



**Submission to The Joint Standing Committee on the National Disability Insurance Scheme (NDIS)
Concerning the National Workforce Plan**

Sent to ndis.sen@aph.gov.au 16.07.2021

Dear Standing Committee,

We write to provide our comments on the National Workforce Plan (the Plan).

While the Plan contains some initiatives which have potential to improve workforce recruitment and retention, much of its content simply duplicates previously funded projects and tools. It does little to tackle the systemic workforce issues in the sector. After eight years of the NDIS, it is time for the government to consider how it can support the *process* of innovation in the sector, and how it can generate the systematic diffusion of research and project learnings across regions and industry sub-sectors: in other words, how it can generate transformative change that benefits, participants and the workforce and service providers.

Below we cover

1. The Plan's overall structure and internal coherence
2. Some comments on content under each of the three priorities
3. A suggested direction for what is needed now.

1. The Plan's overall structure

Vision: The Plan's Vision, which is "...to build a responsive and capable workforce that supports NDIS participants to meet their needs and achieve their goals" is fine although it does not explicitly capture the *workforce growth* with which the Plan is also concerned.

Objectives and Priority Actions: The Plan's argument and internal coherence is weakened by the disconnection between the four goals (page 5) and the Priorities and sixteen Priority Actions (page 6).

While the goals are broader, better designed and offer more scope for a strategic approach the Priorities quickly narrow to extremely limited actions.

As an example, the first two goals are:

- 'Enhance care and support sector jobs to retain suitable existing workers' and
- 'Attract new suitable workers to meet growth in demand for support workers, allied health professionals, nurses and others'.

Priority 1 is instead comprised of two specific limited actions:

- 'improving community understanding of jobs' and
- 'strengthening entry pathways'.

It is not even clear if the Priorities are meant to relate to the goals; or alternatively if the goals have been simply ignored for the rest of the Plan.

The narrowness of the Priorities closes off actions from previous inquiries which remain unimplemented (some of these are documented in the Productivity Commission's 2017 report)¹. It would be more helpful to acknowledge these and describe whether the government considers them to be achievable, unachievable or politically unacceptable – rather than ignore them. They include a targeted immigration program, development of a wages policy, a responsive system of intelligence gathering between the stakeholders and the federal government, more use of volunteers, and improved job quality, including more job security.

The narrow wording of the Priorities also places out of scope several of structural problems that the Plan itself describes, for example:

- ... the difficulties, and lack of, funded clinical placements for allied health professionals in disability
- Low and variable hours affect take-home pay
- Disconnection of workers with peers and organisation, and low engagement
- Job stress.

But also some systemic issues that the plan doesn't mention:

- Lack of workforce planning capacity and capability
- Reliance on out-of-date workforce practices that fail to create enabling work environments
- Rise in unregistered sole traders not captured by common workforce data.

These are important issues but the Plan does not come up with (pathways towards) solutions for them.

Instead there is a very limited set of priorities and actions. Although they may contribute, they don't seem sufficient for addressing the fundamental workforce challenges NDIS providers and workers face. For example, to what extent can 'improving community understanding of jobs' lift public perceptions of the sector if low pay, unreliable hours, insufficient training and high job stress remain persistent problems? What is the return on investment of 'strengthen entry pathways for suitable workers' when no specific action is taken to increase job quality and decrease turnover? How might leveraging employment programs and tapping into the unemployed help employers who report a lack of suitable or qualified candidates? Experience and employer submissions to previous inquiries make it clear that being bombarded by applications from uninterested or unsuitable applicants who need to meet Centrelink targets is not something disability or aged care providers see as helpful. And is there any evidence employment programs and Centrelink are not currently directing job-seekers to the sector?

A better approach might be to retain the original four goals, but generate a more comprehensive and ambitious set of actions.

Previous strategies and current initiatives are unexamined: The capacity and capability of the NDIS workforce is well-trodden ground, with a myriad of reports, inquiries and strategies revisiting the

¹ Productivity Commission (2017) NDIS Costs, Study Report.

issues since 2013. The Productivity Commission² identified 12 national reviews up until 2017; since then, there have been others plus many more from states and territories. This makes it difficult for any strategy to say something new.

