



The NDIS and the disability services workforce - preliminary findings from the trial sites for discussion

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Introduction

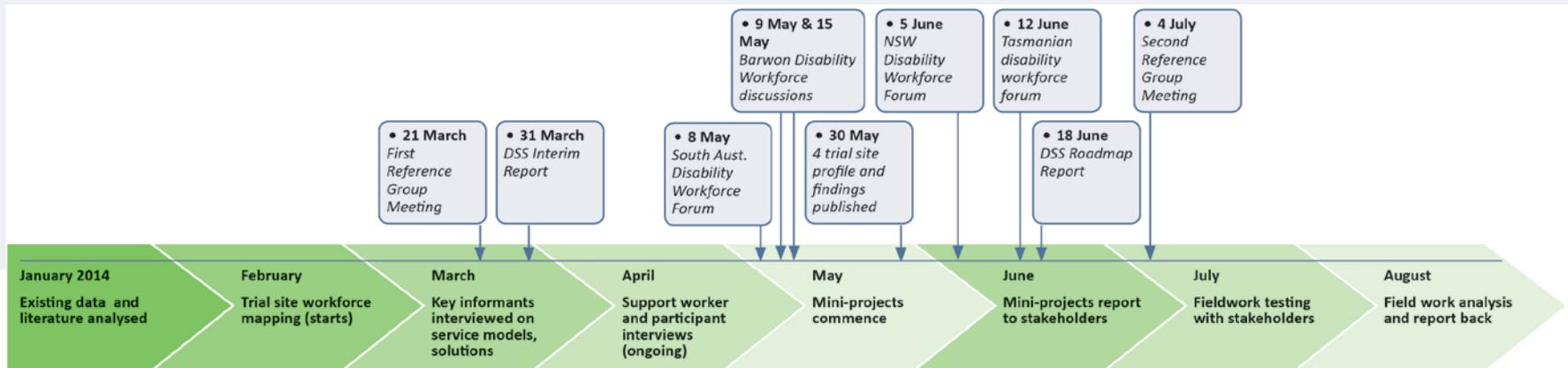
‘the Abbott Government recognises that a strong, responsive and NDIS-ready workforce is key to making a better deal for people with disability a reality...

The NDIS Workforce Strategy will be critical to the Government’s agenda to work with the disability sector to optimise workforce and service provision beyond the trial sites and into full launch.’

Senator the Hon Mitch Fifield (2014) Media Release, 20 February 2014.

This project provides advice in relation to the NDIS Workforce Development Strategy; report to Government in August.

Project being built through sector research, consultation and dialogue



Research in the Hunter trial site and beyond

Empirical research

- 100 senior managers from a structured sample of 48 service providers interviewed
- 60 allied health and disability support workers
- Nearly 50 other stakeholders including state government and NDIA staff, educators, participants, union officials, disability and advocacy networks
- Social/demographic analyses trial sites
- Review of workforce development initiatives
- Sector readiness meetings, forums and NDS workforce committee meetings
- Direct written contributions.

Mini-projects

1. Allied health: preparing graduates in NDS environment
2. Identifying workforce risks and improving workforce data
3. Unpacking support work
4. Entry level requirements
5. Rural and regional delivery
6. Innovative solutions to building the disability workforce

What have we found?

Commitment to the philosophy and some new opportunities

- *‘The NDIS humanises the lives of people with disability, and acknowledges that they are individuals who have the right to choose to live life as they want to do it’* (Support worker, Hunter).
- *‘It gives us the freedom to think differently – there are things we can do that were not previously funded – we can look at what the person really wants, and that’s liberating’* (CEO small service provider, Barwon).

Concern about emerging risks, tension between different interests

- *‘People with disability should have a great life. We know how to give it to them. But we are floundering because of incompetence, lack of skills and cost-cutting. It’s all about economics.’* (Advocate, Hunter).
- *‘Now we spend most of our time saying ‘no’ to professional development requests’* (Director early intervention service, Hunter)
- *‘Providers talk the talk but they don’t walk the talk’* (participant, Barwon).

‘A central problem for employers is the tension between providing people with a disability greater power...and in ...sustaining a skilled and committed workforce’ (Jobs Australia 2013)

Some common trends, but also diversity

- More support workers and back office staff being employed but varies as some services work more intensively instead
- Different types of workers sought – attributes rather than qualifications valued
- Casual employment the standard – just temporary, or only way to operate?
- Pressure on award conditions – minimum hours + broken shift, phone, mileage allowances
- Workplace health and safety challenges – less control of working environment
- More expected of staff – family expectations, accountability, negotiation
- Squeeze on training, professional development, supervision and support.

