS work efficiently when they have to learn new systems as well as work under dual systems of current funding and NDIS funding. (CEO of small metropolitan organisation)

As discussed in Section 5.2, workers also identified the loss of paid time for training as something that had occurred with the NDIS with negative impacts on workers' ability to their jobs, and negative impacts on job satisfaction as they observed declining capacity and service quality. Workers we interviewed had experienced their organisations significantly cutting back on support for induction and training of support workers, and for supervision and team meetings. Impacts on service quality were very apparent as there were often many new support workers and many more casual and short hours' part-time workers in their services than previously. As Bentham and

²⁹ Learning and development

Macdonald (2017) found, workers reported their ability to deliver quality, safe support to clients was often compromised. As one stated:

...I know one new girl who buddied up with me once, she said, '[our employer] gave me a box of gloves and said, off you go'. (DSW12, Bentham and Macdonald, 2017)

Many other workers reported having inadequate information about the people they were supporting; for example one worker said:

... [The person was] the most complex client I have ever been sent to ...there were no written notes. ...I wasn't told that he self-harms, but he does self-harm. So the most crucial information wasn't provided. (DSW07, Bentham and Macdonald, 2017)

She also said that the strict routine required by one person she worked with who had high support needs required around '30 different steps in a one hour [shift]. ...And I was expected to know this routine after maybe two shifts.' (DSW07, Bentham and Macdonald, 2017)

Workers said they highly valued staff meetings, as these were important opportunities for workers to share information and ideas to improve support strategies for individual clients. However, several reported that their organisations did not have meetings for support workers at all. One worker said that support staff had asked for meetings but had been told the organisation didn't have funding for staff meetings. Some workers felt so strongly that meetings were essential, they organised and conducted them in their own unpaid time:

Usually when something arises in the team – because you put it to the office [that we should have a staff meeting], 'Oh, no, we can never find time,' or 'it doesn't allow for that in their NDIS package' or something – so we'll just meet for coffee. Probably every two-three months, or if someone new comes onto the team, we'll sort of have a get-together with coffee and sort of discuss some of the behaviours, and strategies we use and things like that ...because as I said before, for a team to work, you all have to be on the same wavelength. (DSW01, Bentham and Macdonald, 2017)

Another support worker connected the lack of support and supervision she was receiving with the move to the NDIS:

When I now say a 'team leader', look, really there is no team. They say that there's a team, we're in the complex team, ...program, but we never get together. Like there's no meetings, there's no supervision. ... Previously there was just that sense of you were a part of a team, and a team that cared about those people, the clients within that team. At the moment it's so scattered that we're all fragmented, it doesn't feel like a team at all. [Previously] you run past things with people, you get other ideas. It's like, you know, a whiteboard and you've got all these different ideas coming at you and you're going, 'Oh yeah, look, I didn't think of that.' You know, like it's reflection, it's feedback, it's all those things that, [now] who are you going to talk to? I'm not going to go home and talk to my husband and say, 'Hey listen, what do you think of this?' You need that, you do, you need that sense of support around

you as a worker. And, I don't know, I guess it's a feeling of belonging, of belonging to an organisation that really cares and nurtures and all that sort of thing. Had that before; don't have that now.' (DSW20, Bentham and Macdonald, 2017)

Some employers also pointed out how under NDIS, organisational overheads were higher, given both the need to spend time negotiating with service users, and the high costs of working with the NDIA:

NDIS requires both of our organisation and our staff to be more flexible in terms of meeting the more frequently changing needs and demands of clients. It will also increase our administrative cost because our staff members will spend more time in negotiating with clients before they use our services and after they discharge from our services. (Human Resource Manager in large metropolitan service)

At the moment, we still have great confusion among some of our clients and their plans. Even so, there are plans in place, they cannot always be accessed for the service we provide or the client has used up funds in one category but then has difficulties to access another part. To ring NDIA it takes often up to a hour on hold to get to talk to someone, who then in turn cannot always help with a solution. For a small organisation like us NDIS is nearly not worth the hassle. We have to pay our staff, but have delays in getting paid. We have one admin staff, who cannot spent hours trying to solve all the issues. Fees do not cover cost of the professional provider and admin cost. We find NDIS very heavy on administrative cost, which is hard to manage for a small organisation like us. We hope with time this gap will significantly reduce and make servicing NDIS clients more viable for us. (CEO of small non-metropolitan organisation)

5.6 Return on capital (margin)

An appropriate margin would allow organisations to ensure sufficient working capital and to accumulate a small reserve to meet future expenses, which can help ensure future capacity to pay staff (Calabrese, 2013). The interviews and survey data collected for this study did not specifically explore the appropriateness of the 5% allowance for a margin in the NDIS pricing model, making it difficult to assess its adequacy. However other sources suggest this may be a little low, especially for a period of transition, where providers have high costs of adjusting to new models and need to invest to expand capacity.

Some evidence of the margins achieved by registered NDIS providers comes from NDS (2016). Around 1 in 5 organisations reported no surplus in the last financial year, and 46% had a margin between -3% and +3%. Around a third (32%) reported margins which were above this level. Another source of information comes from the financial reports made to the Australian Charities and Not-for-Profits Commission (ACNC) by 14,896 charities which listed people with disabilities among their beneficiaries in 2015, the average margin (net income as a percentage of total income) was 6.3%. When limited to the 7,963 registered charities who listed people with disabilities

as a beneficiary group and were in the sectors relevant to NDIS, charities had an average margin of 5.2%.³⁰

While the employer survey did not indicate the exact margins organisations needed, it shows that, under current pricing arrangements, providers are under pressure. For example:

Under the NDIS rates we are being asked to provide the same hours of work for a lot less money (around 1/3) - something must give. ... We have not accumulated surpluses.... How do you maintain safety, probity, supervision, training with such low margins- I guarantee each organisation will be cutting corners somewhere.
(CEO of large non-metropolitan service)

The evidence about the adequacy of the pricing assumptions relating to margins is fairly thin and requires further research. It may appear that the pricing model allowance for margins is a little too low and that the 5% margin is likely to be unachievable by most providers in the context of underfunding of the other elements of the price.

5.7 Variation to the base rate, and other NDIS pricing issues

As discussed above, NDIS pricing is contributing to under-classification, time pressure, and unpaid work among disability support workers, primarily because of under-pricing through the base hourly rate. Less evidence is available about the adequacy of variation arrangements, such as the geographic and time of day loadings, and other aspects of NDIS pricing, although some conclusions can be drawn.

To assess the adequacy of geographic loadings in 2016-17, and the increases scheduled for 2017-2018, would require more focused research on providers' costs and practices across the full range of geographic contexts, while the time of day loadings similarly require assessment against the full range of industrial entitlements, including those in enterprise agreements.

However, the evidence does however show the loading for intensity is far too limited, as it fails to take account of the range and cost of strategies that are essential to assist participants with complex support needs, in particular the need for more senior workers and the frequent need for more than one worker to work with participants. The loading only takes (inadequate) account of additional non-client time required of workers, with a 5% reduction allowed from the proportion assumed in the base hourly rate. Under current arrangements, the higher rate of supports can be considered where assistance to manage challenging behaviour is required at least once per shift or where continual active support is required, but it is the case that some participants have more intermittent complex support needs. Case Study 4 shows how prices need to take into account that

³⁰ These figures come from an online analysis tool at australiancharities.acnc.gov.au, and were calculated using a subset of charities which listed people with disability among their beneficiaries and whose main activities were in the ACNC's categories of social services, health, law and advocacy, development and housing, and culture and recreation. This excluded those in the categories of education and research, environment, international, other, religion, and philanthropic intermediaries, which are unlikely to deliver NDIS services. Note that it is not clear how many of these were actually delivering NDIS, rather the figures are indicative of the margins of disability charities more broadly.

in some cases, more than one worker will be required to work with participants with complex needs, or for reasons of worker health and safety

In terms of variation for numbers of participants, prices for Group based, Community, Social and Recreational Activities assume substantial economies of scale, in that a provider is paid the base hourly rate for providing support to a single participant when providing support to 2 or 3 participants. For Centre-based Care, the same price is charged for each participant, and thus prices assume there are no economies or diseconomies of scale. For Supported Independent Living (SIL), the price per participant reduces as the number of participants increases, and thus prices assume there are economies of scale. There does not appear to be any publicly available explanation of the reasons why the NDIA made the various assumptions about the nature of the economies of scale in each of the three cases, nor why the assumptions are different in each case. As for the other variation components, further information is needed for a full assessment.

Case Study 4: Jane's experiences of under-staffing

Jane, a disability support worker described health and safety problems that placed workers and participants at risk. Due to understaffing Jane has been required to use a hoist to lift a person on her own, despite this being unsafe for her and or the person she was supporting:

Every single person that works there has had to hoist him by themselves, one time or another because of [they are working on their own when there should be two support workers assisting the person]. ...This is a very stressful situation to be in.

Lack of enough staff in the organisation has meant Jane and her colleagues work shifts when they are unwell even when there may be health risks for themselves and a risk of exposing participants with weak immune systems to illness:

Say that a carer got sick and they rang up to say, 'We can't go to this client's house today because I'm sick,' then oftentimes, like often she's said to me, 'Well, I'll have to tell him that nobody's coming then,' because they rang everybody else and because there's so little of us if everybody else said no there's not really much you can do.' And sending us in is not a good idea because you don't want the client to get sick, so yeah...

(S)ometimes we still go to work even if we really shouldn't. There's a [co-worker] that was told not to go to work for a month because she hurt her knee, and they didn't want her to be walking on it or hoisting on it or doing anything, but she still had to go to work because there's so little of us that there's nobody else to cover her shift. (DSW22)

6. Concluding discussion

This final section summarises the overall impact of inadequate prices on NDIS services and the staff employed to deliver them, and suggests some ways forward.

6.1 Summary of inadequacies in pricing arrangements

Drawing on data from disability support workers and employers, this report has shown a range of problems arising from the assumptions embedded in the RCM. Overwhelmingly, the evidence shows that NDIS prices are not covering the full costs of disability service provision or supporting quality services. Under-pricing of services is inherent in the key assumptions underpinning the NDIS pricing model.

Prices have been set with little transparency, which appears inappropriate given the Scheme's high public costs, and the significant implications prices have for provider viability and supply, workers' financial security and participants' quality of life. More transparency about all the NDIA's assumptions and decision making is required. Principles of transparent, evidence-based pricing should guide the operations of the NDIA or any independent price regulator.

Major problems with the NDIS pricing models and prices include:

- The assumed average level of workers at SACS 2.3 is acting as a cap at entry level, and does not reflect the actual profile of the level of workers. It is creating incentives to hire less qualified and less competent staff, and is limiting career paths and progression, and prospects for staff retention. Level 3 would be more appropriate.
- Pricing arrangements fail to recognise the costs of supervision. The assumed classification level of supervisors at Level 3 is low, and the supervision level and span does not align with either the assumed level of support workers who are supervised, evidence of current supervisory practices, or the classification descriptions contained in the SCHADS Award. Level 4 would be more appropriate.
- The assumed amount of non-client time involved in disability support work (5%, or 21 minutes in a 7 hour day) is inadequate. While there appears to be large variation between service types and providers, administration and co-ordination demands have increased under NDIS. Disability support workers are experiencing excessive time pressure which is unsustainable, and antithetical to supporting participants' needs in individualised ways.
- Development and co-ordination activities, such as training, peer support and team meetings are not adequately funded under current prices. As a result, there are greater risks to participants, where disability support workers are not properly trained, where supports are poorly co-ordinated, and where workers lack the capacity to provide supports in individualised ways.
- While more research is necessary to assess price variation, the variations based on intensity are inadequate. The 'discount' of non-client facing time does not adequately recognise what is required to assist clients with high support needs, such as the need for more than one support worker, or the employment of more highly skilled workers. If the costs of working with

participants with high support needs are not available under NDIS, there are real risks that providers will avoid supplying these participants. Similarly there may be other gaps in the overall supply of NDIS services and supports if the other variation factors do not fully cover the costs across the range of places and circumstances that the NDIS is supposed to serve.

Overall, the data shows how provider organisations are finding it difficult to be 'good employers' and to meet their industrial obligations and cover required pay rates and conditions. Many are reconsidering whether they are likely to be able to provide services in viable ways in the future. Further evidence of employers' difficulties covering the costs of staffing are reflected in the substantial proportion of CEOs who report that their organisation cannot provide staff with regular hours, and their low likelihood of offering an expanded number of permanent positions in the future. Reports from employees confirm that some employers are adopting workforce strategies to minimise labour costs, reducing support workers' pay and employment conditions and, in some cases, undercutting legal minima.

This context creates real risks for the future of the NDIS, and for NDIS participants. Pricing is predicated on under-classification of workers and insufficient time for workers and supervisors to do their jobs well, problems which are exacerbated for participants with more complex needs. Prices are not supporting thorough induction and training, contributing to high levels of risk. Workers are compensating for under-resourcing with unpaid work. Under these arrangements, attracting and retaining the additional disability support workers necessary to meet projected demand is unlikely. Indeed, even retaining the current workforce is a matter of concern.

6.2 Building alternatives

Any review of NDIS costs and the factors affecting Scheme design need to recognise that current prices and price setting processes are inadequate. Urgent intervention is required to develop more realistic assumptions and ensure prices are based on evidence of what is required to deliver good quality services, and the importance of a well-supported and reasonably remunerated workforce. Although prices are being indexed upwards for 2017-2018 to account for cost of living, minimum wage and ERO increases, these increases leave the underlying structure of prices intact. These arrangements are unsustainable, as the effect of under-pricing is to shift the costs of provision onto frontline staff, undermining quality support and prospects for decent jobs for support workers.

Prices are incentivising cost-cutting and creating imperatives for low quality provision. Fairer pricing arrangements would recognise that providers require access to resources which enable them to attract, train and retain high quality staff, and to employ staff in decent jobs that provide adequate hours and earnings, safe workplaces, job security, and a reasonable work-life balance. Dedicated funding for training, and a loading to cover employment of support workers above entry level, would help to provide career pathways and aid in staff retention and workforce expansion. The NDIS quality and safeguarding framework should be enhanced over time to ensure quality disability support is underpinned by a well-trained and qualified workforce, through mandating or creating incentives for minimum requirements, such as qualifications at Certificate IV level.

The NDIA has repeatedly promoted the ideal of a mature NDIS market within which competition will drive prices down. In light of the evidence showing service provision is under-priced, this vision seems unrealistic. The NDIA has stated expectations that movement to an efficient price will be

driven by reduction in corporate overheads, expanding the supervision span, and increasing staff 'utilisation' (time with clients), but has given little indication of why or how this will happen, except for generalised claims about the impact of 'competition'. These changes seem unrealistic in the context of current pressures on organisations, existing supervisory practices and the very limited amount of non-client facing time currently allowed. Any lowering of NDIS prices is likely to reduce the quality of services further below acceptable minima, and work against the achievement of NDIS objectives.

A more realistic vision, based on robust evidence of the nature of quality service provision and measures of quality, would help guide reform in ways that avoid a race to the bottom. Pricing should be informed by research about the ways disability work is performed, and the experiences of those who perform it, and recognition of the links between employment arrangements and outcomes for people with disability. Measurement of participant satisfaction and health and wellbeing outcomes which are linked to job quality measures could help assess the contribution of different employment models, and could be used to evaluate any future changes to prices, and the ongoing process of reform.

Principles of transparency in price determination are also vital to enable all stakeholders to assess the adequacy of prices in relation to the full costs of provision. As well as transparency of NDIA decision making, consideration should be given to requiring providers to report workforce information, to demonstrate the integral position of workers in the logic of implementing the NDIS and supporting participants to achieve outcomes. It could become a requirement of NDIS registration, for example, to publicly report specific workforce data, including the numbers of qualified and experienced workers, and workers employed on a permanent basis. The National Minimum Dataset for Social Care (NMDS-SC)³¹ in the UK provides an excellent model for workforce monitoring, enabling time series analysis of the social care workforce as a whole over time, whilst also providing more granular information for particular areas or service types, to inform research, benchmarking and quality assurance (Hussein, 2009; Hussein & Manthorpe, 2012).

