



A•S•U
Australian Services Union

ASU Submission

NDIS Planning

Joint Standing Committee on the National Disability
Insurance Scheme

Contents

1.	The ASU	3
2.	Who we represent in disability services	3
3.	Our submission	3
4.	NDIS Planning	4
5.	Insecure and low paid work	5
6.	Training and development of the NDIS workforce	9
7.	Psychosocial support under the NDIS	10
8.	Conclusion	11

1. The ASU

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.

Currently ASU members work in a wide variety of industries and occupations because the Union's rules traditionally and primarily cover workers in the following industries and occupations:

- Disability support
- Social and community services
- Local government
- State government
- Transport, including passenger air and rail transport, road, rail and air freight transport
- Clerical and administrative employees in commerce and industry generally
- Call centres
- Electricity generation, transmission and distribution
- Water industry
- Higher education (Queensland and South Australia)

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

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.

The ASU's expertise in disability arises from representing the disability support workforce working in a range of different jobs roles including disability support work, care management and coordination, disability advocates, local area coordinators, team leaders, and managers in disability providers.

3. Our submission

The ASU is pleased to provide this submission to the Joint Standing Committee on the National Disability Insurance Scheme and the inquiry into NDIS Planning.

We do not intend to address all of the issues outlined in the Terms of Reference. We do however wish to address two main issues our members identified as key barriers to achieving good planning processes designed to meet participants goals:

- (a) Insecure and low paid work;
- (b) Training and professional development, including a portable training entitlement.

In preparing this submission we have consulted widely with our members who work as disability support workers. Further, we conducted a survey of 182 ASU members in relation to the terms of reference for this inquiry.

4. NDIS Planning

The ASU believes good planning processes are essential for the long-term sustainability of the NDIS. We agree with the Joint Standing Committee on the NDIS that “greater emphasis is needed on pre-planning, in-depth planning conversations, plan quality reporting, and more specialised training for planners”.¹

Our members who work in the disability sector and in particular as local area coordinators (LACs), have told us the demands of the National Disability Insurance Agency (NDIA) around caseloads, specifically the quantum and timeframes set, are unreasonable and have created work, health and safety issues in a number of workplaces.

These have led to concerns about NDIS plans and ultimately the outcomes for people with disability. In our view, significant work still needs to be done to improve the timeliness and quality of planning, and communication between the NDIA and LACs.

For most participants a LAC is their main contact with the NDIS. However the capability of planners varies widely and is dependent on the level of training and experience of the local area coordinator. A key message we heard from our members is the inconsistencies of funding for participants plans.

ASU members who have identified a range of issues, which affect the planning process. These include the high volume of plans needing review, poor communication by NDIA staff regarding planning reviews, the absence of funding for training of disability workers and the increasing precarious workforce – often involving contact, part-time, on-call or split shift types of employment.

In our recent survey of disability workers only 21.67% of our members believed participants plans are adequately funded under the NDIS, with 52.50% believing they are not adequately funded and the remaining 25.83% unsure.

NDIS PLANNING WORKER SURVEY - concerns about funding

There is too much human error and inconstant development of plans. Some are underfunded and some are over funded in relation to their support needs.

- *Coordinator of Supports (COS) or Plan Manager, Victoria*

Considerable discrepancies from participant to participant. Consistency regarding funding decisions remains a major concern.

- *Local Area Coordinator, Victoria*

Some plans are great and others are lousy, they are highly dependent upon who is advocating, how well prepared participants are or, how the planner puts funding and line items in.

- *Peer support worker, Victoria*

Inequities for different people depending on advocate or planner.

- *Peer support worker, Victoria*

I was a local area coordinator before becoming an allied health professional. Planning is difficult and the outcomes of plans are completely dependent upon the experience, mindset and pressure the Delegate is under.

- *Allied health worker, Victoria*

Funding areas and allocations appear to be reducing as delegates interpretation of "reasonable and necessary" is becoming increasingly narrow.

- *Local Area Coordinator, Victoria*

¹ Commonwealth of Australia, Joint Standing Committee on the National Disability Insurance Scheme, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition* [online] Accessed at: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MentalHealth/Report

Receiving adequate funding is not a guarantee and there is a wide discrepancy between funding for participants with the same level of functional impairment and informal support. Unfortunately the level of funding is dependent on the competency and attitude of pre planner, plan builder, planner and the prevailing culture of the NDIA office in the area where the participant lives.

- *Local Area Coordinator, New South Wales*

We as LACs speak with the families and understand what the need is. The NDIS benchmark prices are exorbitant and thus make building plans incredibly difficult. We are forever trying to bring the budget down knowing that funding is needed and R&N is justified. Delegates will still try and talk you down in hours of support. Plans should not be approved based on dollar value, but on the need.