Perceived opportunities and risks - NSW

Opportunities

- ✓ New service offerings – improved home redesign, overnight transition houses, specialist services (eg CALD)
- ✓ Eliminate silos within services – all staff become multi-skilled
- ✓ Participants receive the service they want; ‘staff have to lift their game’; greater fairness
- ✓ New sources of labour recruited ‘bakers, welders, artists’
- ✓ Room for innovation opened.

Risks

- Cost containment undermines service viability and quality
- Loss clinical expertise, professional governance and support as ADHC staff exit
- Competition undermines development alliances/mergers
- Business insecurity discourages and destabilises staff - message ‘don’t expect to get a good job in disability’ getting around.

Participants in the workforce ecosystem



'We have to work together – there's no forum for that. We need to be at the table.'
(Participant, Barwon)

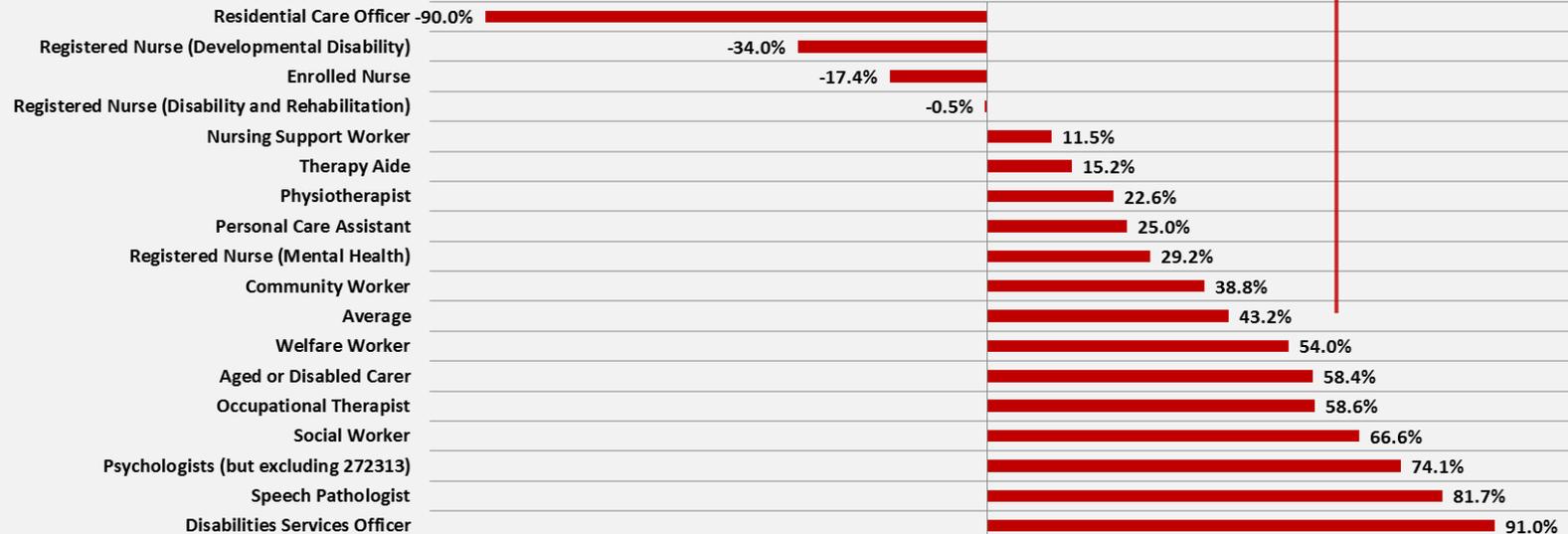
Several logics in play – sometimes complementary, sometimes at odds

- **Consumer choice and control** – services that respond to participants' individual interests, time-tables and needs
- **Quality service provision** – professional standards of service provision that enhance the lives of people with disability and enlarge their opportunities to participate in the community
- **Service viability** – service' focus on financial viability and expansion
- **Securing livelihood** – workforce need for decent, stable employment
- **Cost containment** – practical government logic that gives priority to containing costs and limiting demands for service
- **A disability services market** - government distancing: responsibility for service delivery transferred to industry
- **Rationalisation** – the basis of the new scheme which prices the provision of support according to atomised units of service with little regard for context.