³¹ See <https://www.nmds-sc-online.org.uk/>

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Appendix A: CPOW Working Paper 2017-1



**Disability support work under the NDIS:
Initial analysis of workers' experiences**

Eleanor Bentham and Fiona Macdonald

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Disability support work under the NDIS: Initial analysis of workers' experiences

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This working paper presents preliminary findings from an initial analysis of some of the data collected for the *Day in the Life of a Care and Support Worker* research project led by Fiona Macdonald and Sara Charlesworth with Eleanor Bentham and Jenny Malone as part of three larger research projects . All three projects have received funding from the Australian Research Council: *From Margins to Mainstream: Gender Equality and Decent Work* (DP110102963), *Prospects for Quality Work and Gender Equality in Frontline Care Work* (FT120100346) and *Paid Work in Cash-for-Care: Australia in Comparative Perspective* (DE 160100543).

Overview of research and summary of findings

The research

This working paper explores some of the experiences of people employed to provide personal support and assistance to people with disability under the National Disability Insurance Scheme (NDIS). It presents a preliminary analysis of semi-structured interviews conducted in late 2016 and early 2017 with 12 Disability Support Workers (DSWs) for the *Day in the Life of a Support and Care Worker* research project. In this work in progress paper we focus on aspects of workers' experiences that are affected by NDIS funding and pricing arrangements.

Summary of findings

Workers were very positive about their roles supporting people with disability work. Nevertheless, six of the 12 workers were taking active steps to leave their jobs as disability support workers. This working paper examines what is behind this apparent contradiction, It reports on workers' experiences of disability support work under the NDIS and identifies that most of the negative aspects of work for these disability support workers are not inherent to the work but are the result of the ways in which the work is organised and the limited funding, training and support associated with their jobs. Workers experienced poor training and support, low earnings, excessive unpaid work time, and extended working days and weeks as significant negative aspects of their jobs.

The research and the research participants

The 12 disability support workers (DSWs) whose experiences are reported in this paper were among a larger group of workers who participated in two individual face-to-face semi-structured interviews with researchers in which they were asked about their jobs, and their employment and working time arrangements. In between the first and second interviews each of the research participants completed a 'diary' outlining their working time over three days. The analysis presented in this report is drawn primarily from the worker interviews.

Research participants were recruited for the research through advertisements in a local newspaper and also through snowballing, with some people passing on the invitation to participate in the research to their colleagues. Interviews were conducted in public locations offering privacy (e.g. in private rooms in community centres and public libraries) and with permission from participants were audio-taped.

The 12 research participants were women aged from early 20s to over 60 years. Nine of the 12 were aged over 40, most of them in their 50s or 60s. Five of the 12 DSWs were employed by two or more organisations to provide support to people with disability. Three workers held other jobs in addition to their disability support roles. Some also worked as homecare workers providing personal assistance to aged people in their homes (This work is not discussed in this analysis).

The women were employed by not-for-profit, for-profit and public sector organisations with several of these organisations providing a range of support, care and other services in addition to services provided to people with disability as part of individual support packages under the NDIS (for example home and community care to elderly people). Four workers were employed by more than one type of provider.

Almost all the disability support workers provided personal care and assistance to a number of NDIS participants, working with adults or children with physical and intellectual disability or cognitive impairment. Two provided support to people with mental health issues.

One worker was employed full-time on a fixed-term contract. Five others were permanent part-time employees (some working full-time hours) and six were casual employees, mostly working part-time hours.

Workers' years of experience in their current roles or in similar work ranged from five months to 30 years. Most of the workers were either the main or sole breadwinner in their household or were joint earners with a partner.

Preliminary findings

Disability Support Workers' skills and responsibilities

The disability support workers reported providing support to a variety of people including some with complex support needs. Most of their work involved providing support to people in their homes; typically the workers were working on their own, or with one other worker, and often without immediate access to a team leader or supervisor. Workers spoke of having to deploy a range of skills in the course of the working day, including the following examples:

- applying knowledge across a wide spectrum of advanced practical skills, such as: knowing how to do PEG feeding³² or safely use a hoist to lift someone; knowing how to respond when someone has an epileptic seizure; and knowing what routine or intervention will prevent someone from self-harming or keep a client with challenging behaviours happy and calm;
- monitoring and assessing participants' wellbeing and health, and taking appropriate steps to address problems, for such things as a person not eating; having unexplained bruises; or having their health deteriorate requiring action;
- responding to urgent situations, such as medical emergencies or violence;
- using interpersonal skills to lift a depressed client's mood, provide an enjoyable experience for a child, calm a distressed client with dementia, or support a terminally ill client and their grieving family;
- working with people to help them achieve their short- and long-term goals;
- managing a demanding workload under time pressure, including frequently accommodating unforeseeable events within a tight schedule;
- understanding and working in compliance with requirements of the various legal, regulatory, funding and healthcare systems applying to their roles; and
- negotiating with their employers and other health and support agencies to achieve the best for their clients.

Supporting people with disability: The positive aspect of the work

Disability support workers were overwhelmingly positive about the key aspect of their work: supporting people with disability. All the workers said they enjoyed working with people and making a difference in their lives.

There's certainly a bit of everything in this job. That's what I love about it. ...And I love that you build an attachment to people, although you're not supposed to. I

³² PEG is an abbreviation for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach to enable feeding directly into the stomach.

shouldn't say an attachment; you build a friendship. You're not supposed to; it's a big no-no. But that's totally unrealistic. I mean, you're a carer, you're going to care. (DSW11)

(I)t's good to wake up every morning and think that you have the opportunity to influence somebody's life today and that you can choose to make that a positive influence, and help someone with their goals that otherwise without you they wouldn't have been able to do. (DSW22)

I love it. I'm really enjoying the experience, yes. I love it. ...Every day's different. ...Yeah, I'm enjoying it. Because it's still quite new, it's different and I'm enjoying it, the difference. But yeah, all my clients are just lovely. And sometimes I go into a home and I work with a person and they're just lovely. And I just go away thinking, oh, that was such a pleasure to do that job. (DSW04)

The difficulties of disability support work

While all 12 workers said they liked or loved their work, all also readily named aspects of their jobs they found very difficult. Workers talked about their work being physically, mentally and emotionally tiring or exhausting; and they spoke about the stress of trying to provide essential support without having enough time to do so. Some experienced verbal and physical abuse from people they supported. Many workers spoke about the stressful elements, and emotional strain of their work: some described experiencing distress working with people with degenerative diseases and about their grief when long-standing clients passed away, and others spoke of the difficulties they experienced supporting people who had limited social contact:

...when you go into someone's home, they may not have a support network around them. So I think it is a lot more emotional for me (than working in a group setting). Because I take on people and their worries and their problems.

You always have them in the back of your mind. It's that kind of industry. ...It's really hard not to think about your clients when you're not with them. (DSW04)

The negative aspects of disability support workers' jobs

While some of the difficult aspects workers identified were largely inherent to the work, disability support workers spoke to us about many more problems with their jobs that were not, and that multiplied the difficulties identified above. These were: inadequate training, inadequate supervision and organisational support, low pay, and working time problems associated with split shifts, unsocial working hours, extended work days and weeks, and casual conditions.

Inadequate training and support to do the job well

Despite not being explicitly asked in interviews about training and support, half of the workers raised lack of training and/or supervision and management support as serious problems, and only a few described good training and support.

Supports that workers wanted but reported not receiving included: ready access to supervisors who could be contacted in an emergency and who were familiar with the clients; regular meetings with supervisors and colleagues to develop improved support strategies for clients; timely provision of essential information about clients necessary to keep themselves and their clients safe; training and support to ensure workers' safety when working with potentially dangerous clients; supervisors and managers who would follow up on concerns about client wellbeing raised by workers; and the opportunity to gain familiarity with individual clients' needs, personalities and interests through regular consistent shifts with the same clients and on-the-job training.

Several workers contrasted their current negative experiences of work with the good-quality training and support they had received previously, either with government providers or prior to the NDIS. For example, one worker spoke highly of the training and support offered by her government employer, compared with the lack of support she received from the not-for-profit she now also worked for:

...we have one-on-one meetings every six weeks. ...They are for any grievances you might have – if your roster's too full, if you're not getting enough hours, if you want to change something around, if you have a problem with a particular client – just whatever's going on with you workwise. And we also have team meetings every four weeks, which is great, and then for an hour and a half we often have guest speakers. And we just finished a workshop on (a specialist topic), which was really interesting. And again, you can bring something up that's relevant to everybody else in the room, and we can kind of brainstorm: 'Well this is how I chose to deal with it, I don't know if that's always going to work,' ...and they offer counselling services and physio services. (DSW11)

By comparison, she said of her not-for-profit employer:

you don't have anything to do with them. ...I know one new girl who buddied up with me once, she said, (the employer) gave me a box of gloves and said, off you go. (DSW11)

Many workers said that the lack of training and support meant that their ability to deliver quality, safe support to clients was compromised, or that their own health and safety was compromised. Many also reported having inadequate information about the people they were supporting; for example another woman said:

... she was the most complex client I have ever been sent to ...there were no written notes. ...I wasn't told that she self-harms, but she does self-harm. So the most crucial information wasn't provided.

This woman also said that the strict routine required by this client to manage their behaviour required '[dozens of] different steps in a one hour (shift). ...And I was expected to know this routine after maybe two shifts.' (DSW07)

Workers said they highly valued staff meetings, as these were important opportunities for workers to share information and ideas to improve support strategies for individual clients. However, several reported that their organisations did not have meetings for support workers at all. One worker said that support staff had asked for meetings but had been told the organisation didn't have funding for staff meetings. Some workers felt so strongly that meetings were essential, they held them in their own unpaid time:

Usually when something arises in the team – because you put it to the office (that we should have a staff meeting), 'Oh, no, we can never find time,' or 'it doesn't allow for that in their NDIS package' or something – so we'll just meet for coffee. Probably every two-three months, or if someone new comes onto the team, we'll sort of have a get-together with coffee and sort of discuss some of the behaviours, and strategies we use and things like that ...because as I said before, for a team to work, you all have to be on the same wavelength. (DSW01)

We did mention yesterday that we need to maybe meet out in the community sometimes once a fortnight or something like that. (We would) just organise it ourselves, because (Not-for-profit Provider) is not interested in doing it. It feels like they're just interested in getting the hours paid for, getting the numbers and getting the hours paid for. (DSW20)

A worker, employed by a large not-for-profit provider, said that team meetings were 'non-existent'. (DSW07) Another said that she had had little contact with colleagues since 'my induction, that was when I first started. And so I've barely seen people at (not-for-profit provider) after that'. (DSW04) One support worker who was working with clients who had very complex conditions connected the lack of support and supervision she was receiving with the move to the NDIS:

when I now say a 'team leader', look, really there is no team. They say that there's a team, we're in the complex team, ...program, but we never get together. Like there's no meetings, there's no supervision. ... Previously was just that sense of you were a part of a team, and a team that cared about those people, the clients within that team. At the moment it's so scattered that we're all fragmented, it doesn't feel like a team at all. (Previously) you run past things with people, you get other ideas. It's like, you know, a whiteboard and you've got all these different ideas coming at you and you're going, 'Oh yeah, look, I didn't think of that.' You know, like it's reflection, it's feedback, it's all those things that, (now) who are you going to talk to? I'm not going to go home and talk to my husband and say, 'Hey listen, what do you think of this?' You need that, you do, you need that sense of support around you as a worker. And, I don't know, I guess it's a feeling of belonging, of belonging to an organisation that really cares and nurtures and all that sort of thing. Had that before; don't have that now.' (DSW20)

One worker employed by a small organisation said that her supervisor, was 'very hard to contact'. She went on to say:

Yeah, so you kind of pick and choose what you ring her for, because it's like she's not going to answer anyway. One time ...they hadn't covered (a) shift for the night. So, there's meant to be two people and there was only me, and I tried ringing her like x amount of times. She didn't answer. So I started ringing the other workers, and asking if anyone can come help, because the boss isn't answering and it's like a normal thing for us. So that happens quite a bit. (DSW22)

One worker said that employees with her employer had expressed a desire for more training, but had not received it. She said she was willing to offer her time unpaid to receive training, including some 'basic' information about the organisation's directions and the NDIS:

I think it'd make a great difference if staff were included and ...even training sessions, perhaps more refresher training sessions that could be held at the office, where there's a big conference room there. So staff could be invited in there, I'm not saying necessarily to be paid to be there, but as a choice for them, perhaps, to go in and maybe the supervisors could say, explain to us how the systems work, how the communication moves around ..with the NDIS as well as them. And also give us the heads up about any new things that maybe going to be implemented, like different programs, give us some options too. (DSW08)

This worker also reported that her employer did not give them support to identify community activities to take clients to; the service provider was instead relying on individual workers to use their own, unpaid time to find out about suitable activities:

If we have ...a client who we're with and we have to structure their day, (I'd like my employer to) give us some guidance as to what's available within the community. At the moment I have to find those things out myself. And I really don't have the time. (DSW08)

Several workers reported they had not received adequate support from supervisors when experiencing difficulties with clients. One worker said she had been verbally abused by a client and the client's family, but had had little support from the manager. She said:

(I)t makes me unhappy going there because I never know how he's going to treat me when I walk in the door. I'll be dreading going there in case his (relative) is there. (DSW22)

Another worker described how under the NDIS funding model, allocation of case management support had become less personalised, meaning that some clients with complex needs had inadequate levels of case management support:

I find a lot of the client's case managers are too busy and like especially since NDIS have come in, like they're only allotted, I think it's like an hour a week, to do everything per client. (I)f you get a difficult client an hour a week would be one phone call with some of their issues, whereas they don't sort of see each client as

an individual and like some of them would probably need five hours a week and some wouldn't even need that hour. So yeah they don't see them as individuals.
(DSW01)

Fragmented working time: very short shifts and extended working weeks

Many workers spoke of working regular shifts of less than the two hours' minimum engagement period in the SCHADS Award, and some spoke of working shifts of less than the one hour minimum engagement for homecare workers. In addition, almost all workers complained that they had long periods of empty time between (often short) paid shifts. This fragmented working schedule resulted in workers having to work very long days, across six or seven days a week (sometimes in multiple jobs), to earn an adequate income. A significant number were underemployed, despite being available for more work and sometimes or always working extended weeks of six or seven days.

One woman reported that her shortest shift was 30 minutes and another said she had refused to 'do shifts less than 45 minutes' (DSW13). Another worker said she had regularly been working 14 one-hour shifts a week, along with 14 two-hour shifts, working from breakfast through to the bed-time shift. Others said:

The shortest (shift) I do is half an hour. ...I've got one this week. It's a 9:30 to 10:00 shift at night. And it's ...about 25 minutes (from my home). And it's only a half hour shift, and then 25 minutes home again. ... You're taking all day to make up three or four hours. It's quite time consuming. I don't mind the travel where a lot of people don't like the travel. But it is a big day for very little benefit, financial benefit.
(DSW04)

I can start at quarter to eight in the morning and I can finish at four o'clock at night and I only have done five hours. That's the worst part – any carer will tell you that's the worst part of this job. (DSW11)

Yeah I love it. But the hours are really hard. We've got to sort of keep ourselves open for a 13-hour day ...and we only work five hours of that. (DSW19)

Many said that they would prefer to work full days – even long days – without multiple breaks:

I'd much rather have full days. All the days that I'm working I'd rather them all be full
(DSW04)

One woman was new to direct support work and said she was prepared to accept short shifts and long days in the short term. However, she was also planning to leave this provider in search of longer shifts.

It's a big day, and at the end of the day I could have been doing a lot more stuff than spending all that time to get an hour's work. But I'm still new, I'm still putting my foot in the water, still testing the water, and slowly I'm picking up other shifts, getting more. But even though it's only an hour it's still an hour's pay, it's still money in my pocket. And it's, I'm learning, I'm meeting people. (DSW04)

Some workers were working extended weeks or days because employers could not find other workers to take shifts. One DSW reported that she had just completed three weeks without a break, doing days that started around 8am and finished around 11 or 11:30pm, after which she sometimes had to complete notes.