On the other hand, since most of the initiatives proposed have been tried before³, or are being implemented currently, the National Workforce Plan could have taken the approach of reviewing previous experience and leveraging success.

Without an analysis of what has worked and what hasn't, stakeholders will find it hard to appreciate the benefit the Plan adds, and what changes will be put in place to improve the effectiveness of various initiatives in the future.

This type of analysis would be very useful, as this information is not available on the public record. One example is the outcomes of the Boosting the Local Care Workforce (BLCW) and the Sector Development Fund (SDF) programs, the largest industry investment programs in the disability sector.⁴ The BLCW appears to address many of the Plan's priority actions. The Government has previously described it as follows:

...[providing] targeted assistance to meet expanding workforce requirements, helping employers increase the supply of care workers in regions, to meet the needs of NDIS participants and the care sector more broadly.⁵

The Sector Development Fund grants also overlap the priorities of the current Plan, covering training, recruitment, improving awareness about the NDIS and innovative models of support. The SDF involved significant pilot funding for 107 projects, and the BLCW involves hundreds of smaller grants to organisations.

What have been the outcome from these? Have the funded organisations succeeded in solving their workforce challenges? If so, have their innovations been scaled up and shared across the sector? Have the projects been used to spark lift-off in the sector as a whole? And if not, why not?

The Commonwealth, state and territory governments have amassed a wealth of experience in implementing disability workforce programs over the last seven years. It is reasonable to expect that the Plan would be informed by an evidence-based, strategic approach, including what has been learned in the past. This would have given comfort that any new initiatives are those which, based on previous experience, will make the most difference. The lack of detail in this Plan gives no confidence this type of analysis has been done.

² Productivity Commission (2017) NDIS Costs, Study Report, p. 338

³ Initiatives the Plan proposes that exist now or have been undertaken in the past include:

- Values-based recruitment tools
- Online jobs platforms specifically targeted to support and care workers
- More VET qualifications for disability and aged care workers, including supported traineeships
- The Boosting the Local Care Workforce (BLCW) Program
- A Care and Support Worker Professional network
- Skills passports
- Guidance for employers and tertiary institutions regarding traineeships
- A review of NDIS pricing
- More use of telehealth by allied health professionals.

⁴ The Plan reports that the BLCW has cost \$41.5 million to date, while the Sector Development Fund (SDF) allocated grants of \$146 million between 2014 and 2019.

⁵ Joint Standing Committee on the National Disability Insurance Scheme (2019) Progress Report, p. 16.

Lack of timelines and targets: As with any Plan, timeframes, measurable outcomes and the allocation of responsibilities is essential. The National Workforce Plan lacks these, which means it is not possible to see who will be implementing what, the key dates, and what outcomes the government is seeking. In this sense, it is like some previous disability workforce national plans and strategies, most famously the *Integrated Market, Sector and Workforce Strategy (2016)*. However, there is no reason to repeat these deficiencies. The Productivity Commission cautioned in 2017 that these types of 'strategic policies' which omit detail of plan implementation are not up to the task of creating change and are in fact 'creating uncertainty among providers.'⁶

The Plan's initiatives

Priority 1

The gist of Priority 1 initiatives is to encourage people into the sector, offering them the opportunity to self-assess and then, if they consider the sector to be suitable for them, apply for well-matched jobs.

Tools of this type already exist. As an example, National Disability Service's carecareers.com.au site operated in this way. [Carecareers](#) offered:

- Marketing campaigns, subject to funding availability
- An introductory online 'Careers Quiz' which allowed people to match their skills, interests and experience with sector jobs
- A dedicated disability and aged care Jobs Board where people could apply for vacant positions
- Learning and development opportunities
- Access to a professional network, National Disability Practitioners
- Access to a call centre of trained staff who provided general information about sector jobs, encouraged people to apply and assisted with questions about the recruitment process.

The Jobs Board and the call centre which were mainly NSW Government-funded are no longer in operation. The Commonwealth Government having refused support, these services were unable to sustain themselves based on provider fees alone. A challenge for carecareers was to compete with the huge volume of users that highly capitalised, global job boards such as Seek.com offered.