Growth in disability-related occupations relative to population change, NSW

Average 43% growth

Variation in Incidence per 100,000 population 2006-11



What do we know about the disability-related workforce?

<p>Estimated size of formal paid workforce for NDIS population, 2013</p> <p>Informal carers</p> <p>Voluntary workforce</p>	<p>93,000 – 106,000 workers</p> <p>70,000-75,000 Full-Time Equivalent workers</p> <p>800,000 people 2011</p> <p>8,000 people</p>
<p>Estimated composition (FTE)</p> <p>Support workers</p> <p>Management and administrative staff</p> <p>Nurses incl. mental health nurses</p> <p>Case managers, planners, facilitators and care coordinators</p> <p>Allied health professionals and therapists</p>	<p>60 percent</p> <p>20 percent</p> <p>9 percent</p> <p>6 percent</p> <p>4 percent</p>
<p>Hours and engagement</p> <p>Permanent part-time work accounts for</p> <p>People employed on a casual basis</p>	<p>55 percent non-professional workers</p> <p>44 percent professionals</p> <p>27 percent managers/administrators</p> <p>31 percent non-professional workers</p> <p>Almost no other occupations.</p>
<p>Replacement rate, non-professional workforce</p> <p>Percentage in current workplace 1 year or less?</p> <p>Number of agencies with vacancies</p>	<p>One-quarter of the workforce need to be replaced each year</p> <p>26 percent of non-professionals, 20 percent professionals</p> <p>70 percent had none; 14 percent had one or less (EFT)</p>

More about the disability-related workforce

<p>Worker characteristics</p> <p>Mainly female Australian-born or English speaking country Relatively highly educated</p>	<p>81 percent women More than 89 percent 79 percent with Certificate III qualification +</p>
<p>Worker perceptions</p> <p>Skill utilisation – non-professionals and professionals Attachment to current job</p>	<p>91 percent agreed: ‘I use many of my skills in my current job’</p> <p>48 percent non-professionals would turn down a high-paying job to remain</p>
<p>Preferred hours of work compared to current</p>	<p>26 percent non-professionals want more hours 7 percent want fewer hours</p>

‘..... there were many expressions of negativity....from the current workers, around low status, low pay, high stress, burnout, not having the resources to support service users, lack of support from management, poor organisation, lack or inadequate equipment, irregular hours, cancelled appointments, no travel time, too much downtime between appointments, risks and dangers in the job, having to deal with challenging behaviours, having to get hands dirty.....’ Donnelly et al 2013 ‘Finding the workforce to deliver the NDIS vision’

Positive action – what more is needed?

Workforce supply

- Sourcing new workers – networks, carers, students, who?
- Reject disability training as solution for long-term unemployed, disability shouldn't be a 'last resort industry'
- Managers should 'make a commitment to empower their staff and to put them first'
- National awareness campaign needed to raise profile and status disability employment

Discussion

- Effective workforce access programs – industry partnership model well-established; what more is needed?
- What would this mean in practice?
- Is this something all parties need to do?
- Is this best undertaken nationally or locally? A good idea?

Positive action – what more is needed?

Workforce utilisation

- Efficiency greater when planning and case coordination smooth
- Matching rosters and worker preferences (short or long shifts)
- Clear service strategy makes workforce planning easier
- Fair plans & pricing that cover the hidden costs of service delivery

Discussion

- How can this be done better?
- Does personalised service delivery provide more or less flexibility to do this?
- What market information is needed to help with this?
- Market stewardship – which parties have a role in shaping working hours?

Positive action – what more is needed?

Workforce capability

- New recruits - does everyone need to be able to do everything?
- Orientation to NDIS culture and operations
- Collective approach to allied health students and professional development
- Quality standards achieved by many services and supported by ADHC

Discussion

- Role of traineeships/qualifications
- Would a common program help?
- How could this work?
- Does NDIA have a role in shaping working hours?
- How will this be maintained under the NDIS?

What more is needed?

‘Development of accessible resources that depict people with disability and their families’ journey through the NDIS systems and allied health professionals roles within the system needed immediately.’

Allied health

- Transdisciplinary model for early intervention – tentative support apparent
- Orientation to NDIS culture and operations
- Disability resources/content exist but is not integrated into allied health curricula
- New approaches to clinical education needed

Discussion

- What is needed to support this way of working?
- Impact of movement away from clinic into the home?
- Should allied health assistants be more widely used?
- How can ADHC role in allied health be re-engineered to avoid loss expertise/support?