We asked DSWs what their ideal working week would look like. Almost all of them said that they would prefer to work weekdays during the day, except for those who said that they wanted to work weekends because of the extra pay they received, or who said they would continue to do a single weekend or evening shift just to support a particular client.

I would also like the weekends off because I work most weekends, the majority of the weekend, and I don't really get to socialise or see my family or my partner as much as I would like to. (DSW22)

Working time: Short notice, unpredictability and one-way flexibility

All of the DSWs said that they regularly received messages asking them to do extra shifts. It was not unusual for this to be at extremely late notice. One woman said 'I could get a ten-minute notice.' She also said this had occurred, 'In the last two months, probably about five times.' (DSW08). Another woman said that every week she had been taking two or three extra shifts at one or two days' notice to fill weekend shifts.

DSWs found it difficult to assert their rights to say no to last-minute shifts. Most of the workers reported feeling pressure to work when they didn't want to, either because they feared losing work altogether, or because they felt responsible for clients' wellbeing. Some felt their supervisors exploited their vulnerability:

...like often (the supervisor's) said to me, 'Well, I'll have to tell (the client) that nobody's coming then...' (DSW22)

When you cross (my employer), he punishes you by taking shifts away. ...the guilt trips, especially if it's after hours, and you say no. 'Oh, but what will the client do without you? How will they cope?' ...(The) guilt trips are horrific. (DSW01)

Workers often experienced flexibility to be only one-way. If a client cancelled at a day's notice workers would not get paid :

...under our policies at (not-for-profit provider), a client can cancel the day before and not be liable for any fee. Right. But a support worker probably has to give something like six weeks' notice to get out of a shift. Because even though that shift won't be allocated probably until the day or two before, we're still told you're not allowed to do it, which is really extremely difficult to know six weeks in advance. (DSW07)

One worker said she felt angry that the NDIS system did not provide incentives for service providers or participants to consider workers' needs in relation to scheduling. She said her employer accepted that participants could change their support times for what she considered to

be trivial reasons. However the worker received no compensation for the loss or change of shift at short notice and the employer would not ask the participant to consider the worker's interests:

(The participant) can ring, maybe I'm due there in an hour and a half, and he can ring and say 'Oh no, tell (me) to come an hour later'. I get the call 'Go an hour later'. ... 'Well hang on, that's going to make me an hour later finishing'. 'Oh well this is what the client has requested and he is your client, he's on your roster. That's what we have to do'. ...

It's not so much the money part of it, it's the assumption being that my time is so flexible that I can change it within an hour, an hour and a half ...I don't get an explanation as to why, but generally ...it'll come up in conversation (with the participant): 'I was out having lunch with friends and we were having such a good time, didn't realise the time', that sort of thing. And I don't think that's terribly fair.'
(DSW08)

When workers received their rosters with very little notice—a common occurrence—they found it extremely difficult to either schedule shifts for their second jobs or to plan their own lives. For example, one DSW said she usually received her roster for the week beginning Monday:

...(i)n between Friday and Sunday; sometimes it could be 8 pm on Sunday night. It just depends what my boss is up to. ...it's hard to organise anything else during the week until I know when I'm working, and I can't accept shifts with (another provider) until I know when I'm working with that agency, so to find out so late just puts everything else on hold. (DSW22)

Other workers spoke of late changes to their rosters and the expectation they would work with little notice as making it very difficult to plan their lives:

I'm sick of making (personal health-related) appointments thinking I'm free, and then something crops up and you've got to cancel your own personal stuff to fit in with work. (DSW01)

...quite often I have my medical appointments in the spaces in between and I need to maintain a regular gym routine as well because I've got (a health condition) and I find that that's the only way I can really keep on. And also for my mental health that's really my outlet. And it is quite difficult to organise it all.' (DSW07)

Fluctuating incomes and low wages

A number of workers reported that they found it difficult to plan financially, due to substantial fluctuations in the hours they were allocated. Several workers employed on a casual basis said they would prefer to have certainty of income if they could get permanent part-time work and have guaranteed minimum hours even though it would mean working for a lower hourly rate.

However, even workers employed on a permanent part-time basis were not protected from dramatic fluctuations in weekly hours and earnings; some had minimum guaranteed hours of only one or two hours' work per week. Five of the 12 workers said they worked in second jobs because of insufficient hours and pay in their main disability support work jobs. Workers' earnings also varied due to work hours being cut with very little notice.

One worker who said she was guaranteed 2.5 hours per week as a casual also said:

I'd prefer the permanent part-time because ...I need to basically know what kind of money's coming in so I can go 'Right, I can afford to pay my gas bill this week or I can afford to put some extra money on the mortgage because I know what money's coming in'. (DSW04)

Unpaid work: travel time

Like most workers, DSWs are not paid, or reimbursed, for travel time and costs between home and work. However, many DSWs providing direct support services are doing very short shifts, of as little as one hour then having to return home again:

oftentimes I will have just that one shift that's half an hour away and I won't have anything for another hour or two which means that I don't get paid to go there or back, and essentially it's like the money that I get paid for the shift is covering the petrol to get there and back and it's probably like \$5 left over for the actual work once you take that into account. (DSW22)

The one that I was doing in (another suburb) it's half an hour drive, half an hour work, half an hour drive home. So there's an hour and a half to earn half an hour, plus costing in your petrol. (DSW04)

Most of the workers we spoke to were not paid at all for the time they spent travelling; most were merely reimbursed a per-kilometre rate for the costs they incurred using their own cars. One worker who was not reimbursed was told by her employer to claim the expense on tax. Workers described regularly travelling 20- to 45-minute journeys four or five times in a day, often to do short shifts of less than one hour up to two hours. For example, one DSW said that on several days a week, she drove four return journeys from her home to a client who lived 20 minutes away. As a result (excluding her first and last trips to/from home) she drove at least 100km each day, spending a total of one hour and 45 minutes' unpaid travel time to undertake 5-6 hours' paid work.

Another DSW said, 'I can remember one weekend with (Provider E) I did a hundred and eighty-nine kilometres' (DSW11)

The long distances workers travelled resulted in some being paid for less than half of the time they spent at work. For example, one worker said that her employer would sometimes ask her to do a 45-minute weekday evening shift that required a total of 80 minutes' driving:

And it's like, I'm driving forty minutes out there for a forty-five minute job; I'm getting paid like seventeen, eighteen dollars– and that sounds really cold and callous, because it's not all about the money – but in the end, nah, doesn't make sense.'
(DSW11)

Disability support work case study: Short shifts and unpaid travel

Marlene is a disability support worker with around ten years' experience, a Certificate IV in disability support and an additional diploma-level specialist qualification. She works for two service providers and is employed casually in one job and as a permanent part-time worker in the other.

Marlene works extended days and weeks providing support to people in their homes. Although she usually works only 30 paid hours a week Marlene works on most days and has only one weekend off a fortnight. Due to her work being organised in multiple short shifts she has many days in which she has periods of one to two hours or more between work shifts and she spends a lot of time travelling to and from home to work for which she receives no pay.

Four days a week Marlene works for one service provider, starting around 9 am and finishing 13 and a half hours later at around 10:30 pm. In her job with this employer (a not-for-profit service provider) Marlene is paid only for the five to six hours she spends with clients over four or five separate shifts. In addition to this Marlene spends about an hour and 45 minutes travelling back and forth from her home to work between shifts, travelling a total of 100 km per day excluding her first and last trips. She is not paid for any of this travel time, nor does her employer reimburse her for costs associated with the use of her own car to undertake the travel.

This unpaid travel time between shifts, along with unpaid administration work associated with her job, add up to about 8 hours over the 4 days, an additional 26% of the 30 hours' work Marlene is paid for. Marlene says she is "tired" and that she doesn't have a life because she is always working or on a break:

You can't go out for dinner, you can't do this, you can't do that, cos it's time to go back to work.

My ideal would be 9-5 so I could have a life, like any normal working person.

(DSW19) (Bentham & Macdonald, 2017)

Other unpaid work

Many support workers reported spending considerable time, unpaid, at the end of the day completing notes on clients or completing required paperwork. While some workers had been told by employers they should finish ten minutes early to write up notes or to contact the supervisor with any issues or concerns, they also said this was difficult or just not possible. Some said it was clients' expectation that the worker would use the full hour supporting them. Others said it was just not possible to complete their work in less than an hour:

Because you don't get time - like, in the perfect world, they tell you to do (the paperwork) at the end of each shift, but you don't get time, because you're running off to the (next) client. You're supposed to take off from your client, say, 10 minutes earlier and just go sit in your car and do them. But some clients you can't leave early. ... Because their needs haven't been met. So you know, they allow you an hour, (leaving early could mean) maybe not, you know, giving them a proper breakfast maybe, if it's a morning. Yeah. Just not doing what you get paid to do. (DSW01)

...it's all your own time, ...you can't do a monitoring form while you're on shift. (DSW07)

Some workers said that a lack of support from their employers forced them to spend additional unpaid time to ensure that their clients received support they felt was essential:

'Usually with progress notes, with (provider), you just hand them in with your timesheets once a fortnight. But I don't think that's good enough. To me, if there's a concern that needs immediate help, I will ring them up as soon as I finish the shift and tell them. But then, also when I get home, I will put it in an email as well, because sometimes when you ring you get the impression that their mind's concentrating on 20 million things and sometimes you don't get a response. ...And I always ask for a read receipt too, so I know when they've read it. And if they haven't got back to me within, say, half a day, I'll ring up and nag. (DSW01)

One worker listed the tasks she had to complete in extra unpaid time at the end of a shift or week. These included: recording any extra shifts in her diary; printing up her roster; fill out a claim form for her client's travel kilometres; making notes about any issues with clients; going into the office to deliver paperwork; discussing issues regarding clients with managers; discussing new clients with managers; correcting errors in rosters; and making appointments for clients. (DSW08)

Many said that they did not claim overtime when they were kept late for some reason, because the provider's processes made it so difficult to do so. One worker said a client's informal carer was late back from work on a fairly regular basis:

'But I would have to ring the office and ask them for approval to stay. I simply cannot stay without their approval. And I can't leave. ... (T)here is an after-hours call centre, but it is an appalling situation there. Because they use an agency so they

screen, this after calls service screens the calls that come in and then they decide where the call has to go, whether it's going to go to a supervisor who may be doing the after-hours shift. The process that that involves, giving your name, where you are, the client you're with, and it's all done in (the city), so they don't know the areas. ...That could take up to five to eight minutes.' (DSW08)

One worker with a large organisation said, 'We get paid for half an hour of work to do admin kind of thing.' However, she said she usually spends an additional 40 minutes or more on top of that 30 minutes per week, despite working less than 20 hours per week. (DSW13)

Casuals can spend a considerable time sorting out problems with rosters, completing and submitting timesheets (some agencies require that they be submitted in person) and responding to requests to take or cancel shifts. 'So (from) 9:50 to 10:06, (I) answered texts about shifts' (DSW13, reading from her time-use diary)

Completing the paperwork required to be paid wages, or reimbursed for travel, could take considerable amounts of time. One worker said she regularly took around 90 minutes a week on this:

'(M)y regular hours are printed out and then it might take me 20 minutes to half an hour to add in all my extras, all the ones that I've picked up, so I fill in a (time)sheet for them. ... It could take me maybe an hour (per week) to fill in my petrol allowance travel claim form, and then I've got to drop those two bits of paperwork in at the office. ...They said to me that I don't need to claim my petrol because they know what petrol I'm doing, but when I have a client, two of my clients I transport them but we do stuff together. (The administrative staff) don't know how far I've driven with (that client).' (DSW04)

Risks to clients' health and safety

Many workers expressed unhappiness with impacts on their clients' quality of care. Some reported that their providers forced working practices on them that put their clients' health and safety at risk. For example, more than one worker reported being asked to, or having to, use a hoist alone, despite regulations requiring that two workers always undertake hoisting, for the safety of both clients and workers. One reported being pressured to go to work even when ill, due to understaffing, despite the risks to clients.

Disability support work case study: Understaffing leading to health and safety risks to workers and participants

Jane, a disability support worker we interviewed, described health and safety problems that placed both workers and participants at risk. Due to understaffing Jane has been required to use a hoist to lift a person on her own, rather than with a co-worker, despite this being unsafe for her and or the person she is supporting:

Every single person that works there has had to hoist him by themselves, one time or another because of (understaffing)...

This was, she said, 'a very stressful situation to be in.'

Lack of enough staff in the organisation has meant Jane and her colleagues work shifts when they are unwell, even when there may be health risks for themselves and a risk of exposing participants with weak immune systems to illness:

Say that a carer got sick and they rang up to say, 'We can't go to this client's house today because I'm sick,' then oftentimes, like often she's said to me, 'Well, I'll have to tell him that nobody's coming then,' because they rang everybody else and because there's so little of us if everybody else said no there's not really much you can do.' And sending us in is not a good idea because you don't want the client to get sick, so yeah...

[S]ometimes we still go to work even if we really shouldn't. There's a [co-worker] that was told not to go to work for a month because she hurt her knee, and they didn't want her to be walking on it or hoisting on it or doing anything, but she still had to go to work because there's so little of us that there's nobody else to cover her shift. (DSW22)

Risks to workers' health and safety

Some workers had injuries from their work. Many others spoke of being exhausted by their work, citing long days, extended working weeks and not having full days off to rest as well as coping with the physical and emotional intensity of the work.

I was really stressed, really stressed all the time; I was tired all the time, my back was hurting all the time, ... And I was just running myself ragged. I didn't know how to say no, and these people, like I used to think, but if I don't go, maybe they can't find someone else to do it – as if they can't – like I thought I was quite indispensable. No, I didn't think that; I just thought, well I don't want to let anybody down. And so I put my own health at risk, and would do everything that was asked

of me, and get paid peanuts, and come home bugged. Pay the bills, and off I'd go again the next day. (DSW11)

Several workers also reported musculoskeletal injuries serious enough to require treatment and surgery, which they attributed to the physical aspects of the work such as moving clients, and long hours of repetitive movement required with house cleaning, particularly vacuuming and mopping of floors. (DSW01; DSW11; DSW19)

Work/life problems

Many DSWs described the conflicts with their personal and family life, caused by the extended and unsocial hours they worked:

I know I've got to cut back, because some fortnights you work 14 days straight, and I know, my partner's complaining as it is, we never sort of have days anymore to go do our own stuff, and the kids are complaining, 'Oh, you don't see the grandkids much or anything. (DSW1)

I didn't have a life. Even my friends would come around and say, you're never home – no, I'm working. And I'd say, I've got Friday and Saturday off, and they'd go, all day Friday and Saturday? Oh no, well I'm working Friday night and Saturday, and they'd go, well then you haven't got it off, and it was just silly.' (DSW11)

I've got friends ... that I quite often go up and visit and I'll go up and stay the night, so it means that if I go to visit them it's a short trip up and a short trip back, because I can't stay the night because I might have a shift the next morning. And if I want to go and have a social drink with them I'm not going to have a social drink because I'm working the next morning. So, yeah, it does affect my social life a little bit.

...most of my friends have weekends off. They work weekdays and have weekends off. (DSW04)

'...because I work a morning shift and come home for one hour, and then go back to work for another three hours, and come home for one hour, it's like you can't really fit social things into those one hour slots in between shifts. So it's always a struggle to have a social life while working my job.' (DSW22)

Intentions to leave

Our interviews did not canvass DSWs' intentions to stay in or leave disability support work. However, a surprising number offered, unprompted, the information that they were planning to leave the industry.

None of our interviewees said that they were planning to leave because they didn't enjoy the work. On the contrary, all expressed very positive feelings about the work itself. However, as one DSW put it, while the work was great, the job itself was not.

One young worker found the stress of working unsupported in physically and emotionally difficult conditions so great, she was actively taking steps to find work in another field. Others spoke of leaving because of emotional and physical exhaustion exacerbated by excessively long days and weeks, despite only having part-time hours and part-time (low) pay::

... apparently, there's jobs out there that you can earn money the same as what I'm earning while I'm working days and nights. (I am) applying for jobs left right and centre.' (DSW11)

I do enjoy (disability support work), but it's more just, because of the time gap, so like today, I've got 11:30, then a gap until 3:30, then a gap from 4:30 to 8:00. (DSW13)

An additional reason for leaving offered by three workers was feeling they could not provide good-quality support under the NDIS.

