

4/16/2020

‘Once more unto the breach’

Submission to the Joint Standing
Committee’s Inquiry into the NDIS
Workforce

Mental Health Community Coalition ACT

Peak Body in the ACT for the Community Mental Health Sector

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About MHCC ACT

The Mental Health Community Coalition of the ACT (MHCC ACT) is a membership-based organisation which was established in 2004 as a peak agency. It provides vital advocacy, representational and capacity building roles for the Not for Profit (NFP) community-managed mental health sector in the ACT. This sector covers the range of nongovernment organisations (NGO) that offer recovery, early intervention, prevention, health promotion and community support services for people with a mental illness. The MHCC ACT vision is to be the voice for quality mental health services shaped by lived experience. Our purpose is to foster the capacity of ACT community managed mental health services to support people to live a meaningful and dignified life.

Our strategic goals are:

- To support providers to deliver quality, sustainable, recovery-oriented services
- To represent our members and provide advice that is valued and respected
- To showcase the role of community managed services in supporting peoples' recovery
- To ensure MHCC ACT is well governed, ethical and has good employment practices.

Preamble

MHCC ACT would like to thank the Joint Standing Committee for the opportunity to make a submission on the NDIS work force. MHCC ACT feels that it would be redundant to go into detail on matters that have already been well researched and published. We have opted to provide the committee with a selection of previous publications with findings and recommendations still pertinent now. If implemented they will greatly assist in achieving the NDIS as it was envisioned at its conception: *to provide people with a disability with high quality and innovative supports to maximise their independent lifestyles and full inclusion in the community*¹;

Key messages

MHCC ACT would like to point the Joint Committee to the following key messages that have been raised and repeated over the years:

¹ [NDIS Act 2013](#)

- People with psychosocial disability (PSD) deserve and need a specialised and highly skilled workforce.
- Current market settings will not result in the provision of the quality of disability support that the NDIS was established to deliver.
- Service providers are not able, based on the current market settings, to provide the terms and conditions that would attract and retain staff with the experience and qualifications needed to meet participants goals in a recovery focussed framework
 - To be financially viable under the current market settings service providers can only offer lower paid positions to direct support workers, often on a limited contract or casual basis.
 - The casualisation of the workforce is compromising the quality of service delivery and limiting the choices of a person with a disability
- There has been a lack of investment in TAFEs and universities to develop a qualified disability workforce.
- From the perspective of psychosocial disability, one cannot view the NDIS workforce separately to the wider disability and psychosocial supports workforce. Many providers service both NDIS and non-NDIS people with PSD and the issues are either similar or complementary; similarly, staff work with both participants with other disabilities as well as participants with PSD.
- There is a dire need for national standardised and detailed data collection of the PSD (and wider disability) workforce to improve understanding of and guide investment in, this workforce.

The NDIS workforce

Reflections

As mentioned, there is already a large body of current evidence and associated recommendations addressing the NDIS workforce needs. This body of evidence has been cumulating since the beginning of the NDIS trial sites and has come from academics; consultants; the Productivity Commission; various Commonwealth, State and Territory government inquiries; service providers; participants; carers; peak and industry bodies; and others.

There are several key questions which Australia as a nation needs to answer which are at the centre of this inquiry into the NDIS PSD workforce:

1. Do Australians want the NDIS to be a maintenance scheme or a recovery-oriented scheme? By 'recovery oriented scheme' we mean one which supports people with PSD to live their own best life, while understanding and acknowledging that PSD is by its very nature episodic and likely to need varying levels of support over a lifetime.
2. Are Australians ready to pay for the full cost of service delivery to support recovery for people with PSD? In other words, will the model be reformed to allow service providers to afford to recruit, retain, support, develop, and provide career paths for an appropriately specialised PSD workforce?
3. Is the NDIA prepared to adapt the scheme to meet the particular complexities and requirements of supporting people with PSD? These include such things as the 'invisibility' of PSD, its episodic nature, the flaws in basing decisions around diagnosis as opposed to functional disability, and the difficulty of people with PSD in engaging with the scheme in all its complexities.

If the economic model for the NDIS allowed service providers to establish robust business models, including appropriate pay and conditions for workers, as well as efficient and innovative back office arrangements, many of the current issues would be solved. Providers would be able to better meet the needs and goals of participants with PSD. Of course, this needs to be accompanied by rigorous safeguards and quality requirements, as well as financial accountability.

Although there is still much to be achieved, MHCC ACT recognises that there have been some positive developments regarding the support for people with psychosocial disabilities (PSD) and the mental health support workforce in recent times. The NDIA is currently working on developing a specific [PSD framework](#) and will introduce a new item, as of 1 July 2020 on the NDIS list of services, namely a [recovery coach](#). We are still waiting for the release of a discussion paper on the subject so we don't know the details of this new item, but the intention is to improve access to a specialised worker who is trained in PSD recovery and person-centred support.

Currently we don't know what the pricing will be for the recovery coach and based on past pricing levels there is concern that it will not be high enough for service providers to be able to hire appropriate staff to fulfil the role.

