ASU Submission

Inquiry into the accessibility and quality of mental health services in rural and remote Australia

Senate Standing Committees on Community Affairs

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Table of contents

1. Introduction

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.

Current 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:

- Social and community services, including mental health 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 SA)

The ASU has members in every State and Territory of Australia, as well as in most regional centres as well.

2. Who we represent in disability services

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. We represent mental health workers in every state and territory of Australia.

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, community mental health services, Aboriginal services, care management and coordination, disability advocates, Local Area Coordinators, team leaders, and managers in disability providers.

3. The Inquiry

The ASU welcomes the opportunity to contribute to the Senate Standing Committee's inquiry into the accessibility and quality of mental health services in rural and remote Australia.

We do not intend to address all of the issues outlined in the Terms of Reference. We do however wish to respond to:

(c) the nature of the mental health workforce;

(d) the challenges of delivering mental health services in the regions;

Access to mental health services is an ongoing challenge for people living in rural and remote Australia due to a lack of or limited services available along with the recruitment and retention problems in the sector.

Our concerns in these regards are primarily as follows:

1. Gaps in mental health service provision that are arising as a consequence of NDIS eligibility rules;

2. Mental health support under the NDIS;

3. Impacts and uncertainty on the mental health workforce; and

4. Training and development of the NDIS workforce.

4. Community mental health services in rural, regional and remote areas

Australia's unique challenges of building social inclusion in a country with a relatively small population spread over a large landmass is well illustrated by issues facing community service workers in rural, regional and remote areas. Severe disadvantage in many Indigenous communities also poses particular challenges for the recruitment and retention of workers in remote areas.

These factors result in a lower population base to recruit workers, a lower skills base as people in these areas tend to have lower levels of relevant post-school education and higher unemployment and greater turnover of staff, who frequently travel long distances or relocate for employment in community services in rural, regional and remote areas.

Most community services report that workforce shortages in rural, regional and remote areas are a particular problem while the increased need for services to address social problems (including higher than average rates of unemployment and suicide) grows.

Currently, funding from a number of state and federal programs is used to support people experiencing a psychosocial disability, but this will be rolled into the NDIS. However not everyone who is currently receiving support from these programs will be able to access the NDIS, due to NDIS eligibility requirements.

Under the NDIS eligibility rules, people with a psychosocial disability related to a mental health issue, are eligible for support under the scheme as long as they meet the access requirements. Becoming a participant of the scheme will depend on a number of factors including a determination that your impairment is likely to be permanent.

The ASU is concerned people living with a psychosocial disability are not be eligible for NDIS funding, as their mental health issues are not "permanent". Most people experiencing mental health illnesses will not qualify as they live with a moderate and/or episodic mental illness and rely upon support programs that may not meet the eligibility criteria for the NDIS. A recent report found that up to 91% of people with a severe mental illness will not qualify for the NDIS and will require community health services to be met outside of the Scheme.[1]

This is of concern as those who do not qualify will need to rely on existing support services, however the funding for these very same support services are being subsumed into the NDIS. This situation is exacerbated due to the uncertainty around Commonwealth funded community mental health services such as PHaMS and PIR. Although the Commonwealth has made guarantees that people currently receiving services in these programs will have continuity of support even after the roll-out to the NDIS, there is no clarity about how this will actually operate in practice, nor what will happen to people who require support in the future. .

[1] Mind the Gap: The National Disability Insurance Scheme and psychosocial disability, The University of Sydney [online] Accessed at:: http://sydney.edu.au/health-sciences/documents/mind-the-gap.pdf

Community mental health and the NDIS do not provide like-for-like services. Community mental health services focus on recovery and early intervention and operate on a strengths-based model. These services are able to provide step-up/step-down care in a flexible way to meet clients fluctuating needs. These services do not require clients to identify as having a disability, and some do not even require a formal diagnosis of mental illness in order to qualify for support. Eligibility for the mental health support under the NDIS on the other hand is based on having a severe psychosocial disability that is expected to last a participant's lifetime, a criteria that does not fit easily with community mental health's focus on recovery. Many people with psychosocial disability have needs and impairments that change in severity and in nature over their lifetimes, sometimes changing very quickly.

We are particularly concerned at how the lack of funding for community mental health supports will play out in rural and remote areas of Australia. People with mental health issues living in rural and remote areas often face additional challenges that are distinctly different from those faced by people who live in metropolitan areas.