Appendix B: Details of interviews

Data comes from interviews from two data collection exercises.

- 8 union member interviews

The first eight employees interviewed were among union members contacted by the unions commissioning this project who were invited to email a member of the research team if they were interested in finding out more and participating in the research. We conducted interviews with the first eight employees who emailed us and agreed to an interview. In recognition of their time we gave each interviewee a token shopping voucher to the value of \$50.

The employees participating in the interviews were five direct support workers, two support coordinators and one support services manager. Four of them were employed by one of two government service providers and the other four were employed by not-for-profit service providers, with services including disability activity, personal support and accommodation services. All were permanent employees and worked full-time, although one was employed on a part-time basis.

All the employees are women and their ages range from early 30s to late 50s. One worker had seven years' experience working in disability services and the others all had 15 or more years' experience. Seven of the eight All of the employees had a qualification in disability services ranging from one with a Certificate III, others with Certificate IV or Diploma qualifications and two with Advanced Diplomas.

In the interviews we asked workers about their experiences working in disability services and about their experiences of any changes working under the NDIS arrangements. The interviews ranged from 40 minutes to an hour and 20 minutes in length. With participants' consent the interviews were audio-taped and transcribed by a professional transcription service.

- Data collected from Bentham and Macdonald (2017), see Appendix A: CPOW Working Paper 2017-1.

Appendix C: Interview topics

Worker background and motivation: Motivations for working in the disability sector; pathway to current role; qualifications or training; multiple job holding

Worker's current role: Usual tasks, types of service users, examples of work done in a typical day, supervisory responsibilities, any aspects of work liked and disliked, any aspects of job difficult, how this is dealt with.

Working under NDIS: How job changed under NDIS, whether employer requirements have changed, whether nature of service to client has changed. View of quality clients receive, what makes a good service, barriers to providing good service, how NDIS affects quality for clients. Perceptions of capacity to respond flexibly to client needs under NDIS, timeliness and adequacy of information and plans; expectations of worker time for work tasks, adequacy of training, time to complete case notes.

Client relationships: Number of clients, whether they are the same each week, whether time with clients is sufficient, relationships with families, and barriers to maintaining good relationships with clients and families.

Worker relationships: Regular meetings with line manager, support from co-workers, opportunities to meet with workers from other services used by clients.

Working conditions: Flexibility with rostering, de-briefs and responding to issues for clients, nature and amount of training, skill requirements in the role

Working time: Usual working hours, full-time/part-time, ongoing/fixed term/casual, suitability of schedule, whether NDIS has changed any aspect of working time, adequate breaks / rests, underemployment, long work days, fragmented working time, predictability of shifts, other work-life issues.

Pay, health and safety: Classification, hourly rate, casual loading, travel time & expenses, paid leave, super. Costs associated with work you have to meet yourself. Unpaid overtime, unpaid administrative work. Safety of work environment. Whether these have changed under NDIS.

Progression, career and aspirations: Intention to leave job and organisation, opportunities for career progression, future career plans.

What would improve employment: Anything that needs to be done to improve jobs for disability support workers, anything that needs to be done to improve service quality under NDIS.

Appendix D: 2016-17 prices of services and supports requiring disability support workers

No	Individual or group	Service Type	Intensity (Client need)	Time of Service	Number of participants	Other Features of the service	Price unit	Basis of price	Price Eastern	Price Other	Price Re-mote	Price Very re-mote
									\$	\$	\$	\$
1	Individual	Self-Care Daytime	Standard	Weekday Daytime	One		Hour	RCM	42.79	43.58	51.43	53.61
2				Weekday Evening	One		Hour	RCM	46.93	47.68	56.26	58.65
3				Saturday	One		Hour	RCM	59.36	59.94	70.73	73.72
4				Sunday	One		Hour	RCM	75.96	76.28	90.01	93.83
5				Public Holiday	One		Hour	RCM	92.53	92.63	109.30	113.93
6			High	Weekday Daytime	One		Hour	RCM	45.17	46.58	54.96	57.29
7				Weekday Evening	One		Hour	RCM	49.53	50.72	59.84	62.38
8				Saturday	One		Hour	RCM	62.66	63.15	74.51	77.67
9				Sunday	One		Hour	RCM	80.17	80.17	94.60	98.61
10				Public Holiday	One		Hour	RCM	97.68	97.68	115.26	120.15
11	Individual	Self Care Overnight			One	Monitoring	Each	Quote	Quote	Quote	Quote	Quote
12					One	Sleepover	Each	Other	186.40	186.40	219.95	229.27
13			Standard		One	Active	Hour	Other	47.75	48.49	57.22	59.65
14			High		One	Active - High intensity	Hour	Other	50.42	51.54	60.82	63.4
15	Individual	Social & Community	Standard	Weekday Daytime	One		Hour	RCM	42.79	43.58	51.43	53.61
16			Standard	Weekday Evening	One		Hour	RCM	46.93	47.68	56.26	58.65
17			Standard	Saturday	One		Hour	RCM	59.36	59.94	70.73	73.72
18			Standard	Sunday	One		Hour	RCM	75.96	76.28	90.01	93.83
19			Standard	Public Holiday	One		Hour	RCM	92.53	92.63	109.30	13.93
20			High	Weekday Daytime	One		Hour	RCM	45.17	46.58	54.96	57.29

No	Individual or group	Service Type	Intensity (Client need)	Time of Service	Number of participants	Other Features of the service	Price unit	Basis of price	Price Eastern	Price Other	Price Remote	Price Very remote
21				Weekday Evening	One		Hour	RCM	49.53	50.72	59.84	62.38
22				Saturday	One		Hour	RCM	62.66	63.15	74.51	77.67
23				Sunday	One		Hour	RCM	80.17	80.17	94.60	98.61
24				Public Holiday	One		Hour	RCM	97.68	97.68	115.26	120.15
25	Group	Social & Community	Standard	Weekday Daytime	Two		Hour	RCM	21.39	21.80	25.72	26.81
26				Weekday Evening	Two		Hour	RCM	23.46	23.84	28.14	29.33
27				Saturday	Two		Hour	RCM	29.68	29.98	35.38	36.87
28				Sunday	Two		Hour	RCM	37.98	38.14	45.01	46.91
29			Standard	Weekday Daytime	Three		Hour	RCM	14.27	14.53	17.15	17.87
30				Weekday Evening	Three		Hour	RCM	15.65	15.90	18.76	19.55
31				Saturday	Three		Hour	RCM	19.78	19.98	23.58	24.58
32				Sunday	Three		Hour	RCM	25.32	25.42	30.00	31.27
33			High	Weekday Daytime	Two		Hour	RCM	28.47	28.47	33.59	35.02
34				Weekday Evening	Two		Hour	RCM	31.24	31.24	36.87	38.43
35				Saturday	Two		Hour	RCM	39.51	41.05	48.43	50.49
36				Sunday	Two		Hour	RCM	50.56	54.72	64.57	67.31
37			High	Weekday Daytime	Three		Hour	RCM	18.98	18.98	22.40	23.35
38				Weekday Evening	Three		Hour	RCM	20.83	20.83	24.58	25.62
39				Saturday	Three		Hour	RCM	26.34	27.36	32.28	33.65
40				Sunday	Three		Hour	RCM	33.71	36.48	43.05	44.87
41	Group	Centre-Based Care		Weekday Daytime	>1		Hour	Other	19.37	19.37	22.85	23.82
42				Weekday Evening	>1		Hour	Other	21.26	21.26	25.08	26.15
43				Saturday	>1		Hour	Other	28.39	28.39	33.49	34.91
44				Sunday	>1		Hour	Other	36.31	36.31	42.85	44.67

No	Individual or group	Service Type	Intensity (Client need)	Time of Service	Number of participants	Other Features of the service	Price unit	Basis of price	Price Eastern	Price Other	Price Remote	Price Very remote
45	Individual	Assist Daily Life			One	Live-in carer	Hour	Other	Quote	Quote	Quote	Quote
46					One	Domestic	Hour	Other	40.60	42.79	51.43	53.61
47					One	For a child	Hour	RCM	42.79	43.58	51.43	53.61
N/A					One	House/yard maintenance	Hour	Other	42.05	42.05	49.62	51.73
48					One	Cleaning +	Hour	Other	37.70	42.81	50.62	52.66
N/A					One	Linen	Each	Other	Varies	Varies	Varies	Varies
N/A					One	Meal prepn & delivery	Each	Other	11.11	11.11	13.11	13.67
49					One	Community & Social	Annual	Other	Varies	Varies	Varies	Varies
50	Group	Supported Indep. Living	Lower		Two		Week	Other	2160.78	2160.78	2549.72	2657.76
51					Three		Week	Other	1878.94	1878.94	2217.15	2311.09
52					Four		Week	Other	1866.49	1866.49	2202.46	2295.78
53					Five		Week	Other	1814.43	1814.43	2141.02	2231.74
54					Six		Week	Other	1676.33	1676.33	1978.07	2061.89
55					Seven		Week	Other	1676.33	1676.33	1978.07	2061.89
56			Standard		Two		Week	Other	3712.61	3712.61	4380.88	4566.51
57					Three		Week	Other	3065.16	3065.16	3616.89	3770.15
58					Four		Week	Other	2374.71	2374.71	2802.15	2920.89
59					Five		Week	Other	2273.97	2273.97	2683.28	2796.98
60					Six		Week	Other	2203.78	2203.78	2600.46	2710.65
61					Seven		Week	Other	2203.78	2203.78	2600.46	2710.65

No	Individual or group	Service Type	Intensity (Client need)	Time of Service	Number of participants	Other Features of the service	Price unit	Basis of price	Price Eastern	Price Other	Price Remote	Price Very remote
62			High		Two		Week	Other	4807.14	4807.14	5672.43	5912.78
63					Three		Week	Other	4163.10	4163.10	4912.45	5120.61
64					Four		Week	Other	3305.12	3305.12	3900.04	4065.34
65					Five		Week	Other	2905.56	2905.56	3428.56	3573.84
66					Six		Week	Other	2605.61	2605.61	3074.63	3204.91
67					Seven		Week	Other	2605.51	2605.51	3074.63	3204.91
68	Individual	Shared Living			One	Short-term	Day	Other	480.11	480.11	566.53	590.54
69			High		One	Complex needs person	Each	Quote	Quote	Quote	Quote	Quote
70					One	With alternative family	Day	Quote	Quote	Quote	Quote	Quote

Appendix E: Other aspects of the design of NDIS prices

Other relevant aspects of the design of NDIS prices include:

- **SCHADS Award:** In general, where relevant, the NDIS Prices for the services requiring disability support workers are based on the Social, Community, Home Care and Disability Services Industry Award 2010 (SCHADS Award). No allowance was made to cover employment on enterprise agreements (EAs) that provide better pay or conditions.
- **Indexation:** Since the current pricing system was introduced in July 2014, prices have been regularly increased to take account of cost increases, and the implementation of the Equal Remuneration Order (ERO) relevant to disability support workers employed under the SCHADS Award. The NDIA has stated that ‘it will update prices on at least an annual basis, effective 1 July each year taking account of national trends, changes in costs and wage rate.’³³ At this stage, it has not been proposed to use a specific index or weighted set of indices. Rather, the NDIA will determine the basis for indexation year-by-year, considering the consumer price index and wage price index.
- **Transitional and Efficient Prices:** The NDIA regards the basis on which it currently sets prices to be transitional. Its aim is to move to lower ‘efficient prices’ nationally by 2019-20, along a ‘transitional glide path’, before eventually moving to a situation where most prices are deregulated. The decision to use transitional prices from July 2014 was based on recognition of limitations of available data and the need for further research; and the need to ensure providers can adjust from block funding to payments made by individual participants based on prices set for each service (NDIA & NDS 2014, pp.15-17).
- **Diversity of providers:** There is much diversity between NDIS service providers, especially in relation to their structural dimensions (e.g. ownership, scale, service scope, geographical spread, longevity), their motivations, their suite of services, and their service delivery models. Thus, an important implicit factor in the design of NDIS prices concerns the assumptions that have been made about the dimensions and operations of a ‘typical provider’ that underpin the explicit assumptions about cost factors that are in the RCM. NDIA (2017c) specifies that at least one pricing assumption is based on ‘a typical medium sized provider, employing between 40 and 100 staff’.³⁴
- **Transparency of pricing:** There is no comprehensive and detailed explanation of the basis on which the NDIS prices have been constructed available in the public domain, making it difficult to identify all assumptions underlying price setting and current prices. Although much of the rationale and calculations for pricing can be pieced together from publicly available documents,

³³<https://www.ndis.gov.au/providers/pricing-and-payment>

³⁴This is the assumption that one manager supervises fifteen staff members. As a broad approximation, providers employing between 40 and 100 staff would be likely to have an annual turnover of \$4M-\$10M. The ABS define a small business as having less than 20 full-time equivalent employees, which Davidson (2015, pp. 429-430) shows is broadly consistent with the ATO definition of a small business as having a turnover of less than \$2M per annum.

there is no publicly available formula that enables replication of the original base hourly rate (as shown in NDIA and NDS (2014, p. 12) or the variation factors; and there is minimal public information showing the sources of various assumptions about elements of the RCM, or the sources of prices for services not based on the RCM. A more comprehensive account may emerge from the current review of NDIS prices (NDIA, 2017a).

Appendix F: Details and supplementary data from worker survey

Notes on method

The survey of workers was developed by the HSU, ASU and United Voice, and distributed online through the networks of these unions (in all states except for SA and NT). As such, it is a non-probability based 'opt-in' sample. This approach was taken to enable a focus on members of the relevant unions, and to compare experiences and perceptions of those working under the NDIS and those who were not. As a result of the distribution method, workers newer to the industry (who are less likely to be union members) are under-represented, but it nonetheless provides important insights into the experiences of working in disability and differences in experiences and perceptions among workers in different circumstances and settings.

Table F.1 Age of respondents to employee survey

	n	%
Under 25	23	1.6
25 – 34	162	11.0
35 – 44	276	18.7
45 – 54	493	33.4
55 – 59	284	19.2
60 – 64	190	12.9
65 and over	48	3.3
<i>Total</i>	1476	100.0

Table F.2 Employees' state of residence

	n	%
ACT	9	0.6
NSW	546	37.0
QLD	72	4.9
TAS	174	11.8
VIC	599	40.6
WA	77	5.2
Total	1477	100

NB: Responses were not sought from NT and SA.