Evidence and recommendations

We note that prior to the NDIS there was widespread employment of people with Certificate IV level qualifications working in the area of PSD in the ACT. This was the result of a concerted campaign to raise the quality of this workforce. Since the introduction of the NDIS this is no longer the case, particularly for NDIS workers where pay and conditions more typically attract a person with lesser qualifications.

We would like to refer the committee to past [MHCC ACT submissions](#) on the NDIS PSD workforce:

- Joint Standing Committee on the NDIS Inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition (27 February 2017)
- Productivity Commission report into NDIS Costs (24 March 2017)
- Senate Standing Committees on Community Affairs Inquiry into the Delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities (28 April 2017)
- 2017 NDIS Price Controls Review. MHCC ACT response to the NDIA Discussion Paper
- “It’s time to invest in community mental health services” ACT budget priorities 2019-20
- Submission to the Productivity Commission inquiry into the social and economic benefits of improving mental health (April 2019)
- Submission to Productivity Commission draft report on mental health (24 January 2020)

MHCC ACT endorses the submissions of other peak bodies on this topic such as [Mental Health Australia](#), [Community Mental Health Australia](#), and MHCC ACT equivalent bodies in other states and territories.

Other important reports MHCC ACT recommends to the committee include:

[White Paper, Six years and counting: the NDIS and the Australian Disability Service System](#)^[1]. It analyses 63 papers and reports combined with input from stakeholders to come up with a disability service model that incorporates the NDIS.

[Productivity Commission Inquiry into Mental Health](#), due to be presented to the Australian Government in May 2020. While we await the final report from the Productivity Commission

MHCC ACT recommends reviewing comments on workforce in the [draft report](#) released in October 2019 (in particular p 30-31 and 61), as well as the many submissions from relevant stakeholders accessible on the Productivity Commission's web site.

We recommend that the Committee looks at [chapter 3: Workforce readiness in the NDIS Market readiness for provision of services under the NDIS report](#), from the Joint Standing Committee released in 2018, particularly recommendations 8,10 and 11 of this report.

MHCC ACT is pleased that the Department of Social Services (DSS) has published a [National Disability Market and Workforce Strategy](#) as recommended by the Joint Committee in recommendation 9 of the above report. However, it is disappointing that it contains very little regarding the development of a psychosocial disability workforce.

DSS has also missed an opportunity with the website [Boosting Local Care Workforce](#), aimed at building the local disability workforce, by omitting any reference to psychosocial disabilities or a developing psychosocial disability workforce.

We refer the Committee members to the National Disability Service's (NDS) [State of the Disability Sector Reports 2017 and 2018](#) that both show a sector under pressure and mentions 12 proposals on how to improve the disability sector, including the NDIS. A more recent report '[HOW IS THE DISABILITY SECTOR FARING? A report from National Disability Services' Annual Market Survey](#) (2020) reiterates the ongoing issues of pricing and sustainability of service providers but also notes an improvement in certain areas.

Various reports and reviews have been written addressing the challenges in attracting and retaining the NDIS workforce. The [NDIS Market and Workforce Strategy](#) published by the department of Social Services in 2019 is an attempt to address some of the challenges; as does the University of New South Wales report [Reasonable, Necessary and Valuable: Pricing disability services for quality support and decent jobs](#) (2017).

These findings are reiterated by various other submissions and reports including some of those listed above and many others from relevant peak bodies such as the Mental Health Coordinating Council (MHCC) - e.g. [Implementation of the National Disability Insurance Scheme \(NDIS\) and the Provision of Disability Services in NSW](#) (8 August 2018)

Conclusion

As is clear from the available reports and research, some of which has been referenced in this submission, **there is already a large body of evidence** that provides deep insight into the NDIS workforce, and the PSD workforce specifically. There are also **many recommendations** which, if implemented, would contribute greatly to improving the current situation.

Provision of services to participants with PSD – some of the most vulnerable people in our community – has been severely affected by the structure of the NDIS. Attempts have been made by the NDIA to improve access and outcomes for participants with PSD. Most recently, the development of the PSD framework and the addition of the Recovery Coach item are steps in the right direction. However, the NDIS was and is still not, adequately geared up to meet the specific needs of people with PSD within a recovery focussed framework.

The NDIS market settings framework, already tight for physical disability support services, is severely insufficient for providers to hire, train and retain the high-quality staff needed to provide people with PSD with the quality recovery focussed support they need and deserve. So much of this comes down to basic economics – if the NDIS model were to pay the true cost of PSD service delivery, then providers would be able to better attract the specialist PSD workforce needed.

There is also the need to develop relevant training to increase the number of people who will be able to provide the required standard of care for people with PSD and to create a large enough pool of skilled workers so that the participants will have a genuine choice. Once again however, unless providers are able to offer competitive pay and conditions for their workforce there is a danger that at best, they become a training ground for new graduates who then take their skill set to better paying positions elsewhere.

Simon Viereck,
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[1] University of Western Australia Six Years and Counting: The NDIS and the Australian Disability Services System, 2019

[2] [Budget Review 2018/19 National disability](#) and Productivity Commission Report on the NDIS cost 2017 (p 323)

[3] [NDIS forecasts](#)

[4] Joint committee report on Market readiness for provision of services under the NDIS, p31-32

[5] Joint committee report on Market readiness for provision of services under the NDIS, Recommendation 8 3.33, p