Recent research by Flinders University has revealed that not all NDIS participants have experienced improvements in their wellbeing since joining the NDIS, in fact participants with a mental health or psychosocial disability consistently reported lower levels of wellbeing than people with other types of disability.[2]

A further issue that is particularly emphasised in rural and remote areas is the lack of NDIS providers. Often no service providers existed at all or where they did exist, the market was such that consumers had no choice of provider. The University of Sydney recently found that organisations had decided not to provide services in rural and remote environments because they were unable to provide quality, safe service within the pricing structures.[3]

The lack of recognition of the extensive time involved in travel in rural and remote regions within NDIS pricing structures also greatly impacted on the ability to deliver financially viable service.[4]

As mental health services are more costly to run in rural and remote communities any shortfalls in funding is likely to impact more heavily on these services. It is therefore imperative that the NDIS is responsive to, and appropriate for, people with disability and their families and carers living in rural and remote areas.[5]

5. Mental health support under the NDIS

We are also concerned about the adequacy of funding for consumers who are eligible for NDIS funding. The delivery of quality outcomes for mental health service users is dependent on providers being able to invest in activities such as performance monitoring, quality assurance, continuous improvement and workforce training, development and planning.[6]

The NDIS has not been designed to accommodate and support the bulk of people who need mental health support. This is due to the fact the NDIS is a disability program and not a mental health program, and the needs of clients are very different.

Prices for some key NDIS supports are too low and do not include these critical activities and overlooks the diverse circumstances in which support is provided. Mental health support differs from other disability support in that it is primarily focussed on recovery.

[2] Evaluation of the NDIS, Final Report – February 2018, Flinders University [online] Accessed at: https://www.dss.gov.au/sites/default/files/documents/04_2018/ndis_evaluation_consolidated_report_april_2018.pdf
[3] Mind the Gap: The National Disability Insurance Scheme and psychosocial disability, The University of Sydney [online] Accessed at:: http://sydney.edu.au/health-sciences/documents/mind-the-gap.pdf
[4] Mind the Gap: The National Disability Insurance Scheme and psychosocial disability, The University of Sydney [online] Accessed at:: http://sydney.edu.au/health-sciences/documents/mind-the-gap.pdf
[5] Evaluation of the NDIS, Final Report – February 2018, Flinders University [online] Accessed at:: https://www.dss.gov.au/sites/default/files/documents/04_2018/ndis_evaluation_consolidated_report_april_2018.pdf
[6] Queensland Community Alliance submission to the Productivity Commission inquiry into Human Services [online] Accessed at: http://www.pc.gov.au/__data/assets/pdf_file/0013/214114/sub446-human-services-reform.pdf

Further, the nature of mental health issues means that a consumer's needs for support may vary widely over time. Consumers may have periods where they require intensive or crisis support, and other periods where they require less intensive support. The NDIS packages don't adequately take into account these fluctuating needs.

Further, mental health support work is complex. Entry level employees in mental health tend to perform work that aligns with level 3 or 4 in the SCHADS Award. This includes monitoring risk and supporting client safety, and employing evidence based practice models to support recovery in a holistic way, but NDIS pricing assumes support workers are employed at level 2.3 of the SCHADS Award. This classification will not attract and retain skilled and experienced mental health workers. NDIS direct mental health support pricing means it is not financially viable for service providers to offer sufficient professional supervision and training.

If mental health support workers are not sufficiently skilled and supported to perform the complex work required, worker burnout, high staff turnover and adverse client outcomes can be anticipated. Many people accessing mental health support services have experience of relationship based trauma. Research into trauma-informed care shows trusting and consistent professional support relationships are an important foundation for recovery oriented work. While consistency cannot be guaranteed even under the best service models, a pricing structure which actively undermines stability in the mental health workforce should be avoided.

Many service providers are already, under the guise of 'preparing for the NDIS' using less staff, lower classified staff, and staff working fewer hours in order to reduce their costs. We are seeing reductions in service levels.

Despite an NDIS loading bonus of 20-25% to rural and remote services many providers are warning they may be forced to shut down services if the NDIS pricing levels do not change. The problem of 'thin service markets' is an identified problem in the NDIS landscape. A central aim of the NDIS is to improve participant choice and control over the support they receive, however the current pricing structure may lead to fewer service providers, offering a lower level of service. To remain viable services must find a way to operate within the confines of NDIS pricing. [7]

6. Impacts and uncertainty on the workforce

As a consequence of both the absence of guaranteed funding for existing community mental health services, and the inadequacy of the NDIS funding for mental health supports, there is significant uncertainty among providers and workers as to the future of the community mental health workforce.

The provision of mental health services depends on the existence on an adequate, accessible and sufficiently skilled workforce. Our members working in the mental health services sector hold a unique position in which they not only support and care for the most vulnerable members of society, but they are also key advocates for their rights and aspirations to fully participate in society.