Table F.3 Gender of respondents to employee survey

	n	%
Female	1094	74.1
Male	380	25.7
Other	2	0.1
Total	1476	100

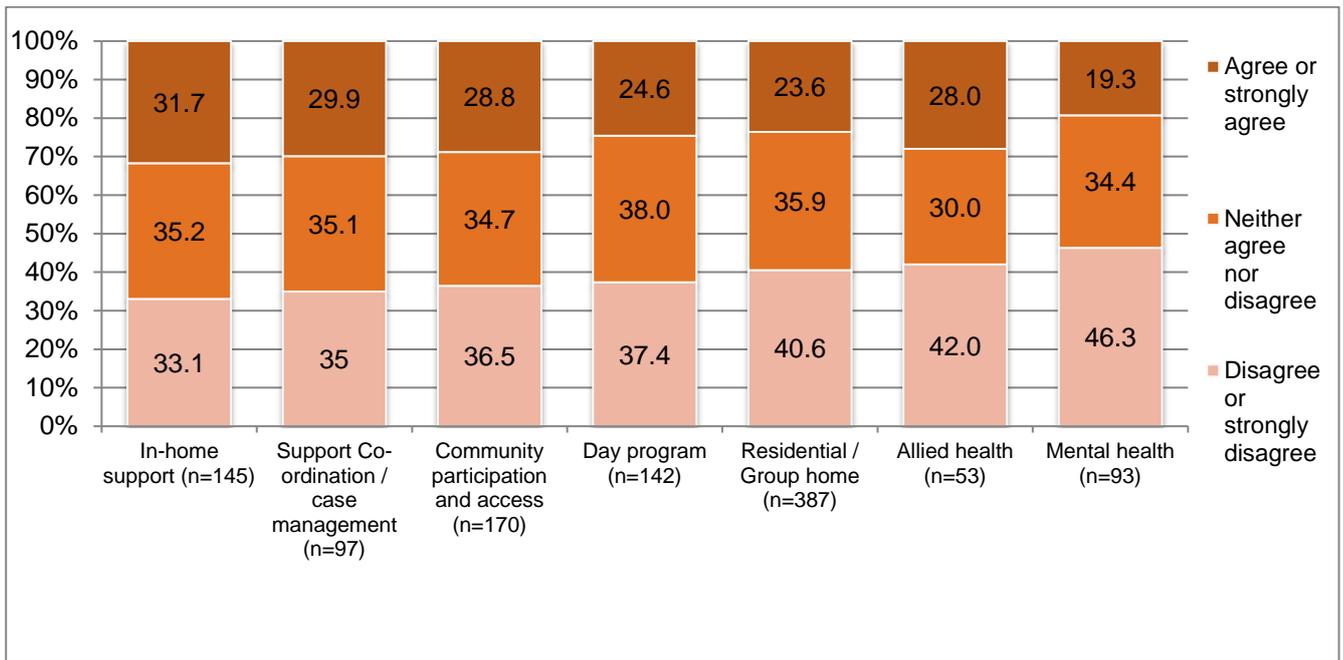
Table F.4 Years of experience working in disability

	n	%
Less than 1 year	30	2.0
1 – 2 years	77	5.2
3 – 5 years	202	13.7
6 – 10 years	369	25.0
11 – 15 years	263	17.8
16 – 20 years	204	13.8
Over 20 years	332	22.5
Total	1477	100.0

Table F.5 Proportion of supervisors supervising more than 14 subordinates, by setting

	1 or 2	3 to 8	9 to 14	More than 14
Case management (n=65)	4.6	43.1	26.2	26.2
In-home / Home care (n=43)	16.3	39.5	18.6	25.6
Community (n=78)	17.9	41	16.7	24.4
Other (n=32)	6.3	46.9	25	21.9
Employment (n=14)	21.4	42.9	14.3	21.4
Day settings (n=60)	21.7	31.7	26.7	20
Mental health (n=77)	24.7	42.9	14.3	18.2
Residential / Group home settings (n=210)	20	46.2	17.6	16.2
Allied health (n=28)	42.9	42.9	3.6	10.7
Outreach (n=13)	23.1	46.2	23.1	7.7

Figure F.1 Percentage of respondents which agreed or strongly agreed that 'The NDIS has been positive for the participants I work with', by type of service



Source: Survey of disability workers. Note that workers could nominate more than one service type.

Appendix G: Supplementary data from employer survey

Figure G.1 Percentage of respondents which agreed with the statement 'Under NDIS, the organisation can provide workers with regular hours (n=129)

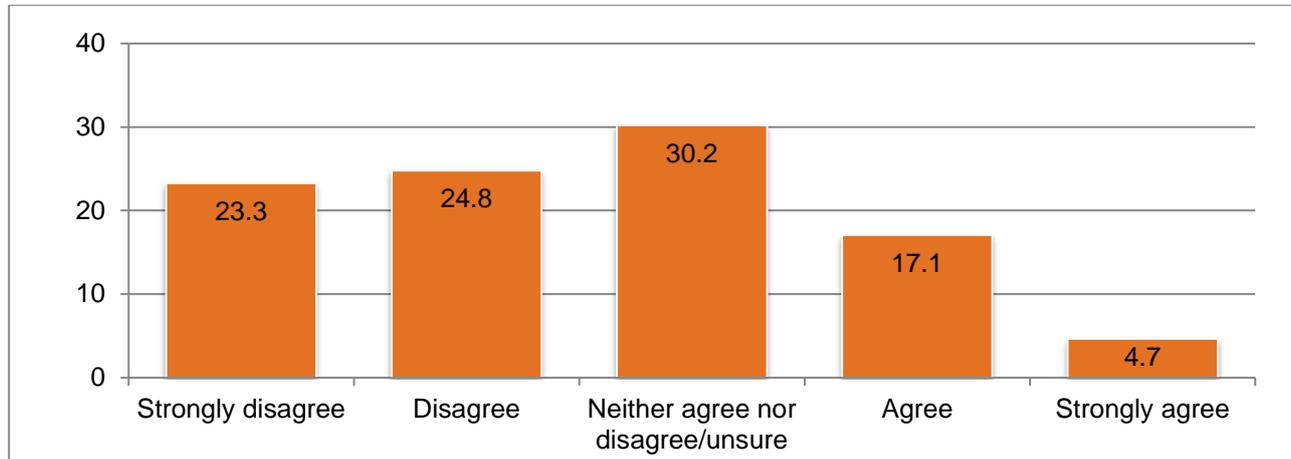
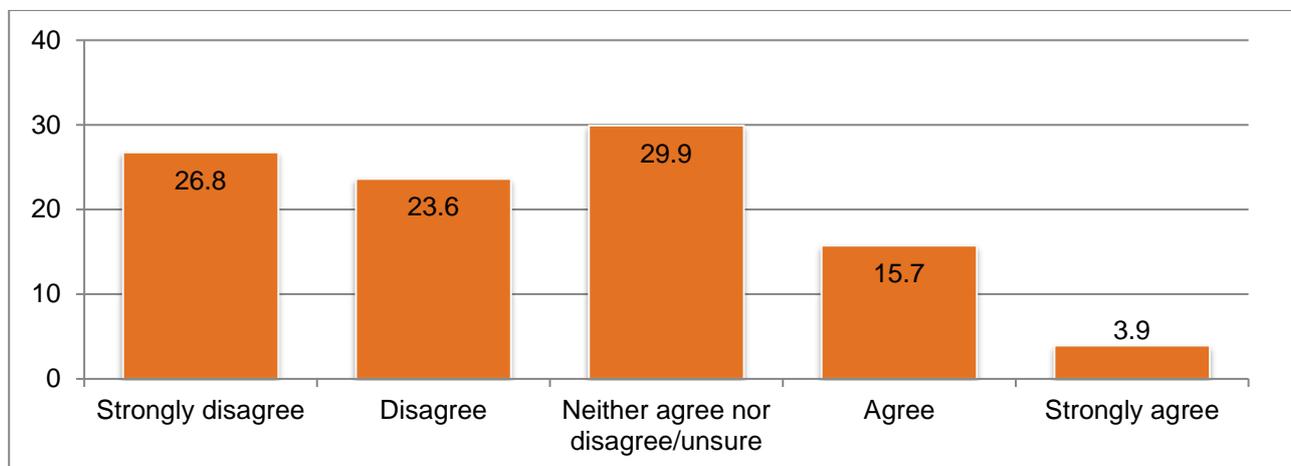


Figure G.2 Percentage of respondents which agreed with the statement 'We plan to offer more permanent employment under NDIS (n=127)



Precarity and Job Instability on the Frontlines of NDIS Support Work

**By Professor Donna Baines
Dr. Fiona Macdonald
Dr. Jim Stanford
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**The Centre for Future Work
at the Australia Institute**

September 2019

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Summary

With the goal of providing choice and upholding the human rights of people with disability, the National Disability Insurance Scheme (NDIS) constitutes a historic change to the provision of disability services in Australia. The system was initially trialed in four regions, beginning in 2013. Since 2016 the system has been rolling out across the country, and is presently about two-thirds of the way toward its expected ultimate enrolment.¹ In addition to fundamentally altering how people with disability interact with the care system, the NDIS is also producing enormous changes in the nature of work and employment in this important and rapidly-growing sector of the economy.

There is tremendous opportunity for disability service workers associated with the new system, which will allocate tens of billions of dollars of additional public funding for disability care work, and lead to the creation of an estimate 70,000 new full-time equivalent positions in the field over the first years of its operation.² But there are also tremendous risks facing workers in the profession, as the delivery of services shifts from a traditional block-funded agency-based model to an individualised, market-based system. Disability service workers are facing a whole new set of pressures arising from the NDIS's market-driven approach, including:

- Instability in work and income, associated with fluctuations in demand for work from individual participants.
- Unpaid work associated with traveling to and from clients, performing various overhead and administrative tasks, etc.
- Inadequacies in the NDIS's "unit price" model of establishing cost parameters for particular care functions or services.
- An absence of institutional support for training, supervision, mentoring, and professional development (since agencies have few resources under the NDIS pricing system to provide these broader functions).

¹ Cluff (2019). At present the system is intended to cover Australians under 65 with a range of specified physical, intellectual, and other disabilities. Once fully rolled-out, an estimated 475,000 Australians with disabilities will be covered.

² Productivity Commission (2017), p. 323.

- High levels of staff turnover, made worse by the lack of training and support given to the new workers recruited to meet the rapid expansion in service delivery as the NDIS is rolled out.³

In the extreme, many disability support workers end up working under especially precarious, “gig”-type arrangements: waiting to be instructed (often via digital platforms or smart phone) to attend the next client, with no continuity or stability in work, and no capacity to fully develop their professional capacities. A disability services program that organises support in the same manner as digital platforms organise fast food delivery or taxi services, is not likely to achieve the high standards of respectful, individualised support that the NDIS’s architects hoped for. And it will also be a very challenging place to earn a living.

To gather direct evidence regarding the impact of the present NDIS delivery model on working conditions, job stability, skills acquisition, and quality of care, this report analyses 19 personal interviews conducted with NDIS-funded disability support workers (DSWs) and case managers, regarding their experience under the new system. The interviews were conducted with workers in NSW, most of whom work in the Hunter region – one of the four sites for the initial NDIS trials. Hence the interview subjects have a relatively long period of experience with the new system – which can hopefully inform (and caution) participants in the program in other parts of Australia.

The qualitative interviews with front-line staff identified several major challenges and problems associated with disability support work under the NDIS, that should be considered carefully by policy-makers and agencies. The most important and concerning insights gleaned from the interviews include the following:

1. The new system is not providing sufficient support for participants with intellectual and other cognitive disabilities, including in designing and managing individual programs of care;

³ Other research which has also documented the challenges facing workers under the NDIS include Baines and Macdonald (2019), Baines, Kent and Kent (2019), Macdonald and Charlesworth (2016), Cortis et al. (2017), Macdonald et al. (2018), and Ryan and Stanford (2018). NDS (2018, p.14) reports an average turnover rate in the disability workforce of close to 5% per quarter for permanent staff, and nearly twice that high for casual staff; therefore, about one in four disability service workers leave their jobs in any given year (for a “churn” rate about three times higher than in the overall workforce; ABS Catalogue 6226.0).

2. DSWs are experiencing increased instability and precarity in their jobs, elevated levels of mental and physical stress, and irregular hours and incomes;
3. New workers joining the disability services sector are often less skilled, less trained, less experienced, and sometimes reluctant;
4. DSWs experience particular challenges working in the private realm of NDIS clients' homes;
5. The informal and inconsistent provision of transportation and other necessary functions to NDIS clients results in a significant shift of costs and risks to workers;
6. DSWs are experiencing increased levels of violence in their work;
7. Relationships with managers have changed dramatically under the new system, undermining effective supervision, coaching, and training; and
8. Worker turnover, given the insecurity of work and income and the challenging conditions of work, is extreme.

The report concludes that the insecurity of the workforce and the ongoing churn of workers will greatly undermine the development of the labour force which is essential to make the most of this historic innovation in social policy. Other expert reviews have already indicated that the effective roll-out of the NDIS is being negatively affected by inadequacies in recruiting and retaining a suitably qualified, motivated, and compensated workforce.⁴ Our interviews provide corroborating case-study evidence for this concern from the front lines of disability service delivery. They show that the potential of the NDIS to enhance the lives of people with disability, and to establish a high-quality and flexible service industry, could be squandered without urgent attention to the quality and stability of work. The problem has many sources: including the market-based method of service provision established under the NDIS, inadequacies in funding and compensation, the lack of a systematic strategy and resources for training and upgrading, and inadequate support for participants with intellectual disabilities to successfully formulate and manage their own plans.

It is impossible to envision the delivery of high-quality, respectful, and responsive disability services, if the people employed to deliver those services are treated merely as disposable productive "inputs." And the promise of dignity and individual program design that was so central to the rationale for the NDIS will be betrayed, without urgent and systematic investments in the quality, skills, and stability of disability services work. To that end, the report concludes with several broad policy

⁴ See, for example, Productivity Commission (2017), Joint Committee (2018), and Ryan and Stanford (2018).

recommendations aimed at ensuring that disability services work can become the respected, valued, and productive vocation that so many of its workers dream of.

Introduction

The Australian NDIS will eventually provide services to an estimated 475,000 participants, at an estimated cost of \$22 billion Australia per year (Productivity Commission, 2017). Claiming to respect the human rights of people with disability, and to provide expanded choice and improved quality in service delivery, individualised models of funding disability services have been implemented in several neoliberal welfare states. For example, this approach has been utilised for some years in the UK, Canada and some other industrialised countries; with the introduction of the NDIS, it is now being introduced in Australia (Lymberry, 2014; Reddihough et al., 2016; Thill, 2015).⁵ In theory, individualised funding is supposed to spark the development of an array of disability services providers, all competing to attract clients⁶ in an open, competitive market (Cunningham and James, 2009). Like any other market (again, in theory), this competitive pressure will purportedly ensure highest-quality, customized service delivery, while restraining costs.

However, even in its initial years of roll out, the NDIS quickly encountered delays and operational problems, sparking far-reaching critiques from many stakeholders – including participants, workers, and long-standing disability service agencies. The Productivity Commission (2017) has concluded that the initial timetable for participant intake cannot be met; it noted in particular that the disability sector workforce is growing much too slowly to meet demand (p. 211). A study by Warr *et al.* (2017) found numerous workforce problems including “staff shortages, high turnover of staff and staff working as planners with limited experience of working in the disability sector” (p. 9). Other recent research and surveys of employers and employees in the disability services sector have documented similar problems, including:

⁵ Of course, the individualised, market-based model of service delivery has been tried in several other areas of Australian public services, including employment services, vocational education, and child care – typically with disastrous results. For critiques of these other experiments with marketised human service delivery, see Australian Council of Social Service (2018), Hill and Wade (2018), and Toner (2018).

⁶ Many terms are used for people using disability services including: service users; consumers; community members; people; participants; and clients. For clarity, and because it designates the capacity to hire and terminate services, the term “client” is used in this report, though we acknowledge the lack of consensus regarding appropriate and respectful terminology. Similarly, we acknowledge there is also a variety of terminology used in referring to the service provided to people with disabilities (including “support”, “care” and “service”).

- The costs of minimum entitlements for workers (including basic wages and conditions as specified under the relevant Modern Awards) cannot be adequately covered under the current NDIS pricing schedule (Cortis *et al.*, 2017; McFadden, 2017; Worthington, 2016);
- Jobs in the sector are marked by very high levels of part-time work, irregular hours, casualisation, and independent contracting (United Voice, 2017; Ryan and Stanford, 2018; Australian Services Union, 2019);
- There is inadequate funding for agencies to pay for necessary supervision and training (Cortis, 2017; Ryan and Stanford, 2018);
- Workers have inadequate time to perform tasks that are necessary to high-quality support, and this negatively affects the quality of care provided to participants (Cortis *et al.* 2017; National Disability Services 2017).

The Warr *et al.* (2017) study found that service users also expressed serious concerns with their experience with the scheme, feeling that their views (and those of their families and carers) were often overlooked in the rush to approve individual plans and enrol participants – all within strict financial constraints (p. 8). As Howard *et al.* (2017) note, the NDIS early roll out created a situation where a human rights empowerment strategy for people with disabilities was immediately confronted with the realities of fiscal austerity and a competitive market; this placed service users, workers and communities in jeopardy, and clearly undermined the original, laudable goals of the program.