- *Local Area Coordinator, New South Wales*

Everyone is still learning to navigate the scheme and the goal posts are still moving. I find that there is a lot of confusion still about who does what and why they do it and that old school attitude of 'Not my problem', meaning that in the long run, people miss out or fall through the gaps.

- *Service or program administrator/Manager/Coordinator, Queensland*

Too many people without enough in their plans to cover their needs. Too high a risk to review and too long to review and rectify the issues that could of been dealt with in the beginning, not enough support (advocacy) for first time users and their families in fully exploring all needs and options.

- *Coordinator of Supports (COS) or Plan Manager, Queensland*

5. Insecure and low paid work

The casualisation of the workforce is having a negative impact on people with disability. A key form of support is to have a stable group of people they know supporting them.

It is recognised within the sector that the current NDIS price settings undermine the capacity to attract and retain an NDIS workforce that is required to deliver a safe and quality NDIS.

5.1 A decent safety net of pay and conditions to attract, retain and value the workforce

In order to attract sufficient workers, disability support jobs must be secure and well paid, with career paths to retain workers in the sector.

We believe the current NDIS pricing regime does not provide for this. It is based on assumptions made about the nature of disability support work without any consultation with frontline workers, people with disability or their representatives.

We consider that a number of key assumptions underpinning the NDIS unit price are flawed, in particular:

- Classification and pay level of disability support workers.
- Client-facing time assumptions, and inadequate consideration of time required for administration, supervision, training and collaboration.
- Span of control of supervisors.

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

Our members have highlighted that the focus on the number of plans they develop over the quality is affecting participants plans with the focus of their performance based on unrealistic key performance indicators (KPIs).

Many members described that the KPIs for the NDIA were unrealistic with member comments highlighting the tension between needing to complete plans in the allocated timeframe and the observation that the quality of planning and resultant plans was declining.

The increase in non-billable administrative workload has led to increased employee stress.

NDIS PLANNING WORKER SURVEY - concerns about time assumptions, KPIs & PDs

It should include at least 15mins for administration, documentation and communication for each day that the participant receives support. And the time given to each participant should be different dependent on client' support needs.

- *Disability Support/Residential support worker, Queensland*

KPIs are way too high and unrealistic. We are working with people with sometimes quite complex needs and it can take time talking with service providers involved to be able to build the right plan.

- *Local Area Coordinator, New South Wales*

I have a Master's degree and I have been unable to further my position in the NGO I work for as I am a full time carer. Today we received our new PD's and there is no mention of needing to have disability experience, qualification or even support for societal inclusion.

- *Local Area Coordinator, New South Wales*

Poor work life balance due to lack of RDOs and unpaid overtime to meet unrealistic KPIs.

- *Local Area Coordinator, Victoria*

The KPIs are not realistic given how many interruptions and other competing priorities there are - for which we don't get KPIs.

- *Local Area Coordinator, New South Wales*

Tracking billable hours is an issue, relating this back to client need is also difficult. The hours allocated are often not reflective of need. Complex clients are not receiving ongoing Support Coordination, case management is not achievable for anybody.

- *Coordinator of Supports (COS) or Plan Manager, Victoria*

NDIS PLANNING WORKER SURVEY - concerns about client load

In our recent survey of disability workers many respondents felt they are working with an unrealistic client load. Many respondents had client loads exceeding 100 participants, with many of them working part-time hours.

There's no benchmark for a suitable load - it is expected that we just continue to support more and more people - and with loss of staff that means further cases are assigned to remaining staff, increasing our load exponentially - plus we are then expected to take on additional work in community engagement, training, support families and children, pre-access numbers also aren't included.

- *Local Area Coordinator, New South Wales*

Unrealistic client load - because staff were either no contract extended status or resigned, the remaining staff have had to pick up their case loads, take on new participants, and we have only replaced 4 of 13 former staff. Not enough!

- *Local Area Coordinator, Queensland*

Client load too high. KPIs too high. Too many changes we can't keep up. Pay does not equal our responsibility.

- *Local Area Coordinator, Queensland*

Way too much work load. Unreasonable expectations. Burnout is real possibility for me and my workmates

- *Local Area Coordinator, Queensland*

Staff retention is horrific so workloads keep increasing. LACs have repeatedly requested clarity and discussion on workloads but they keep going up. Staff participant allocations keep shuffling so participants you've spent a year or two with suddenly get reassigned to someone else for no reason other than poor management and a lack of person-centred practices and you have to start all over again with someone new. This adds to workload pressure also. Our team seems to fluctuate between workloads of between 80-120 participants per LAC. And rising.

- Local Area Coordinator, New South Wales

In the site I work the client load is higher than other sites per LAC and this is impacting those LAC 's with job satisfaction, personal health and wellbeing etc.