Workforce issues including high turnover, high burn out rate and stress levels and the inability to attract suitably qualified staff to the non-government mental health sector are well documented.[8]

Particular challenges relate to rural mental health workers due to the lack of geographical pay parity, lack of access to professional development opportunities and role ambiguity and role conflict which can be especially problematic for Indigenous and CALD workers who have responsibilities to their

[7] Disability service providers warn NDIS pricing could force them to shut down, The Guardian [online] Accessed at: https://www.theguardian.com/australia-news/2017/sep/02/disability-service-providers-warn-ndis-pricing-could-force-them-to-shut-down
[8] Parliamentary Inquiry into workforce participation by people with a mental illness [online] Accessed at: http://www.parliament.vic.gov.au/images/stories/committees/fcdc/inquiries/57th/iwppmi/Submissions/S008_Geelong_Trades_Hall.pdf

own communities and to their clients. Mental health services may lack the professional and organisational supports to work between cultural world views. [9]

Workers' ability to approach work in a confident, planned, professional and organised way is undermined by a culture of constant change. Already mental health service organisations are increasingly opting for part-time, casual and less qualified staff to keep costs to a minimum in order to win contracts and stay in business.

It is acknowledged widely in the sector that the disability workforce will need to double by 2020 to meet the increased demand for services under the NDIS. There needs to be consideration for how the NDIS will attract specialist mental health workers to the sector and how it will retain the current skilled and experienced workforce, especially in remote communities.

The ASU believes the NDIS pricing model needs to properly reflect the real cost of quality mental health support, including:

- Appropriate wages and conditions for the workforce and that reflects the complexity of the work they perform
- Secure jobs, not just short term casual work
- Career paths for mental health workers
- Team approaches and good quality supervision, including clinical supervision
- Specific mental health service provisions such as: case management, training, debriefing, documentation of care plans, etc.
- Stability of the workforce to ensure consistency for people experiencing psychosocial disability

As the mental health sector continues to transform we cannot ignore the views and voices of the workforce. Creating a safe, secure and sustainable sector that promotes consultation and collaboration between workers, rehabilitation and psychosocial support services, all the while trying to meet the unique needs of individuals and families will provide a strong foundation for the growth and development of our industry.

What our members say: *'I am currently employed as a Community Mental Health Practitioner. The last three years have been stressful at work, as we have seen the restructuring of adult residential services and recommissioning on mental health services with massive redundancies. The result has meant new staff are now placed on 6-month and 1-year renewable contracts, with provision for early termination. Job insecurity does impact on both staff and clients and it is hard to be fully productive when you are required to look for a new job. It is incredibly stressful applying for jobs in order to keep employment.*

In this time I have seen across the sector a huge erosion in employment conditions. Now EFT means effective full time, which could be anything from a new standard of 6.5 to 7.5 hours. All these reductions are designed to reduce staff costs and eliminate penalties and paid tea breaks. It means that anyone changing jobs is forced to have a decrease in pay, so going from 7.6 – less 7.2 and dropping hours and going down the employment band, can mean sacrificing up to $150.00 per week.'

[9] Labour dynamics and the non-government community services workforce in NSW, Social Policy Research Centre [online] Accessed at: https://melbourneinstitute.unimelb.edu.au/assets/documents/hilda-bibliography/other-publications/pre2010/Cortis_etal_NGO_LabourDynamics_SPRC.pdf

7. Training and development of the NDIS workforce

Greater choice and control for people with disability over the types of supports they want and need will mean that the NDIS mental health workforce needs to be supported to continuously develop new skills and qualifications relevant to diverse needs of individual clients.

However, there is currently no person-centred professional development plan for the NDIS workforce. Disability sector workers are highly skilled and passionate about what they do – but their capacity to have their skills recognised, to develop new skills and to attain relevant person-centred qualifications is severely limited.

Furthermore, continuing professional development, in-house training and induction, and access to study leave is limited and varies across providers. As the sector becomes more competitive with the entrance of large for-profits in the market, access to these supports by workers will be further diminished as providers drive to reduce costs and increase profits.

Accordingly, the ASU commissioned research by the Australia Institute Centre for Future Work to develop a portable training entitlement system for NDIS workers. We have **attached** a copy of the report.

We consider that a portable training entitlement system is essential to ensuring we build meaningful careers and skills in the workforce, allowing us to recruit and retain the employees needed to deliver the support the community needs.

8. Case Studies

Selectability in Queensland

Selectability was formed after the merger of Supported Options in Lifestyle and Access Services (SOLAS) and Mental Illness Fellowship North Queensland (MIFNQ) in March of 2017. There are still long-term employees who previously worked at SOLAS and MIFNQ, however there are a lot of new employees employed.