It would be useful to understand how the proposed new initiatives differ from carecareers, which has been accessed by hundreds and thousands of workers; and how they will overcome the competitive challenges that carecareers faced.

Priority 2

The initiatives under this Priority are mainly tools to assist workers with completing and documenting accredited training and to become part of a professional network.

As elsewhere in the Plan, initiatives that already exist are proposed anew. The Care and Support Worker professional network already exists (see [National Disability Practitioners](#)) as do many occupation-specific professional associations.

The micro-credentials concept has potential, depending on how micro-credentials differ from the older skillsets. If micro-credentials were aligned to the skills needed by specific NDIS participants (especially those with complex needs - covered by the NDIS Practice Standards Module 1), tailored

⁶ Productivity Commission (2017) National Disability Insurance Scheme (NDIS) Costs, Study Report p. 338.

to the individual client context, and codesigned with the client or their family, they could be valuable. If training were easily available it is possible to imagine micro credentials being undertaken each time a worker takes on a new client or works in a new setting. The new NDIS Workforce Capability Framework provides a solid anchor for such bite-size training.

However, more will be needed to achieve the 'stronger learning system and culture' goal. Organisation-focused strategies are needed as well as individual-focused ones.

Learning and development can assist individuals to become better at their current job or move to a more highly skilled job. But if jobs are highly stressful, and/or the work environment makes it difficult to provide quality care, if workers perceive there is no career structure, if jobs are not transparently open to all, or more challenging and responsible roles are not available, new skills learned may remain unutilised. In other words, workplace culture and practices are as important as the training individual workers undertake. Similarly, if funding and time is not available to disability workers to develop and update skills, take up will be low and completion rates poor.

Moreover attracting more people into the sector is not going to help if the sector doesn't manage to retain these new workers. This and the other priorities in the plan do little to address the complex issue of retention. The plan acknowledges that this is a systemic issue, but offers little besides an unsubstantiated anticipation that 'turnover is unlikely to remain as high in forward years as initiatives under this Plan are implemented, supporting sector maturity and given the changed economic and labour market conditions'.

Many of these issues were canvassed by the Parliamentary Inquiry into the Aged Care Workforce in 2017⁷. That Inquiry found that the structure of the aged care industry, including low pay (even lower than for disability support), insufficient funding and lack of career paths created difficulties for employers in attracting and retaining staff, and for policies that encouraged workers to look optimistically to the future and their own career growth to have impact.

It is essential that this important lesson is understood by government in relation to the disability sector as well.

Priority 3

The initiatives under this priority seek to reduce governments' red tape, increase information available to potential service providers, and encourage service diversification. One initiative seeks 'continued improvements to NDIS pricing approaches.'

These initiatives, like the others already discussed, have potential but many are already in existence or seem insufficient to address the scale of change needed.

An exception is Initiative 10:

'Aligning provider regulation and worker screening requirements across the care and support sector.'

If the government is confident of being able to work cross-jurisdictionally to streamline disability worker registration in Victoria (where it is duplicated), and harmonise aged care and disability

⁷Senate Community Affairs References Committee (2017) [Future of Australia's aged care sector workforce](#), Chapter 3.

regulation, despite the recent investment in establishing the estimated \$90 million/year *NDIS Quality and Safeguards Commission*, these would be major achievements.

The goals of other initiatives are less ambitious. More use of telehealth could boost productivity but seems a little outdated given we are in the post-COVID world when telehealth has proliferated.⁸ Perhaps the aim should be more about how to leverage the changes that occurred as a result of COVID, and more generally how to encourage innovation other than as the result of a crisis.

As noted, the [Boosting the Local Care Workforce](#) program seeks to improve the operation and efficiency of labour markets by better matching supply and demand and providing local labour market knowledge to disability and aged care service providers and workers. Is Initiative 12 (for the provision of improved market demand information) simply a reannouncement of something that is already in full swing?