The Social, Community, Home Care and Disability Services Industry (SCHADS) Modern Award (2018) sets out minimum “safety-net” pay and conditions for the disability support workforce. Over and above these minimum conditions, unions in some workplaces have been able over the years to gain further benefits for workers through enterprise-level collective agreements. However, like the Australian non-profit sector as a whole, the disability services sector has suffered from chronic under-funding by governments for contracted services for many years – long before the NDIS was ever contemplated (Productivity Commission 2010, p. 280-281). This made collective bargaining for improved wages and conditions difficult in most workplaces.⁷ While the community sector as a whole has been undergoing rapid restructuring and

⁷ In some cases, especially in government-run facilities and large and better-funded agencies, unions were able to negotiate significant improvements in pay and conditions for DSWs, above the Awards. Those workplaces, however, constituted the exception to a general pattern of low-wage, precarious work – and those historic gains are now in jeopardy as much of that work is transferred to smaller or non-profit agencies as a result of the cost-sharing arrangements of the NDIS.

casualisation of the workforce in recent years (Meagher and Goodwin, 2015), the changes to the disability services sector under the NDIS are especially far-reaching and disruptive.

The fiscal basis for service provision is being changed from block-funding and grants, to a model based on attracting and retaining enough individual participants as customers to cover both direct costs of purchased services and the infrastructure and overhead of the overall operation. With the elimination of stable, core funding, even long-standing agencies have been pressured to restructure employment relations, reduce training and supervision functions, and allocate enormous resources to marketing services and attracting “paying customers” – a costly and peripheral function which was not even necessary under the former funding model. This sea change in financing structure is driving further casualisation, outsourcing, and individualisation in employment relationships for service workers, and demonstrably undermining wages and employment conditions (Cortis *et al*, 2017; Macdonald *et al*, 2018; NDS, 2017; Productivity Commission, 2017).

The Australian government has assumed three contradictory and conflicting regulatory roles as the NDIS has been rolled out, and this mission confusion has exacerbated the deterioration in employment stability and working conditions. The government is charged with the responsibility to defend the human rights safety of people with disability; to establish a framework and rules for the defence or maintenance of minimum labour standards (through the SCHADS award and, in some cases, through enterprise bargaining); and to implement the market-based delivery process for the whole scheme. These goals and responsibilities are clearly contradictory; in practice, the latter goal has largely subsumed and overwhelmed the first two (see also Macdonald and Charlesworth, 2016).

Methodology

To further investigate the challenges posed to the quality of work by the market-based delivery model of the NDIS, researchers from RMIT University, the University of Sydney and the Centre for Future Work undertook and analysed 19 semi-structured, qualitative interviews in 2018 with frontline disability support workers, including service coordinators and Local Area Coordinators. All research participants worked with people with intellectual or other cognitive disabilities or psycho-social disabilities, and many worked with clients with complex needs.

The overwhelming majority of the interviewees had more than 5 years of experience in the profession (one had 25 years' experience). Two of the interviewees were relatively new to the sector, with less than 2 years of experience.⁸

The interviewees were employed in various locations in New South Wales. All of them were performing work that was compensated through the new NDIS system.

Drawing on an interview guide, research participants were asked broad questions about their experience of working in the NDIS, as well as any relevant past experience working in this sector. The interviews ranged in length from 15 minutes to 1.25 hours. They were audio recorded, transcribed and analysed for similarities and differences, until patterns could be discerned and themes confirmed (Glesne, 2015; Kirby *et al.*, 2006). Field notes were also taken at the time of the interviews, and folded into data analysis.

Requisite ethics approval for the research was received from each of the institutions involved.

⁸ Some details have been changed to protect confidentiality.

Major Findings of the Interviews

The following themes emerged most strongly from the qualitative data collected through the interviews:

- 1) At present, the NDIS system does not provide adequate support for people with intellectual and other cognitive disabilities, including support to allow the successful design and implementation of individual service plans.
- 2) DSWs are experiencing increased precarity, stress and irregular hours in their work. Two key factors contributing to that problem include:
 - a. Casualisation of work arrangements.
 - b. Poor communication with managers and clients.
- 3) New entrants to the DSW workforce, recruited to help meet the rapid growth in demand associated with the NDIS roll-out, are inadequately skilled and trained, with very little experience working with people with disabilities. Sometimes these workers are reluctant recruits to the industry – seeing it as fall-back career path when other work opportunities did not eventuate. Two key dimensions of this set of problems include:
 - a. The consequences of reliance on an underdeveloped, undervalued labour force.
 - b. The influx of low skill, young workforce implies more challenging work for more experienced workers, as well as greater vulnerability for new staff.
- 4) DSWs experience several specific risks and problems from performing their work in the private realm of clients' homes.
- 5) Time and expense related to transportation (to clients' homes and other locations of work) shift a significant burden of costs to workers, that is uncompensated in many cases. There are other costs that are also shifted to workers, not recognised in the NDIS unit price model and in normal wages.
- 6) Several workers report increased risk of violence in the context of individualised care, working in clients' homes, and working without adequate training, supervision and support.
- 7) Workers reported sub-optimal, often counterproductive relationships with their managers – who were also grappling with severe challenges and constraints as their own jobs evolved in the wake of the new funding and operational systems.

- 8) High rates of worker turnover in the sector undermine any efforts to address these problems through training, mentoring, and experience.

We explore each of these themes in further detail below, drawing on exemplar quotes from the original data to illustrate and confirm the findings.

1. SYSTEM PROVIDES INADEQUATE PLANNING SUPPORTS FOR PEOPLE WITH INTELLECTUAL AND OTHER COGNITIVE DISABILITIES

The research participants expressed strong support for the goals of the NDIS. The goals of empowerment, choice, and respect for the human rights and dignity of people with disabilities were broadly shared and endorsed. However, the majority of workers also reported that the NDIS “does not feel like it is designed for people with intellectual disabilities” (as distinct from physical and other medical disabilities). People with intellectual and cognitive disabilities had great difficulty negotiating the complex and bureaucratic processes and hurdles involved in designing and implementing individual support plans (Collings *et al.* 2016); they also were less capable of advocating for themselves in that process than other people with disabilities. The system therefore left many people with intellectual and cognitive disabilities with under-funded plans (particularly for transportation and activities), no one to advocate for them, fewer access to needed resources and supports (especially for people with complex issues), less effective choice (in contrast to the promised emphasis in this system on individual choices), and more instability and uncertainty in support schedules and providers.

This quote echoed the concerns of many of our research participants:

“The NDIS is not designed for people with intellectual disabilities. There’s a lot greater need for case management than people with ... physical disabilities. [People with physical disabilities] do okay in the NDIS; have the intellectual capacity to advocate for themselves and navigate the system.”

Another worker added:

“Our guys have an intellectual disability, [so] they don’t have a voice. They’re the ones who’re losing out...These guys we support are the ones that are getting the money taken off them because they can’t speak up. It’s like a tier system with people with disabilities, and people with intellectual disabilities are on the bottom tier.”

Referring to the NDIS administration:

“They truly don’t seem to be aware of people with intellectual disabilities.”

This marginalisation of some people with disabilities was confirmed by other repeated findings in the data, particularly regarding the casualisation and instability of the workforce – and the resulting consequences in limiting and reducing choice for clients.

2. DSWS ARE EXPERIENCING INCREASED PRECARIETY, STRESS AND IRREGULAR HOURS

a) **Casualisation of work arrangements.**

All research participants reported that disabilities services employment has become increasingly precarious. In many cases, *all* the front-line staff in the interviewee’s agency were casual; no one was permanent except management. The contrast with the workforce prior to the NDIS was striking. As one long-term worker in disability services noted:

“Every single person working at my agency is casual and that’s the nature of the beast nowadays. There’s 53 casual workers at my new agency, no permanent. In my old agency, almost everyone was permanent.”

This often exclusive reliance on casual employment allows agencies to save costs for paid sick leave and holiday; they can also dismiss or reallocate staff more easily, whether to meet fluctuations in client demand or to discipline employees. In essence, a casualised employment system devolves the risks of fluctuations in demand to employees, by making it possible for employers to continuously schedule and

reschedule work around the varying demands arising from the individualised service provision system. Moreover, since there are fewer group activities, and shorter units of service provision (often as short as an hour with a particular client), the individualised service model imposed a higher degree of variability in the timing of services.

Another long-time worker questioned her agency's explanation for why they continue to hire casual staff:

“They don't want full time workers. What they say is we need to have flexibility because we don't know, clients could come and go now with their choice. But they don't go. They don't go anywhere, once they are with us.”

Of great concern to the research participants, casualisation was seen to have serious consequences for consistency of support, and for increased violence and workplace injury (as discussed further in section 6 below). For clients with intellectual and cognitive disabilities, it is well-known that frequent turnover and disruptions in staffing and support routines enhances the risks of emotional turmoil and conflict. As one worker noted:

“We all know that ‘routine is king’ in the disability world and swapping up or changing up staff constantly can create challenges for both clients and staff... In the past three weeks, I've seen this lead to damage to property from clients and self-harm. Makes the work harder for everyone. Makes it stressful and depressing. Where is service user choice in all this? It's nowhere. We are all in the same boat: the work is harder and the clients' needs aren't being met!”

Some workers told us that prior to the NDIS, their employers tried to ensure that each worker was assigned a mixed caseload of people: including those with challenging behaviours, and those without. This allowed for more sociability for clients, and variable intensity of demands for workers – as opposed to burdening workers with the constant high intensity of working exclusively with people with complex needs. While long-time staff in the sector generally have the skills and experience to work with people with complex needs, it can be exhausting and stressful. An additional layer of complexity is that many of the new staff have no experience or training to work with

complex behaviours. Research participants expressed concerned that this means that “people with complex needs often struggle finding workers because people decline to work with them.” In this clear and unintended manner, choice is being *reduced* for clients as a result of a fragmented, unplanned delivery system – rather than being expanded.

As one interviewee poignantly put it:

“Most of the negative stuff that has happened is because they’ve said, ‘We don’t get the money that we used to get. We’re not getting money for this.’ I’ve often said, ‘The NDIS has come in, we’ve got more choice to do less.’”

Casualisation also implies unpredictable schedules and incomes for workers, which adds to their stress experienced on the job and at home. As one long-time worker noted:

“It is impossible to plan and impossible to feel you know what’s facing you the next day, let alone the next week. It makes me feel not valued and my self-esteem is plummeting. My family suddenly has questionable financial security, if any. I am venting a lot more at home and that leads to marital disharmony as my wife tries to cope with me.”

Similarly, another worker noted:

“My stress and fatigue are both way up. I’ve been living on the phone for shifts, some of which I get less than two hours’ notice for.”

Because of the shift to a unit pricing fiscal system, disability service agencies now face constant instability in their revenue flows. If individual clients change or cancel their requests for service, the agencies’ revenue flows will also change. Agencies try to grapple with the financial effects of this instability by passing the risks of fluctuating demand onto their workers. Staff planning and rostering has therefore become less stable, more haphazard, and more subject to sudden changes. This instability in revenue is a direct consequence of the NDIS’s unit-based funding model. But if employers are allowed to transfer the instability solely onto workers – whose ability to earn a livelihood now depends

on fluctuations in client demands that are clearly beyond their control – then the challenges facing the sector in recruiting and retaining high-quality staff will become all the more daunting.

b) Poor communication with management and clients.

Many research participants expressed concern that there were very few, if any, systems for ensuring that staff had access to client files and other necessary information before they started to work with them. The information in these files is critical to ensuring continuity of care, good programming, and safety for clients, the community and the workers. However, the only way most workers have access to this information was to use their personal, unpaid time to travel to head office to review files before assignments to meet with clients.

One long term worker noted:

“The only way I get information on the clients is if I go into the head office on my own time and read the files. There is no paid time for it. The NDIS only pays for face-to-face time, no prep time. With short notice and new clients I usually can’t manage to get to the office before my shift.”

Other research participants added that files were often incomplete, missing or lost, making the unpaid trip to headquarters futile and even more frustrating. Unreliable communication between workers, managers, and clients also exacerbated the instability in scheduling. Workers did not always know about changes or cancellations in their work assignments, resulting in additional insecurity and wasted time. The individualisation of work assignments and poor communication between clients, managers and DSWs created many challenges in responding to unexpected events, delays or problems.

One long-time worker phrased the issue as follows:

“If they get caught out shopping or there’s a car accident and they’re held up and things like that it puts pressure on that worker if he’s gotta go to another client so it’s important that there’s good communication. But then it often puts pressure on the next person they’re supposed to

go to and they get really crabby because it's getting to that where you're supposed to be with me, I needed you that time and you weren't there."

3. NEW DSW RECRUITS ARE LESS SKILLED, LESS TRAINED, INEXPERIENCED AND SOMETIMES RELUCTANT

a) **Underdeveloped, under-valued labour force.**

The Productivity Commission (2017) notes that the NDIS labour force is under-developed and not growing fast enough to meet demand. This means that many agencies seem prepared to recruit almost anyone, including people with few skills and possibly little interest in the sector beyond having a job. Interviewees all expressed serious concern about this situation, as well as the lack of resources devoted to training:

"You get casual people coming through being support workers that have got no idea, no training, there's not much training available."

Experienced, skilled workers expressed alarm at the general reduction in skill and experience among their colleagues:

"It makes you feel very devalued in your work. It really feels like they're dumbing down our role, I guess."

Another senior worker expressed concern regarding the inadequacy of qualifications for new staff:

"At the moment, our HR manager, she advertises for Cert 3 but everyone I've spoken to, none of them have got Cert 3. They're all literally, one was working at KFC last Friday night and yet he's out with complex kind of behaviours."

Another way this devaluing occurs is in recruitment. In the past, staff were often drawn to the sector because of their commitment to the service user population, and/or a sense of social justice ethics. Some experienced staff believe some new recruits to the sector are coerced through the threat of loss of Newstart Allowance if they do not apply for and accept the jobs – even though they may have little interest in working with people with disabilities and few relevant skills. This does not make for quality care or a positive work environment.

As one long term worker observed:

“A lot of them have had no choice but then to take up positions because they’ve been on the dole and they’re not interested or trained. They don’t pay attention to clients, they’re not giving them the quality of service; they spend more time on their phones than talking to the clients.”

b) Low-skill, young recruits create more challenges for experienced workers, and greater vulnerability for new staff.

The new workforce in NDIS-funded services provision was described as “very, very green”, young, low skill and inexperienced. This resulted in even greater workload and work intensity for experienced staff, who were required to support and compensate for the limited capacities of newer workers.

Noting this dynamic, one long time worker observed:

“Because I have more experience than most of the staff, I get all the hard guys. They are all one-on-ones (one staff to one client) because they need that much support. They have complex needs and the work is always hard work. No down time or variety.”

This makes the work more draining and adds to workplace stress. Another long-time worker commented:

“I remember when I first started in the field as a support worker and we used to get a lot of students from universities and that, and you can tell

the difference – the quality was there, their attention to the clients were there but under the NDIS it's just...nah. They're just basically hiring anyone because we need the workers."

As will be discussed below, this leads to more stressed and dangerous conditions for all workers: both new recruits and veterans. This seems to undermine the goals of human rights and self-determination which are meant to be core to the NDIS. The story below is typical of the sector at this point, and highlights how inexperienced workers are put in positions where they do not have the skills to handle complex situations and hence, unintentionally, increase the likelihood of workplace stress and conflict:

"I heard a new staff talking to one of our guys, right up in his face. I hear, 'Go away, get away, fuck off,' from the client, over and over. And, I'm thinking, there's red flags all over the place, back away, give him some space. But, he didn't so he [the client] kicked holes in his bedroom door. In a way, that was okay cos it's not self-harm or hurting us. But it's still not good because he's under stress and really unhappy, and we are wondering what's next."

Lacking appropriate training and supervision, new staff have few opportunities to improve their skills. This can lead to a culture of bravado, rather than a culture of support. One long-time worker related the following example:

"I heard one young staff boast about her injuries, like a badge of honour. Her exact words were, 'He didn't break my nose like so and so, he only gave me two black eyes.' This is what gets discussed, instead of 'Shit, what went wrong? Did I do something wrong? What did I misunderstand? What can we do better next time? What can we learn? How can we keep everyone safer?'"