Selectability is a not-for-profit, community mental wellbeing and suicide prevention service supporting the people and communities in northern, central and western Queensland (including Townsville, Cairns, Ingham, Mackay, Palm Island, Charters Towers and Mt Isa). The focus is to assist individuals with their personal goals/ aspirations and to enjoy a good, well rounded life of their choice, through a holistic approach.

Selectability is funded from a variety of sources across state and federal government departments, including the NDIS.

In 2009 the Queensland Pay Equity decision was handed down (sometimes referred to as the Fisher rates). In 2010 many Queensland disability corporations moved to the National Fair Work System where a normal SCHADS pay guide rate applied. However for the transitional corporations, such as Selectability, the Fisher rates apply.

Prior to the introduction of the NDIS the transitional corporations received “block funding” to provide services. Selectability’s historical experience has been around $70 per hour however when the NDIS was rolled out the core support NDIS payment is $44 per hour which is a substantial reduction from the $70 per hour Selectability operated under

Essentially the Fisher rates create a two-tier community service sector where a large proportion of provers are on the modern award which is at its base level of 1.1 is 22% lower than the Fisher rates that apply, including Selectability.

Currently Selectability is trying to declassify jobs to Level 1 in a bid to meet NDIS unit prices. There is the potential that should this uneven playing field not be remedied locally owned and community focused employers will be forced out of business.

Case Study - Selectability

Since the roll out of NDIS Kate* has been very unhappy in the workplace. She feels as though the new management are purely business based/ money focused, and has no knowledge or understanding of the mental health industry.

Kate feels the workplace culture has completely diminished, and there is no longer any recognition for the work staff are doing. Kate said the work has always been extremely busy but it reached a point where they no longer have time in the office to do important things like their communication notes. The organisation recognised that and tried to find a way for staff to have time in their rostered shifts to get that done, but the proposed solutions did not work.

A lot of staff were lost through Voluntary Redundancies as a result of NDIS. Kate believes that more money needs to be put into the mental health sector in terms of training - the industry is not understood, for example, staff experience aggressive behaviour from clients and no training is provided for handling this. There seems to be a lack of general understanding about these challenges in the role.

Kate is very worried about the new staff that are being employed that don't have the qualifications/ understanding of mental health (although, this is starting to be addressed more now there seems to be a little more awareness from management).

** Name has been changed for privacy*

South Australian Case Study:

Mount Gambier is 434kms away from Adelaide City. ASU members working at Provider A have had their work force cut by half. From 1 July 2018 due to the cuts in the PHaMS funding the work force will go from 4 workers to 1.8 FTE.

Provider A closed their books for referrals to the PHaMS program in April in anticipation of the reduced funding. Their current 60 clients have tested their ability to get an NDIS package, but only one has succeeded.

ASU members advise that the geographical region that they look after covers 63,000 people. They are the sole provider of psychosocial PHaMS program. They hold grave concerns for their ability to support current clients, let alone potential for new clients.

ASU members have advised that local GPs have concerns that community support will not be present, resulting in more people accessing the GP for mental health issues and putting strain on the medical sector.

NSW Case Study 1:

Amy* has worked at a regional mental health provider (Provider A) for 3 years. She is based in a Southern NSW border town. Her work is funded by PHaMS Employment and Respite programs. Prior to her employment, there were 2 staff members at the workplace, but there was a block of time where no one was in the role.

There is a noticeable lack of competition in this border town, as noticed by providers and staff in the region. Any new providers work primarily with low level clients.

Some of this may be connected to this NSW/Victorian border town. Provider B is a large provider based in Victoria that has services in the nearby Victorian border town. But they are prioritising their Victorian base before contemplating crossing the border.

Amy is restricted to only having a certain percentage of her clients in the Victorian border town. She is the only funded PHaMS Employment service between the NSW border town and Melbourne.

When she first started in her position, Amy did a good deal of promotional activity to build up her client base, but quickly had to stop this because Provider A wasn't expanding in the area to meet the needs of clients she was attracting.

PHaMS guidelines say that a normal caseload for a full time worker is 24 clients (12 high needs, 12 low needs). Amy currently works with 50 clients and has between 10-15 ready for Intake that she cannot service.

Provider A is currently restructuring due to funding pressures from the NDIS and changes to block funding. Amy's workplace has been slated for closure.

There is nowhere for non-NDIS mental health clients to go.

Other services in the area are going through a similar reduction in staff. Provider B used to have 12 staff, now has 2. Centacare used to have 5, now has 2.5.