As for adjusting prices to cover the costs of training, in 2019 the [Joint Standing Committee on the NDIS](#) recommended that:

the...NDIA better reflect in its pricing of supports the additional administration and professional development costs (Rec 16)

Hopefully the Workforce Plan's repeat mention will be quickly followed by action to improve learning and development opportunities for the mainly part-time, low paid NDIS workforce. However, it seems directly at odds with the government's many assertions that NDIS costs need to be contained.

The NDIS has placed the question of innovation squarely on the table; from the first Productivity Commission report in 2011 sector transformation through innovation was anticipated as a result of exposure to the competitive marketplace. It was even written into legislation: a general principle of the [2013 legislation](#) was that:

'Innovation, quality, continuous improvement, contemporary best practice and effectiveness in the provision of supports to people with disability are to be promoted.'⁹

In the years that followed, many disability service providers have indeed changed their service and workforce models.

But the National Workforce Plan's take on the innovation process seems curiously hands off and lacking originality. A greater role for allied health assistants has been a standard workforce innovation agenda item for many years, and the focus of several Sector Development Fund projects. If none of these have led to the change desired, why would one more project or review be useful?

Online provider directories have similarly been a long-time goal and are currently addressed by both the NDIA's searchable participant listing¹⁰, and the many community-run sites that help participants find a provider and also rate them. In 2020 the government announced options for Digital

⁸ The AIHW reports that at the 2020 height of the pandemic, nearly half of all mental health services were delivered by allied health workers via telehealth. See AIHW Mental Health Services in Australia, last updated 18 May 2021.

⁹ National Disability Insurance Scheme Act 2013, No. 20, 2013 as amended, General Principle 15.

¹⁰ NDIA Find a Provider is at www.ndis.gov.au/participants/working-providers/find-registered-provider; community online directories include clickability.com.au and findacarer.com.au

Partnership Program that 'would make it easier for participants to connect and interact with providers'.¹¹ It's not necessary to announce these initiatives again.

What would a more contemporary, evidence-based approach to disability workforce innovation involve?

4. Suggestions for a proposed direction for the future

The NDIS has created a large, multi-faceted industry with nearly 30,000 organisations and 450,000 participants with many different needs, plus families and carers, health care providers and those in a person's local environment. The Government is clearly keen to drive greater efficiencies and contain costs; but continuing to operate the scheme with a low paid, insecure, high turnover workforce creates risks to quality and, for individual providers, jeopardises their reputation with clients.

Purpose at Work suggests that the Government's role needs to be reframed by asking the question:

What can the government do to foster workforce innovation across the disability sector so it can provide uniformly high quality services, and become more productive and sustainable great places to work?

The answers need to consider incentives and opportunities for the *sector as a whole* to perform better. We want all participants to have an excellent experience – unlike in product other markets, there is no room for wastage or failure as their personal cost is so high.

After eight years of the NDIS, providing individual provider grants, or more one-off projects, does not seem to be a useful or efficient use of government funds.

Working through industry groups, hubs and research collaborations to disseminate innovations and new ways of working seems more sensible – in other words, utilising strategies for innovation diffusion and communication. As noted above, it's not possible to even find the resources and outcomes of the many projects funded over the last eight years; let alone connect with partner organisations to use them or access government support to build on them. No government agency has taken responsibility for creating a unified clearing house that people can quickly search and download materials that were created with government funds free of charge. However good models for this exist in many other industries.¹²

Furthermore, it seems that many innovation projects occur in isolation without input? from the other institutions around them, such as the National Disability Insurance Agency, SkillsIQ (the peak industry training body) and trade unions. For example, what impact have the several provider and university projects looking at the ways allied health assistants can be helpful in the sector had on training packages, industrial awards, NDIS pricing and allied health professional registration? The government could play an important role strengthening these connections and ensuring whole participant-based and industry ecosystems are involved in the innovation process.

When this doesn't happen, we end up with Groundhog Day – recommendations for initiatives implemented in the past without any discussion of what would be different second time around. This does the industry, participants, researchers and the government staff who have run so many previous programs, a disservice.

¹¹ Minister Stuart Robert media release 28 February 2020.

¹² A good example is growag.com which features all of the research projects, innovations, participating organisations, opportunities and resources available to drive the agricultural innovation agenda.