As another long-time worker noted, "These situations could be avoided with a bit of training and supervision".

Lack of knowledge and experience among new, untrained staff can create safety issues for both workers and clients alike. As one interviewee reported:

“We’ve had near misses. We’ve had wandering out on the road. In my own experience, I like parents, I like people that have had children not only because there’s the parental aspect to your care, you’re thinking of other things that young kids aren’t. Eighteen and nineteen year olds, they’re not thinking of which side of car to load particular participants in and out of; they’re not thinking of where they’re parking for a particular client in a busy strip or a quiet place. Just different things like that. I know they seem trivial but they lead to accidents, they lead to mistakes.”

Many workers highlighted that the NDIS does not provide adequate funds within the unit price structure for regular training of staff. Hence, in most agencies, training opportunities for newly hired staff range from minimal to non-existent:

“Very little. We get our first aid. It’s up to us to go and find a Cert 3 or whatever like that.”

In almost all cases, workers had to pay for their own work-specific training and all upgrading. This lack of support for training and upskilling was very frustrating for workers encountering new clients with complex behaviours, and wanting to further develop appropriate skills. This problem was seen as all the more acute in light of the sector’s new, inexperienced labour force.

4. CHALLENGES OF WORKING IN THE PRIVATE REALM OF CLIENTS’ HOMES

Working one-on-one with families in their own homes poses many serious challenges for workers (Flanagan, 2019). Many DSWs had worked primarily in community programs with groups. Now, many workers are assigned to work in clients’ own homes. In a community centre context, basic rules of drop-off times, pick-up times, appropriate behaviour, etc. were regularly understood and followed by clients, family and staff.

In the new situation of in-home work, in contrast, some families have unrealistic expectations of what can be done in a day and what the clients are capable of. There is a lack of clarity regarding rules or guidelines they must be followed. The work occurs in an individualised setting, with no colleagues or supervisors who a DSW can call on for

support or direction. There is little workers can do in an immediate situation if people are acting inappropriately in their own homes.

As one research participant told us:

“Families don’t always acknowledge when a shift is finished and don’t let the staff person leave. Or don’t come home on time to take over... In some cases, clients are very afraid to be left alone or too unstable to be left alone and so we can’t leave until a family member finally shows up.”

5. TRANSPORTATION: SHIFTING THE COSTS

Problems with transportation arrangements for NDIS clients figure prominently in the experiences related by our interviewees. These problems can be broadly classified into two main areas. The first is that clients are not provided with sufficient funds to cover transportation needs associated with activities they may be used to doing, or that they would like to start. Prior to the NDIS, transportation costs were often covered by community agencies, typically pooled across a number of clients – making travel and activities both safer and more cost effective. Under the NDIS, in contrast, each client has their own budget for travel; for many clients, especially those in regional areas, that budget runs out quickly. Moreover, by requiring clients to “trade off” service choices in order to stay within a fixed budget, the NDIS system encourages clients to downgrade the importance of good transportation services – or, perhaps even worse, to dip into funds allocated for clinical or core supports in order to subsidise transport costs. This pattern is very concerning to both clients and DSWs, since choice of activity is meant to be a cornerstone of the NDIS. True choice requires a fiscal regime which recognises the importance of transportation for people with disabilities – allowing them to get out of their homes, engage in community activities, and access specialised services. At present the system is clearly not providing adequate resources to meet that need.

Many of our interviewees reported that their clients often forego activities because of inadequate transportation funding – and this in turn results in more intense demands imposed on staff to meet clients’ needs with less access to outside activities or resources. In one agency, most clients were allotted funding for 100 kilometres of transportation per week. As one worker put it:

“If we stuck rigidly to the hundred kilometres a week, they wouldn’t go anywhere hardly. From where we live in ..., you can’t go anywhere for under 30 or 40 kilometres a trip return. That’s just the most basic community access. It gets gobbled up very quickly.”

These clients are not living in remote areas where distances would be even longer. However, under the NDIS, even they have had to curtail their outings. As one worker noted regretfully, “It’s very tight already and they simply can’t go out every day.”

Kilometre limits are often exceeded for appointments that staff are required to take clients to, and there is no compensation for those extra unfunded distances when workers are expected to use their own cars. According to one worker:

“Some family members also expect to be taken where they want to go, like we are the care providers for the whole family.”

The perverse trade-off between transportation costs and other budget items in each client’s personal plan can lead to clients sacrificing core services and supports just in order to finance desired or necessary transportation:

“A lot of participants have been taking their travel money out of their core support so that then means that families aren’t really getting the correct respite hours or the participant’s not getting the correct one-on-one supports.”

The second major problem with transportation arrangements under the new system is that a large proportion of DSWs are now being required to use their private vehicles to visit clients’ homes (or other locations of work), and in many cases even to transport their clients. In many of these instances no compensation is provided for this transportation functions: neither for the cash outlays associated with providing this private transportation (including petrol, maintenance, insurance and registration, and vehicle amortisation), nor for the workers’ time spent traveling to meet their clients. Several interviewees reporting that their vehicles sustained serious soiling or damage in work-related use; some also reported no longer feel safe using their own vehicles to transport clients:

“I’ve had a situation..., one of the guys shoved a CD in my CD player and it was scratched and he did it a few times and ended up jamming the mechanism and it cost me about 400 bucks and they wouldn’t reimburse me cos I couldn’t specifically prove that that had happened. That’s the thing you’re faced with there.”

“I had my car soiled a few times, some guy wanked on it, some guy tried to wank in it... So that’s the reality there that with the contract.”

We received numerous and consistent reports about employers pressuring DSWs to use their own vehicles for work-related transportation functions. In many cases it was reported this requirement is now built into initial employment contracts. There is widespread confusion about workers’ responsibility for providing a vehicle, and for their responsibilities regarding ancillary requirements such as insurance:

“We got dragged into a special meeting. It wasn’t a reprimand, it was a compliance meeting to remind us that contractually, we’re obligated, we signed that the use of our vehicles was, in fact, mandatory; that we couldn’t cherry pick our clients; there was another issue, none of which related to me at all but I can see how they’re gonna use that in the future. Originally, I said, ‘I don’t comprehensively insure my car because it’s just a piece of garbage. It’s a little \$600.00 run around and it wasn’t worth the comprehensive insurance,’ so I’ve never included my vehicle in the fleet but then they said, ‘No, you don’t have to be comprehensively insured, we cover that.’ I thought, that’s the first I’ve ever heard of it and it’s written in our contract that it says that our vehicles need to be comprehensively insured.”

“Work now are looking to cut back anywhere they can to squeeze a profit or a dollar to actually run. As far as we’re now limited to use of vehicles; there’s no choice now. If we don’t like it, we leave. If you don’t wanna use your own car, get another job.”

“If you don’t use our own vehicle, you won’t be working. They’re not playing ball, they’re not being nice about it, they’re not even hiding it anymore. They’ve said, ‘This is in your job description.’ It’s not in the

job description. It says, you may have to use your own vehicle. Now they're saying, 'No, you have to.'"

"Now we're expected to provide our own phones, our own cars, our own resources, our own supervision and pretty much pay if there's things that participants that we're working with would like to go to, we're expected to pay, too, ourselves."

Some workers reported that their employers reimbursed their vehicle expenses at various rates per kilometre; some reported that NDIS clients were actually charged a higher rate for those worker-provided travel services than the workers were reimbursed (with the margin retained by the agency, perhaps to cover administrative costs related to the transportation services, or to help defray general overhead costs). But some workers indicated that they were not reimbursed at all for the use of their own vehicles for work-related transportation:

"Previously I had a company car, got paid an hour each way for transit, being Saturday that was time and a half so there was three hours' pay. When NDIS came in there was no longer the ability to use a company vehicle hence there was no payment for travel so I was doing 126ks in my vehicle for no compensation plus losing that three hours pay."

Reimbursement for the workers' time spent driving clients, or driving between different clients, was also reported to be inconsistent.

Some workers indicated that their employers told them to claim parking and client transportation costs as an employment expense on their tax returns, rather than being reimbursed directly by the company. Of course, claiming transportation costs as a deduction (even where it is legally allowed and adequately documented) does not fully recompense DSWs for those out-of-pocket costs.⁹ As one research participant expressed:

"Transportation used to be covered by the agency and it still should be. It is both the workers and the service users who are hurt by this new transportation policy, which is just not right."

⁹ Deducting transportation costs through the income tax return will result in partial reimbursement at the rate at which the worker pays marginal tax; since DSWs are generally low-paid and part-time, that rate is low (and in some cases even zero).

The expectation that workers spend their own time transporting themselves and clients in the course of work that may inevitably involve multiple trips to multiple locations in a single day,¹⁰ and moreover that they provide their own means for this transportation, without compensation, is an extraordinary and unusual imposition on these workers. This practice would not be tolerated in most other sectors of the economy; it occurs in the case of disability services only because of the relatively powerless position of both the clients and the workers, and the fragmented, inadequately-funded nature of the program.

The requirement that DSWs transport their clients in their personal vehicles also raises significant safety concerns, related to the quality of the vehicle, inconsistent installation of necessary safety equipment (such as fire extinguishers and first aid kits), and the difficulty of driving a vehicle while simultaneously supervising a client with intellectual or cognitive disabilities. As one worker put it:

“Our car’s not suitable for the guys... They did quite an amount of damage to our cars; when we’re driving in our cars there’s no partition so we’re put at danger while we’re driving... You’re supposed to be driving, you should not have to be watching the people in the back. You should have a hundred per cent attention on the road and to be put in a position to drive with trying to see if people are taking their seat belts off. It’s not safe.”

6. INCREASED RISK OF VIOLENCE AGAINST WORKERS

Research participants regularly reported an increased incidence of violence against workers and property after the roll-out of the NDIS. This occurred alongside and despite a generally lowered likelihood of accurate reporting of violent incidents – because of the casualisation and fragmentation of disability services work. Insecure workers are generally anxious to attain more shifts and feared reprisals if they reported incidents; moreover they have less access to reporting procedures given the general lack of supervision and support, and their common assignment to work by themselves in locations away from any central office or agency.

¹⁰ Of course, it is common to expect workers to travel to and from a single place of work at their own expense. But when a job involves traveling to several or various workplaces to perform different units of work, clearly there is a responsibility for the employer to both arrange and compensate for that additional transportation burden.

As one long-time worker noted:

“Some workers are scared to complain about challenging behaviours from the clients, to the client or the family or the agency. The workers don’t want to upset anyone, or they might not get more shifts.”

The revolving door of casual staff makes for a more stressed work environment, as DSWs cannot possibly adequately come to know their clients, their preferences or their triggers. Some workers tried to diminish workplace assaults, despite acknowledging an overall increase in their frequency. As one worker put it:

“Nothing major, just black eyes, broken noses, the normal sort of things with people just being out their routine, not knowing the support workers and the support workers not knowing clients.”

That such serious violence could somehow be normalised for workers, who are implicitly expected to “put up” with violence as a sign of their commitment to their clients, is a shocking indictment of the lack of resources, supervision and support which is provided to DSWs under the NDIS’s marketised model.

The chronic lack of training and supervision for workers clearly contributes to the increased frequency of dangerous situations. As another research participant told us:

“Team leader/managers tend to brush off comments by workers about clients, saying they are just ‘having a bad day’ or that ‘it’s just a personality clash’. They don’t care if the support workers are injured or disheartened. They can always get someone else to take their place; more often than not, they are not trained or have very limited training, and don’t stay in the job long anyway.”

The frequency of violence from clients, the general absence of reliable reporting systems, and the inadequacy of training, support and back-up for DSWs are all exacerbated by the fragmented model of service delivery inherent to the NDIS’s marketised model. In a system in which workers and agencies must “hustle” for business, work is performed in fragmented and geographically dispersed locations, and agencies and employers have sparse resources (given the unit price model) to provide essential overhead functions (like training in how to handle violence), violence

becomes a normalised but unnecessary feature of the work. This represents a very serious failure of the current system.

7. DETERIORATING MANAGEMENT RELATIONSHIPS WITH WORKERS

Early disability services provision arose from the needs of clients and communities, and was most often provided according to a non-profit ethos of care and equity. In contrast, our research participants were disturbed by new trends that emphasized profit over support, and consequently generated wider divisions between staff and management. Some supervisors continued to provide strong and consistent support for their frontline workers. However, the profit motive and pressure for cost-cutting unleashed under the NDIS has created a deterioration in relationships that feels unethical and demoralising for many of the workers.

This comment from one support coordinator reflects widely-shared feelings expressed by our research participants:

“You think you’re going to something with the full belief that you can help change things for people... We can make things a bit more tolerable for their condition, but we’re told we can’t do that. Even a courtesy phone call, we can’t do it unless we can get paid for it.”

Employers made it explicitly clear to front-line workers that the culture of the workplace had to change: workers had to ensure that every interaction with clients was charged and chargeable, otherwise it had to be eliminated. This close focus on cost and profit did not sit well with the professional and personal ethics of long-time workers, who had spent their work lives trying to make a positive difference in the lives of people with disabilities. It seemed especially incongruous in the case of long-standing non-profit agencies – which had traditionally operated on a public and community service mandate, but now were being forced (by the unit price model) to act like other “businesses.”

A particularly poignant example was provided by a support coordinator, whose manager told her to “drop clients and stop helping them” once their support coordination budget had been used up – even when the clients’ needs remained unmet. In a similar vein, another worker told us:

“My boss said, ‘You need to look at things a lot different. It’s about money. There’s morals and ethics and then there’s the organisational standards and you need to bring them down to the same level,’ and I said, ‘How can I change my morality that I’ve had for 28 years previous to starting this role to suit an organisation? I can’t do that, and I don’t think it’s ethical...”

Despite this ethical conflict, because of their casual status and resulting economic insecurity, many workers were afraid to speak up to managers or express concerns; they feared that their shifts would be cut instantly. These concerns dovetailed with a sense that workers were not appreciated by many management groups; workers reported a growing mentality among their managers that “everyone is replaceable. One long time worker summed it up bluntly: “Attitudes from management are basically, you’re not an asset anymore.”

New and long-time staff also commented on the adversarial climate that more frequently seems to pervade their organisations. As one long term worker noted:

“There’s now a very big us-and-them in our organisation. Very big. They deny it but there is a very big us and them [sustained] by certain members of management. There’s no objectiveness.”

Favouritism was a widespread concern, with some workers feeling that shifts and clients with complex needs for support were not evenly or fairly distributed. Along with infrequent or non-existent supervision, this vulnerability increased workers’ sense of demoralization and stress.

Inadequate conflict resolution was also identified as a problem in a number of organisations. One worker found himself unable to resolve issues with a manager and asked four times for mediation, which was supposed to be available to all staff. However, none was provided. This had negative impacts on his stress levels and health. As the worker put it:

“I asked three more times for conflict resolution over the space of three months, finally it got to a point where I was so anxious before getting to work I felt like I was vomiting, I started medication.”

8. HIGH TURNOVER IN AN INSECURE SECTOR

Despite widespread demoralization and instability, many workers continue to seek satisfaction in working with people with intellectual and other cognitive disabilities, and trying to make the new NDIS system work. Two workers told us that they felt it was likely that they would soon be dismissed, because they refused to abandon the principles of equity and support that they felt defined their work. However, other workers told us their jobs still held positive meaning because, “You can put things in place for people that can give them hope”.

Despite the insecurity of working hours and incomes, the challenges posed by inadequate funding for transportation, and the pervasive risk of violence, most workers still were motivated by (as one worker put it) “watching ... the participants reach their goals.” Another worker expressed a similar positive commitment to their work:

“I like getting them out and about to places. I love hearing ‘he’s never done that before.’ Love that. I love hearing ‘how did you do that?’ I get chuffed every time.”

A long-time frontline worker summed up the feelings of most research participants thusly:

“I love working with the people. I love making their lives, it sounds really cliché, making their lives as high quality as we can”.