An unexpected flow on effect from the lack of mental health services is that physical and intellectual disability services are taking up mental health clients. Physical and intellectual service providers in the area seem keen to expand their client base, but most services and staff will not have adequate training in mental health support.

The scarcity of services in the region means that support workers are forced to make a choice of who needs them more. Recently, Amy received a call from a client's parent, the client has finally received an NDIS package, but Amy is unable to service this client due to the heavy caseload she is carrying.

Clients who cannot receive the mental health support they need often become so unwell that they are admitted to hospital. When many clients are discharged from hospital they are not able to receive the mental health support they need to remain well and so the cycle repeats.

Other services, such as Provider C, get a bulk of the referrals from clients who cannot access NDIS packages. In the NSW Border town, Provider C has weeks and weeks' worth of waiting lists. This is a short term program that does not have the resources or capacity to properly address the needs of high level clients.

*** Name has been changed for privacy*

NSW Case Study 2:

Impact of changes in tendering of NSW Health – Housing and Accommodation Support Initiative (HASI) in regional NSW from Flourish Australia to Wellways.

Flourish Australia delivers frontline mental health services across NSW including PIR, PHaMs, HASI, outreach, in centre, assistance after hospitalisation to name a few. It is often the main, if not sole, provider of services in regional areas providing high reputation services with long term staff members and has an ethos for hiring peer workers.

Despite decades of experience and proven community impact Flourish, along with all other Mental Health sector providers, is forced to re-tender for funding for services which are their demonstrated core business. This leads to insecurity at an organisational funding level which more often than not is pushed through to the frontline workers through contracted employment, short term projects, or, ongoing projects without long term sustainability or security beyond the current funding cycle.

Although not strictly NDIS, the recent HASI tendering round in late 2017 resulted in Flourish losing the tender is some areas where it has delivered HASI for years and gaining the tenders in areas it was not currently operating.

In Central Western NSW, particularly Bathurst, Parkes and Cowra the HASI tender was awarded to Wellways, a Victorian organisation with no current service provision in these areas, nor history of delivering homelessness services.

Many Flourish members who were made redundant secured employment with Wellways but lost their accrued employment status, LSL, sick leave, annual leave and familiarity of process and infrastructure.

Under the new organisation, which was still procuring office space, computers, and vehicles, the members continued to support the transitioned clients and introduced newly employed Wellways managers to the nature of the HASI work they were now responsible for.

The disruption to workers' careers, reputations, long term security and day to day job performance was enormous and unnecessary. No consultation occurred with the sector to allow for transfer arrangements to be made between providers for continuity of employment for workers and service for clients, the tenders did not seem to be "lost" for any poor performance and seemed awarded arbitrarily, and, cynically perhaps, to increase the variety of providers in response to the opening of the market.

Whilst HASI is not NDIS it is an example of the affect that competitive tendering which is increasing for economic reasons, not improvement of quality. This does not necessarily provide greater choice and control for clients and does not value add to the jobs in community nor increase the career opportunities for workers in the community and disability sectors.

Some workers chose redundancy and did not pursue options with the new employer as they feared a repeat in another three year funding cycle. Some have exited altogether, taking their experience and knowledge with them.

The disruption to clients was stressful while they were prepared for being exited from the non successful service and clients and their families were at a loss to understand why, when some of the same workers were employed by the new organisation, there was a need to transfer at all.

The organisation's name carries meaning and weight in a community who know "Sheila who works at Flourish" and now don't know who to go to while the name of Wellways gets established.

The cost of paying out redundancies, and fitting out new offices, training, infrastructure etc. has burden on the organisations individually and the community collectively. When not-for-profits have to compete in an open market these expenses have effects on the long term sustainability of organisations and undermines the quality of service through squeezing wages and conditions.

Problems facing the Victorian mental health workforce

Mental health services in Victoria face a particularly uncertain future, the effects of which are likely to be much greater in rural and remote areas.

The Victorian government funds community mental health through the Mental Health Community Support Services (MHCSS). In 2014 the previous Victorian government made the decision to transfer this funding into the NDIS. This means that as the NDIS rolls out across the state funding community mental health services are being de-funded. This decision, and the failure to address the consequences of it, has led to a crisis in community mental health support in Victoria.

This situation is exacerbated due to the uncertainty around Commonwealth funded community mental health services such as PHaMS and PIR that has been outlined above.

Effect on the Victorian workforce

We do not have exact figures of the size of the community mental health workforce in Victoria, but the recent Mental Health Workforce Strategy report stated there are currently over 5000 clinical mental health professionals and an additional 1300 mental health community support services workers[10]. As a result of this de-funding the majority of these workers will be losing their jobs. Mental Health Victoria is the peak body for the mental health sector in Victoria. They recently polled their employer members and the seven that had responded as of reporting have stated they will be shedding 637 jobs between them over the next year.