- Local Area Coordinator, New South Wales

There's no official max on a caseload so I as an individual have to work that out with my manager. Other less assertive people get given work non-stop with no max

- Local Area Coordinator, Victoria

Unrealistic client load. Not possible to monitor or deliver follow-up service within time allocations. This compromises quality of service delivery.

- Local Area Coordinator, Victoria

The work under the NDIS is unsatisfying. The lack of flexibility afforded in the NDIS means that clients are not receiving quality responsive support. It is not an area I feel proud to work in.

- Coordinator of Supports (COS) or Plan Manager, Victoria

The participants are missing out on quality supports and maximizing the most of their NDIS package due to unrealistic case loads.

- Coordinator of Supports (COS) or Plan Manager, Victoria

5.2 Secure jobs at the centre of service delivery

Retaining and attracting workers to the sector is crucial for the NDIS to be a success. Quality, responsive supports for people with disability will not be available if the workforce is insecure and therefore unstable.

The traditional model of permanent employment with a single service provider is currently being eroded by alternative employment models, in particular:

- A rise in the casualisation of workforce as providers shift risks associated with flexible service delivery onto the workforce;
- A rise in instances of employment across multiple disability service providers as workers try to maximise a stable income in the face of provider hesitancy to embrace permanent full-time work under the NDIS;
- A rise in self-employment as a sole trader providing services directly to clients as workers seek to cut out the "middle man" of a controlling employer limiting their own hours and flexibility;
- A rise in "gig-economy" work as platform services (e.g. uber style services) enter the market; and
- A rise in people with disability wanting to employ directly their own support workers to have greater control over the type of support they want and when they want it.

In our recent survey of disability workers only 53.13% of respondents were employed on a full-time basis. The remaining 46.87% were employed as part-time, casual or in other insecure forms of employment.

The ASU believes the NDIS pricing model needs to properly reflect the real cost of quality disability 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 disability workers;
- Team approaches and good quality supervision, including clinical supervision;
- Specific disability service provisions such as: case management, training, debriefing, documentation of care plans, etc;
- Stability of the workforce to ensure consistency for people experiencing disability.

The high turnover of workers reported in the NDS Australian Disability Workforce Report (July 2018)² reflects the experience of ASU members. ASU members report that the precarious working conditions of the NDIS with low pay and insecure hours are forcing them to seek more secure better paid jobs outside of the NDIS sector.

In our recent survey of disability workers only 50.63% of respondents intend to be working in the disability sector in five years' time. With 17% definitely planning on leaving and the remaining 32% uncertain as to whether they will remain in the sector.

When asked which of the following best describes why you intend to leave the disability sector, the responses were as follows:

I can get better pay and conditions working elsewhere	42.31%
I have limited career development opportunities	48.72%
I don't receive enough training opportunities	24.36%
I don't like the unsociable hours	5.13%
I can only get part-time or casual work and I want permanent work	14.10%
I plan to retire	16.67%
The work is too difficult/risky	21.79%

The ASU is concerned about the loss of planning expertise and knowledge with the current and anticipated high staff turnover in the disability sector.

NDIS PLANNING WORKER SURVEY - concerns about secure jobs

Get rid of 1 hour shift minimums -the NDIS should provide plans with numbers of hours versus dollar amounts to encourage the hiring of skilled support workers

- *Frontline Disability Support Worker, Queensland*

This is not a high point as NDIS has made my job redundant but I will look for work in sector.

- *Disability Support/Residential support worker, Victoria*

I'm a qualified youth worker who specialises in alcohol and other drugs and mental health which should pay 5.1. These types of jobs in Tasmania just don't exist as they are being outsourced to disability organisations that pay their unqualified staff less money.

- *Disability Support/Residential support worker, Tasmania*

Constantly asking for more rostered hours but not given the opportunity.

- *Disability Support/Residential support worker, Queensland*

² National Disability Services, Australian Disability Workforce Report- July 2018 [online] Accessed at: https://www.nds.org.au/images/workforce/ADWR_Third_Edition_July_2018.pdf

6. Training and development of the NDIS workforce

The ongoing training and development of staff is critical to workforce quality recruitment and retention. ASU members have identified the lack of investment in training since the rollout of the NDIS as a key issue for the 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.

Funding for workers that includes 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.

In our recent survey of disability workers only 40.74% of respondents believe they have adequate training to help them to do their job. Many respondents requested more training in regards to plan building, training on the regular changes to NDIS policies and procedures and training in relation to document handling and tracking/reporting requirements.

NDIS PLANNING WORKER SURVEY - concerns about training

I believe NDIS LAC's are currently working to capacity. Additional training will not address unachievable KPIs, inconsistent process messaging and ever expanding job roles.

- Local Area Coordinator, Victoria

I'd like more clarity on the role and objectives of an LAC and to be given reasonable workloads and timeframes to try achieve these objectives. It's hard to provide training for a role when no one seems to have clear consensus on what the main aim of the job is and for one that keeps changing as often as this one.