This commitment to client care, despite the difficulties faced by DSWs, is extraordinary. However, it was also notable how many of our interviewees were considering leaving the sector entirely. Some planned early retirement, others were seeking a career change (such as moving into management or administration), while others had no definite plans other than to seek a different job they could like and sustainably perform. As one long time frontline worker told us:

“To be honest, there’s not a whole lot I like about my job at the moment. I’ll give it 12 months and then if it’s not any better, I’m gone.”

Part of this common intention to leave the profession was based on working conditions. For most workers, however, it also reflected the loss of a feeling of being appreciated and finding meaning in their jobs. In the words of another long-time worker:

“In my old job, yeah, there was a bit of recognition, a bit of esteem for what you did. Now, not so much. I’m not feeling the love.”

These personal reflections from our interviewees thus underline the empirical data indicating high job turnover rates in this sector.¹¹ Needless to say, given the already-inadequate training systems for newly-recruited DSWs, the reluctant departure from the sector of many long-time, more experienced will only exacerbate the problems of skill and capacity faced under the NDIS. Most frustrating is the fact that most of these workers support the goals of the NDIS and would prefer to stay in their current occupation, if those immediate problems (such as inadequate training and supervision, unfair transportation arrangements, risks of violence, and others) could be resolved.

¹¹ Data compiled by NDS (2018) indicate that roughly one-quarter of disability service workers leave their jobs in any given year. That is approximately three times as many as the average job turnover rate in the labour force as a whole (ABS Catalogue 6226.0).

Conclusions and Policy Responses

Interviews with front-line workers and case managers working in NDIS-funded disability services delivery strongly indicate a system that is experiencing rapid change and instability. Until the advent of the NDIS, services for people with intellectual disabilities were most commonly provided through direct public departments, or by agencies supported with block-funding government grants (supplemented by incremental funding from charitable donations and other sources). While jobs in the sector have never been lucrative, the previous approach did provide a significant number of relatively secure, permanent employment opportunities to workers. That allowed them to develop their skills, progress along defined career paths, and build more stable relationships with service users over time.

In contrast, the new delivery model under the NDIS has been characterised by the rapid casualisation of work, alongside the fragmentation and individualisation of supports to many NDIS clients. Especially vulnerable in this regard have been people with intellectual and other disabilities. Typically, they would have previously received most support from a single organisation, and/or attended specialist day services. Now they are expected to arrange for complex programs of services and support on an individual basis: working within a personal budget, trading off various services and supports to meet the financial constraint, and holding ultimate responsibility themselves for the coherence and success of their treatment and support program. Many clients are experiencing great uncertainty and instability in their disability support services as a result. This places both clients and DSWs in a highly vulnerable position. Both are grappling to find their way within a fragmented, market-based system that in many ways fails to meet its core motivating goals: to reduce the vulnerability of people with disabilities, to respect and enhance their self-determination, and to move them from the margins into the mainstream of society. Highly dedicated DSWs are trying to fill the gaps that clearly exist in the new system, yet the whole system is predicated on the narrow assumption that clients must be charged for every interaction and service. This commercialization of support and interpersonal relationships undermines the social fabric of inclusion and full participation. Meanwhile, failures in the unit price model are threatening the sector's capacity to invest in crucial overhead and infrastructure functions: not least including staff training, supervision, and even safety.

Workers are compelled by employers and the system to “price out” every interaction they experience with clients, while clients are left without the consistent and capable support they require due to a highly unstable, underdeveloped and insecure labour force. Especially acute in this regard is the lack of training for new staff in complex needs and behaviours associated with many clients with intellectual and cognitive disabilities. In addition, with transportation costs charged to each client and often delivered informally (including in workers’ own vehicles), rather than pooled over community programs and provided by specialists, many clients quickly deplete their travel funds. As a result, clients are forced to cut out needed activities and services, due to inadequate access to transportation – and DSWs are compelled to subsidise transportation costs through the often uncompensated use of their own vehicles, on their own time.

It is hard to imagine how the laudable goals of voice and empowerment can occur within this increasingly cost-focused, under-resourced, commercialised space. Overall, workers reported a very strong sense that the NDIS as it stands was not well-designed for people with intellectual disabilities. The ongoing churn and turnover among the disability service workforce, and the instability and even financial crisis experienced by many agencies,¹² will surely further delay the development of the much larger labour force that will be required to fulfil the NDIS’s vision.¹³

A great deal of ongoing dialogue, research and policy development will be required in coming years to address the realised shortcomings of the current NDIS plan design, and implement reforms that will allow the scheme’s laudable objectives to be met more completely. We limit our policy recommendations in this report to specific measures that would help to address the severe problems in job instability, inadequate training, and unfair and often dangerous work arrangements that were highlighted by our interviews with front-line workers under the NDIS. In addition to undermining both the quality of work for DSWs and the quality of support for NDIS clients, these problems are also clearly making it even harder to recruit a motivated, high-quality workforce to this rapidly-growing industry.

¹² Many agencies have reduced staff and taken other dramatic measures to respond to the financial instability they have experienced under the NDIS; see, for example, Campbell (2018) and Lenaghan (2016).

¹³ The Productivity Commission (2017) has already warned that the growth of a qualified workforce is far behind schedule, and new workers lack the skills and experience necessary to provide high-quality services to the .

To this end, we propose the following broad recommendations:

1. MORE STABILITY IN WORK AND SCHEDULES

With the dramatic shift toward individualised support plans, funded through a fragmented market-based regime, disability support workers have experienced a gut-wrenching destabilisation in their work lives. Hours of work and incomes have become highly precarious. Wages, which were never lucrative for most of the workforce, have been suppressed under the constraints of inadequate unit prices and the financial crises experienced by many agencies as the transition to the NDIS continues. They have been left to their own devices in most cases to deal with the challenges and risks of supporting clients with complex needs. Basic support services from their employers, including basic supervision, case management, information sharing, and scheduling, are inadequate and inconsistent. And value-added opportunities for training and career advancement are rare.

The workers we interviewed are both passionately committed to the well-being of their clients, and still hopeful about the potential of the NDIS to meet their clients' needs in a more respectful, flexible and democratic manner. But despite this continued dedication, the turmoil and insecurity of providing these essential services under the NDIS's fragmented, market-driven delivery model are taking a severe toll, and leading many seasoned workers to exit the industry (or seriously consider exiting it) altogether. If there is to be any hope of attracting the requisite workforce, possessing adequate motivation and skills, to support 475,000 potential registered clients once the NDIS is fully rolled-out, there is an urgent need to improve the quality and stability of work in this sector.

Specific and incremental reforms which could contribute to higher-quality, more stable jobs in disability support services would include:

- Improving basic standards for minimum engagement periods, continuity of engagement, reasonable notices of roster and scheduling changes, and stability in weekly hours of work. Individuals cannot be expected to build sustainable careers in jobs which do not offer reasonable regularity in scheduling and income. In response to the fragmentation and uncertainty of client demand for NDIS-funded services, employers in the sector are increasingly meeting staffing needs through piecemeal unit-based assignments. This results in very short shifts, discontinuous or "split" shifts, and continuing uncertainty in work patterns that imposes

tremendous stress on both work and home life for DSWs. Workers cannot be expected to fully absorb the instability of client demand resulting from the individualised, market-based model of NDIS delivery through instability and fragmentation in their own work and income.

- Changes in the funding model to allow agencies and employers to provide adequate infrastructure and support services for their workers. Sufficient allowances for these functions, which are essential to support DSWs in their jobs, must be built into the overall NDIS funding structure; that will most likely require the implementation of new revenue streams beyond the revenues currently generated through the unit price system (which do not provide an adequate or stable source of funds for those broader overhead tasks).
- Providing workers with secure opportunities to express their opinions, priorities, and grievances, and to advocate (including through collective bargaining) for improvements in wages, working conditions, management systems, and policies. Avenues in this regard could include the establishment of multi-employer, region-wide or even sector-wide collective bargaining processes. The regularisation of employee voice and representation will also help sectors in the agency build more consistent and professional management structures, which have clearly deteriorated under the organisational and financial turmoil experienced since the NDIS was implemented.

2. ACCESS TO TRAINING FOR BOTH NEW RECRUITS AND LONGER-TERM EMPLOYEES

The disability services workforce must grow very quickly to meet the needs associated with the full roll-out of the system across Australia. The coming large increase in the sector's workforce implies enormous up-front training investments. Incoming workers immediately need basic induction and orientation training to work with people with disabilities, and learn fundamental prerequisites (such as the NDIS code of conduct, basic health and safety procedures, and more). Then they need an opportunity to acquire foundational skills through formal training programs (preferably provided through public and recognised non-profit providers, with a particular reliance on TAFEs). In our judgment, this basic training should be a regulatory requirement for newly recruited workers under the NDIS, enforced through some system of mandatory registration and certification (perhaps overseen through the NDIS's Quality and Safeguards Commission).

Beyond these initial training requirements, those who choose to make disability services their long-term career should also have access to ongoing training and professional upgrading. Those opportunities for advanced training should be matched with clear paths for acquiring formal qualifications over time, and entering more advanced job classifications (with corresponding increases in pay) to reflect those accumulating skills. Providing the opportunity for lifelong training and upgrading, within the context of a more regulated professional structure for the industry, would help to provide disability support workers with similar opportunities and responsibilities as are currently associated with other allied health professions.

Initial experience with the roll-out of the NDIS unit price system has confirmed that agencies have been starved of resources to provide even the most basic infrastructure and overhead services for their workers. This means it will be impossible to organise and fund consistent, high-quality training opportunities through the unit price model. Instead, agencies and registered providers need to be provided with block funding to support those functions and meet minimum professional standards. Individual workers could also accumulate personal credits for training, as they provide more hours of NDIS-funded service¹⁴ -- and this could provide an additional source of revenues to support ongoing training.

3. FAIR TREATMENT OF TRANSPORTATION TIME AND COSTS

The widespread expectation that disability support workers are responsible for transportation time and costs (even when traveling between multiple clients), and in many cases responsible for transporting clients, imposes a very unfair and unsustainable burden on workers whose wages and conditions are already low. Moreover, the informal and often non-compensated private provision of transportation services by DSWs raises important issues of safety for workers, clients and the public.

Clear and consistent policies regarding the provision of transportation services by DSWs should be described and enforced through sector-wide regulatory bodies –

¹⁴ Ryan and Stanford (2018) propose a system of portable training credits which would be assigned to individual workers even when they work for various employers in the sector, or even directly for NDIS clients; in this way, ongoing training could be guaranteed despite the highly mobile, individualised nature of the delivery system.

including through the NDIA itself, and through the Fair Work Commission's oversight of standards spelled out in relevant Modern Awards. Specifically,

- Where DSWs are required to provide their own vehicles for transporting themselves between clients, and/or transporting clients to activities or appointments, this requirement must be explicitly communicated at time of employment. The employer must be responsible for providing ancillary equipment, safety improvements, and insurance.
- Expenses related to the operation of a private vehicle for transportation from the normal workplace to and from meeting clients, and/or expenses related to the transportation of clients, must be directly compensated by employers on a generous basis (meeting or exceeding the benchmark specified in the SCHADS award). Time spent by DSWs in such transportation must also be fully compensated according to regular wage scales.
- The application of these practices will also be shaped by the implementation of stronger standards regarding minimum engagement periods (discussed above). In particular, the assignment of multiple visits to workers in a single day or shift, and/or the requirement that workers make more than one trip to work in a day (resulting from discontinuous or split shifts) must include fair allowance for excess transportation time (Macdonald *et al.* 2018).
- Damage incurred to vehicles in the course of work-related travel (to and from meeting clients, and/or transporting clients) must be fully compensated by employers.
- DSWs required to provide transportation services should be trained in the safe operation of vehicles while supervising clients, and procedures governing unsafe situations (such as driving while a client requires assistance or attention) must be communicated and respected.

4. BETTER SUPPORT FOR SERVICES WORK IN PRIVATE HOMES, AND BETTER TRAINING AND SUPPORT FOR DEALING WITH VIOLENCE

Another area of flagrant risk and unfairness reported by several of our interviewees is the challenges and safety risk of working with clients in the private realm of clients' homes. In addition, our interviewees expressed a distinct rise in the incidence of violence in their jobs under the NDIS system. It is clear to us that more training is required for DSWs to be more aware of safety and other risks in those situations, and to be better-supported by their employers and managers in confronting those risks.

Specific measures which could help to address these problems include:

- More training for all DSWs required to work in clients' homes in evaluating the safety of those environments, and recognising and responding to dangerous situations.
- More systematic and efficient systems for sharing information between clients, their families, managers, and case workers about clients' needs and challenges. Time spent by DSWs in accessing and managing that information must be compensated (rather than requiring workers to obtain and process case files, often from offices which they don't normally visit in the course of their work, on their own time).
- More effective and well-understood safety and back-up protocols to support DSWs who encounter violent, dangerous or overwhelming situations with their clients, including generous entitlements to paid leave and support services.

* * * * *

Reforms such as those recommended above are ambitious, and will require a deep rethink of some of the fundamental assumptions and structures of the NDIS as it is currently being implemented. Specifically, the limits of the unit price model underlying the scheme at present must be recognised and addressed. It is unrealistic to expect that agencies can provide the critical infrastructure and overhead services essential to the development and maintenance of a high-quality workforce, on the basis of tiny "margins" (for management, overhead, training, etc.) built into NDIS unit prices which are already inadequate to cover many of the basic costs of service provision. Moreover, instability in the volume of NDIS work being charged (due to fluctuations in demand from clients, clients losing access to funds, etc.) inhibit the extent to which unit price revenues could ever fund quality workforce development infrastructure.

In this regard, running a national disability services system cannot be treated like any other "business": whereby entrepreneurs harvest surplus from ongoing unit revenues to cover their management, overhead and profits. Our recommendations suggest a very different approach must be taken to paying for the fundamental building blocks of a higher-quality disability support services system. And that must start with the front line workers whose passion, skills, and reliability are utterly indispensable to realising the lofty founding goals of the NDIS.

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Allowances

Social, Community, Home Care and Disability Services Industry Award 2010 [[MA000100](#)]

Operative 1 July 2019

Wage-related allowances:

The wage-related allowances in this award are based on the standard rate as defined in clause 3.1 as the minimum wage for a Social and community services employee level 3 at pay point 3 in clause 15.3 = **\$988.80**

Allowance	Clause	% of standard rate \$988.80	\$ per week unless stated otherwise
First aid allowance	20.4(a)	1.67	16.51
Heat allowance— temperature raised by artificial means:	20.7		
Between 40°C and 46°C	20.7(c)(i)	0.05	0.49 per hour or part thereof
Exceeds 46°C	20.7(c)(ii)	0.06	0.59 per hour or part thereof
On call allowance:	20.9		
24 hour period—finish of ordinary duty on Monday to finish of ordinary duty on Friday	20.9(a)	2.00	19.78 per 24 hour period or part thereof
Other 24 hour period, including public holidays	20.9(b)	3.96	39.16 per 24 hour period or part thereof
Sleepover allowance	25.7(d)	4.90	48.45 per night

Expense-related allowances:

The expense-related allowances in this award will be adjusted by reference to the Consumer Price Index (CPI) as per the following:

Allowance	Clause	Applicable CPI figure	\$
Clothing and equipment:	20.2	Clothing and footwear group	
Uniform allowance—the lesser of:	20.2(b)		
Per shift; OR			1.23 per shift or part thereof

Allowances – Social, Community, Home Care and Disability Services Industry
Award 2010 [MA000100]

Allowance	Clause	Applicable CPI figure	\$
Per week			6.24 per week
Laundry allowance—the lesser of:	20.2(b)		
Per shift; OR			0.32 per shift or part thereof
Per week			1.49 per week
Meal allowance—overtime:	20.3	Take away and fast foods sub-group	
More than one hour after usual finishing time	20.3(a)		13.29 per occasion
Overtime exceeding four hours	20.3(a)(ii)		13.29 per occasion
Travelling, transport and fares—use of own vehicle	20.5(a)	Private motoring sub-group	0.78 per km

FURTHER INFORMATION

This allowance sheet should be read in conjunction with the current version of the modern award available at [MA000100](#).

Any enquiries about wages and conditions of employment should be directed to the Fair Work Ombudsman by calling 13 13 94 or through their website www.fairwork.gov.au.

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