This will be particularly challenging in rural and remote areas where there is neither the population or employment opportunities found in metropolitan areas that could more easily absorb these job losses.

The ASU Victoria & Tasmania Branch has partnered with Mental Health Victoria to run a longitudinal survey focused on the changes happening to the community mental health workforce in Victoria. The first round the Community Mental Health Workforce Survey closed on 11 May 2018 and we are currently in the process of analysing and reporting on the results.

Initial analysis shows a number of results that are relevant to this Committee's inquiry, particularly "(c) the nature of the mental health workforce". The survey was sent to community mental health workers across the state. The survey had 127 respondents from 18 different community mental health agencies so provides a good sample size from which to draw conclusions about the wider workforce.

- ***Education*** – 32% of respondents hold Bachelors or Honours Degrees, and 29% of respondents hold Masters Degrees. Only 8% of respondents had a Cert IV or lower as their highest completed qualification.

- ***Professional experience*** – 63% of respondents have worked in the mental health sector for five years or more, with 30% having worked in the sector for 10 years or more.

- ***Lived experience*** – 12% of respondents identify as having a psychosocial disability or a disability related to mental health. A majority of respondents (55%) report that they have a lived experience of mental health challenges.

- ***Employment security*** – 46% of respondents reported that they were engaged on fixed-term contracts, and 53% reported being on permanent contracts. Only one respondent reported that they were employed as a casual.

We are particularly concerned as to what these experienced specialist mental health workers plan to do after the NDIS finishes rolling out. In our survey we asked questions about what the respondent's current career intentions were, considering the changes occurring in their sector.

[10] Victorian Government, Victoria's 10-year mental health plan, Mental Health Workforce Strategy [online] Accessed at: file:///C:/Users/jmiles.ASU/Downloads/Mental%20health%20workforce%20strategy.pdf

90 of our respondents answered that they were currently working in MHCSS or Commonwealth funded roles that will lose funding due to the transition to the NDIS. Of these respondents:

- 6 people said that they were planning to work in another specialist mental health role.
- The most common response was “I don’t know” when asked about their plans, with 46 people selecting this option.
- The amount of respondents who answered they planned to work in the NDIS – 0.

We also asked whether the changes to the community mental health sector have made you more or less likely to continue working in mental health support. 80% of respondents said that it has made them less likely.

Although we do not have specific data from rural and remote areas, survey respondents were working in 13 out of the 16 Victorian NDIS areas. What is shown in these survey results is alarming and will have significant effects on the provision of mental health services across Victoria, not just in rural and remote areas. What is demonstrated from the results is that the existing community mental health workforce is experienced, educated and professional. But that this experience and professionalism that has taken Victoria decades to develop largely disappear after the transition to the NDIS, unless government comes up with a solution.

9. Conclusion

The funding uncertainty surrounding the mental health sector is compounding an already difficult situation with mental health services in rural and remote communities. We know that the funding uncertainty is having a significant impact on the community mental health workforce and we call on Federal and State Governments to clarify funding arrangements immediately. There is an urgent need to clarify what supports will be available to clients who do not qualify for support under the NDIS.

Failure to adjust the current NDIS pricing model for people experiencing a mental/psychosocial disability will have a significant impact on the delivery of quality outcomes for mental health service users in rural and remote Australia.

ASU members value secure, well remunerated jobs and clear career paths and progression as ways of retaining and attracting a qualified workforce for the NDIS to be a success. We call on the Government to implement a portable training entitlement system for NDIS workers, as outlined in the attached report.

Finally, the ASU, including frontline workers, wishes to appear before the Committee to give additional evidence and to represent our concerns more fully.

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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www.futurework.org.au

About the Authors

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Table of Contents

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 serevices workforce (Productivity Commission, 2011). Since

then, with assistance from government, National Disability Services[2] 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 attined through the NDS tool confirm that the disability support workforce is extraordinarily concentratred 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. Less 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 Macdonadl 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

[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.

assurances of stability and predictability in future employment. By providing disability support workers, even those working for multiple employers or moving to new positions, with a mechanism to accumulate recognised and portable qualifcations, 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 (un-)willingness 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 support[4] 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 arsing 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 (Iancono, 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 complete120 hours of work experience (including completing a set of written and practical tasks in the workplace). Qualifications for the sector are overseen by SkillsIQ[9] (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 providers[10] (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 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