- Local Area Coordinator, New South Wales

More specific training particularly around plan building.

- Local Area Coordinator, New South Wales

NDIS is forever changing, adequate training on the changes PRIOR to them happening. At the moment it is an email stating the steps and when that new process starts.

- Local Area Coordinator, New South Wales

NDIS procedures - document handling, tracking/reporting etc. It is VERY complex!

- Local Area Coordinator, Queensland

Training which helps do the job correctly prior to plan building.

- Local Area Coordinator, New South Wales

The absence of funding for training of disability workers in the NDIS has already led to a lower paid and deskilled workforce. Without proper training and remuneration, we believe the current negative interactions being experienced by participants with planners will continue.

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.

This report formed part of the ASU's recent submission to the Senate Inquiry into the *Market readiness for provision of services under the NDIS*. The Committee recognised that "opportunities for training and professional development activities are important to ensure workers keep up-to-date with

practices and gain new skills”.³ The Committee also saw “merit in the proposal of a portable training entitlement system for people who are working for NDIS registered organisations or are sole-traders registered with the NDIS”.⁴

As part of its final recommendations the Committee sought to “review options on how to ensure disability workers under the NDIS can access funded training, including considering the introduction of a portable training entitlement system”⁵.

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. We therefore ask this Senate Committee to review the attached portable training entitlement system research as part of this inquiry.

7. Psychosocial support under the NDIS

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 NDIS direct mental health support pricing means it is not financially viable for service providers to offer sufficient professional supervision and training.

The ASU is aware of mental health providers downgrading positions and replacing them with casualised lower paid jobs to fit with NDIS prices. This is leading to workers leaving the sector and people not being provided with the specialised mental health supports they need.

A recent Senate Inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition heard “that issues around inconsistencies in eligibility and planning outcomes, as well as issues with the planning process and adequacy of plans, were continuing to jeopardise people's access to appropriate, reasonable and necessary supports”⁷.

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.

NDIS PLANNING WORKER SURVEY - concerns mental health supports

The NDIS does not have a good understanding of the cyclical nature of mental illness or enough flexibility to accommodate these changes in support needs. The NDIS is weighted towards providing in home core supports that disempower individuals, rather than the extensive psychological professional supports required to assist individuals to recover from mental illness. Access to the NDIS for people with a mental illness is exceptionally challenging, especially for those individuals who choose not to take medication, and who have limited public access to psychological therapies.

- Coordinator of Supports (COS) or Plan Manager, Victoria

³ Commonwealth of Australia, Joint Standing Committee on the National Disability Insurance Scheme, Market readiness for provisions under the NDIS [online] Accessed at: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MarketReadiness/Report

⁴ Commonwealth of Australia, Joint Standing Committee on the National Disability Insurance Scheme, Market readiness for provisions under the NDIS [online] Accessed at: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MarketReadiness/Report

⁵ Commonwealth of Australia, Joint Standing Committee on the National Disability Insurance Scheme, Market readiness for provisions under the NDIS [online] Accessed at: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MarketReadiness/Report

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

⁷ Commonwealth of Australia, Joint Standing Committee on the National Disability Insurance Scheme, Progress Report, March 2019 [online] Accessed at: <https://apo.org.au/sites/default/files/resource-files/2019/03/apo-nid229551-1350671.pdf>

Mental health plans are not assessed by people with training or understanding of mental health, e.g., one planner said to the client, but, you drive a car so you're ok.

- *Frontline Disability Support Worker, Victoria*

The lack of support available to people with mental health concerns under the NDIS model is causing people with mental health issues to fall through the cracks and not get the support they need.

- *Coordinator of Supports (COS) or Plan Manager, Victoria*

Psychosocial participants do not get adequate funding in their plans.

- *Local Area Coordinator, Victoria*

The ASU believes a review of funding for participants in the NDIS psychosocial stream is essential to ensure the NDIS price guide is priced appropriately to support the psychosocial disability workforce.

In addition it is vital that the workforce receives specialised training in mental health support and planning to mitigate risks of service failure and to provide the support required for complex psychosocial needs.

8. Conclusion

The capabilities of NDIS planners varies widely and in some cases can lead to poorly constructed plans. The pay and conditions of workers in the disability sector has a direct correlation with the quality, availability and diversity of the support offered to people with a disability.

A system of poorly paid workers with no training opportunities cannot give each client the quality individualised plans they need, nor will it attract the workforce required to meet demand for person centred services.

Barriers to growing and maintaining the workforce include high turnover of staff due to the casual nature of work, the low number of hours offered and the lack of relevant qualification pathways and professional training opportunities, as well as the low paying conditions offered to disability workers.

Only a comprehensive national workforce strategy to develop the disability workforce will overcome these barriers.

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