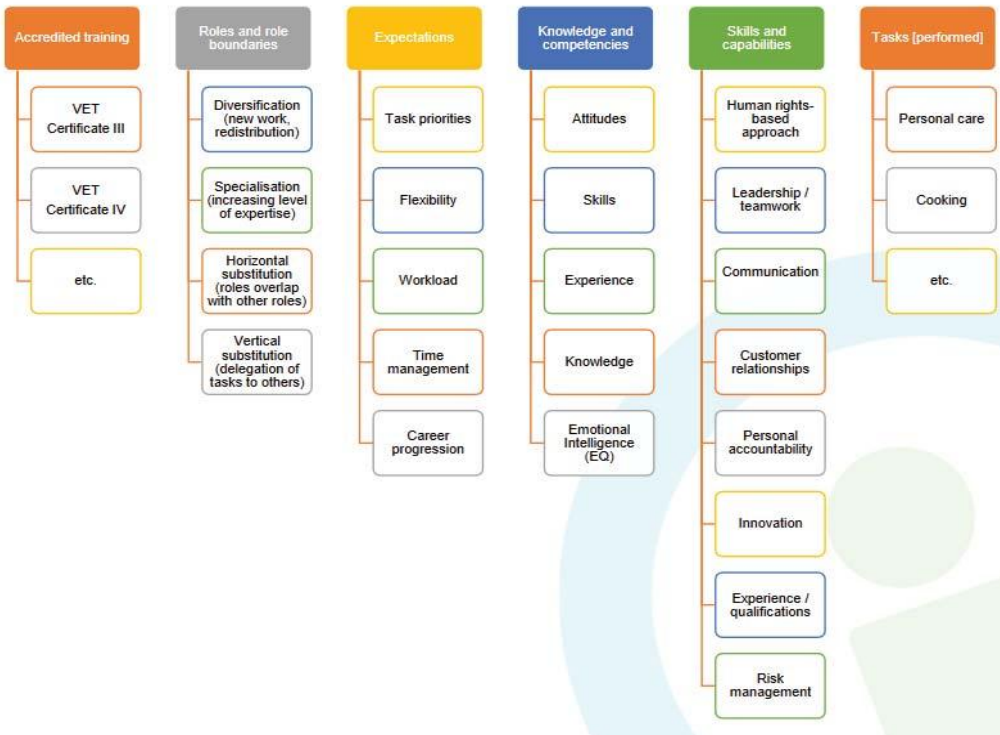
Flexibility (with work times and roles)
Person - centred approaches
Technical proficiency
Cross-sectoral skills and ability (generalist skills and shared competencies for cross - sectoral support)
Understanding the interface between the health sector, aged care and the disability sector
Time management
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 addressed 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 that 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 and 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 disabiilty 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.

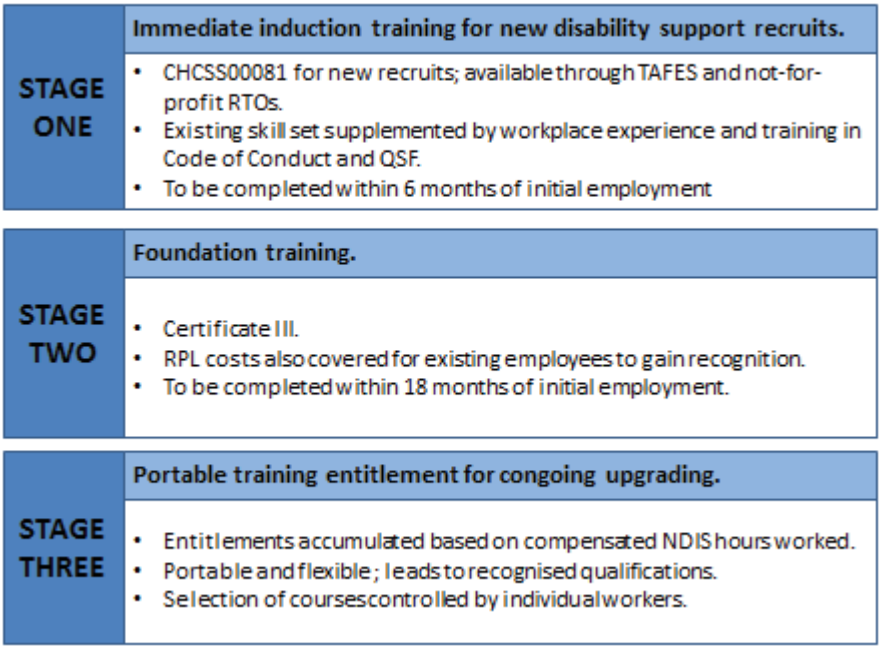
- Funding for building training and professional development capacities in the industry as a whole, at an organisational level. This would provide fiscal support to providers to build their internal capacity to deliver high-quality supervision and professional development in support of quality standards 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



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-terms 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:

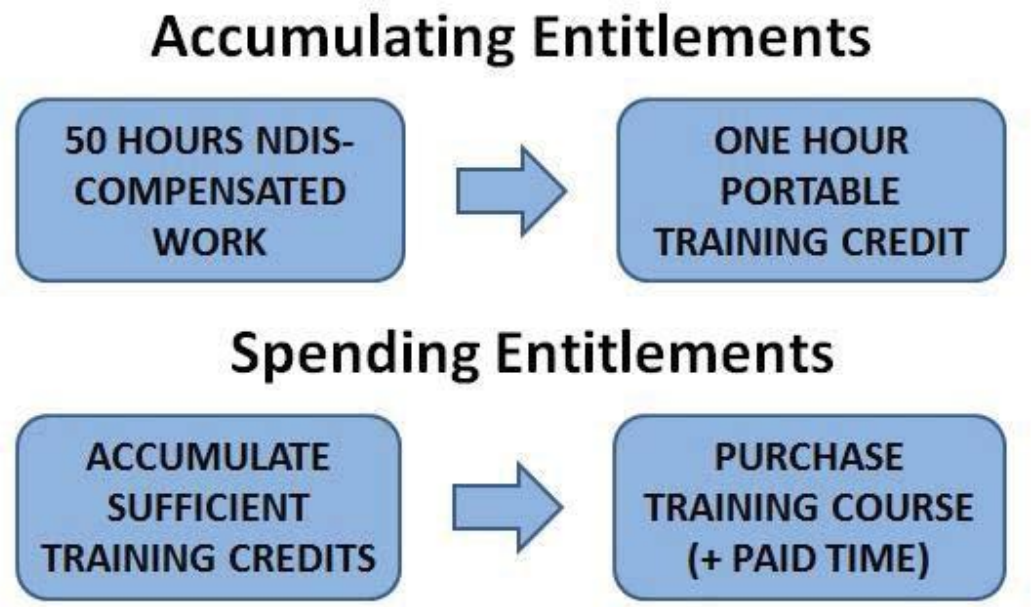
- Establishing an entitlement to paid training, vested with each individual worker, accumulated on the basis of NDIS-funded hours worked.
- Establishing corresponding vocational qualification pathways that extend beyond Certificate IV into specialist Diploma, Advanced Diploma, and University-level qualifications.
- 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 enrols 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 tailoured 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 ytear).

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**

Source: Authors' estimates as described in text.

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.

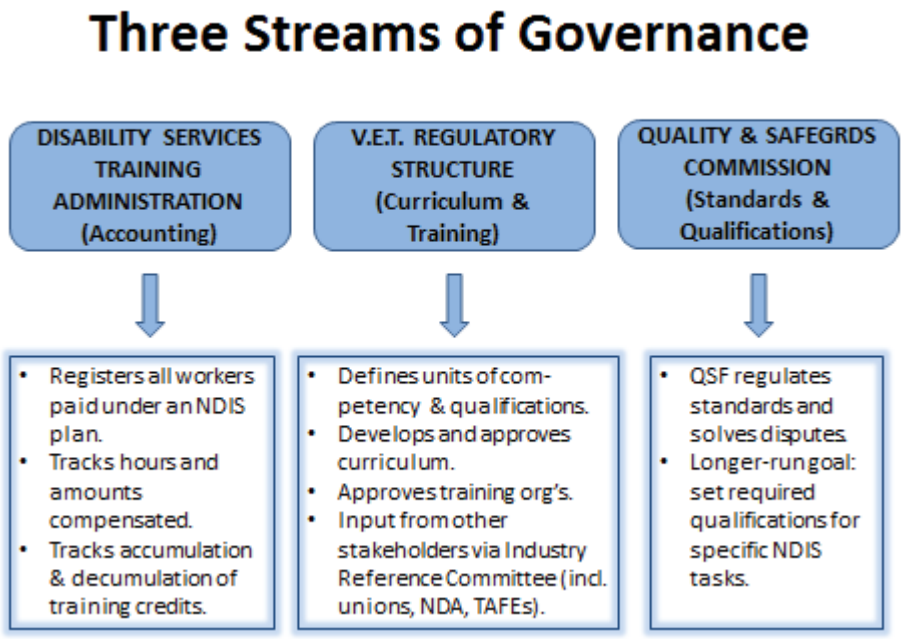
THE DISABILITY SERVICES TRAINING ADMINISTRATION

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 entitlement s, 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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