Working in new disability markets: A survey of Australia's disability workforce

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Executive Summary

This report provides information about the workforce delivering disability services and supports in the context of the National Disability Insurance Scheme (NDIS) in early 2020. The information comes from a national survey of disability workers which was co-designed by the UNSW research team and the unions representing disability workers, the Health Services Union, Australian Services Union and United Workers Union. The survey was designed to capture information from disability workers about the nature of the work they do and how it is changing; their experiences of working to support people with disability; and their perceptions of the NDIS. The results provide comprehensive, contemporary evidence that values workers' views and experiences, and which can inform approaches to disability service provision in Australia, and the operation and regulation of the NDIS.

About the survey

A total of 2,341 disability workers took part in the online survey during March 2020. Unlike information derived from employers' reports or administrative data, survey findings reflect the perspectives and experiences of disability workers themselves. Participants were from each Australian state and territory and worked in a range of roles and across disability service settings. The vast majority (96%) were in roles involving direct work with people with disability, and two thirds (65%) said they worked with people with high support needs. Over half of survey respondents (54%) had worked in disability services for ten years or more. Most (63%) said their main job was in the not-for-profit sector. While the survey was designed prior to the outbreak of COVID-19 in Australia, data was collected at a time the virus was increasingly impacting on the workforce and broader community, and many workers commented on associated safety and financial risks. Data relating to COVID-19 is reported in a separate companion report (Cortis and van Toorn, 2020).[1]

Key Findings

- **Perceptions of the NDIS**

Workers reported mixed experiences of the NDIS, and many expressed significant concerns about service quality under the Scheme. Just over a quarter (27%) agreed or strongly agreed that participants receive good quality services under the NDIS, while almost two in five (38%) disagreed or strongly disagreed. Very experienced workers were more likely to express concerns about service quality under the NDIS, compared with those who had not worked in the sector for so long.

Around a third of workers agreed the NDIS is positive for participants (34%). This remains suboptimal, but has improved since 2017, when only 9% of workers surveyed agreed the Scheme was positive for participants.

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[1] http://handle.unsw.edu.au/1959.4/unsworks_66998

Only 1 in 5 workers agreed that the NDIS has been positive for them as a worker (21%), although many were unsure (37%). Experienced workers were most concerned about the workforce impacts of the Scheme. Workers from across disability service settings said work patterns and working conditions had worsened since the NDIS was rolled out. Common problems related to unsuitable work-time arrangements, unpaid work, lack of training and supervision, and understaffing.

- **Working time arrangements**

Working time remains a contested resource, and work time arrangements contribute to much anxiety among disability workers. Over half (55%) of survey respondents worked less than full time equivalent hours across all their disability jobs. Unpaid work was common among full and part time workers and was considered essential for completing core service delivery tasks.

Workers in the sample worked an average of 33.8 paid hours and 2.6 unpaid hours in the previous week, across all their disability jobs. High proportions of workers in home-based care and support settings performed unpaid work, as did those in co-ordination, case management, employment and advocacy settings.

- Overall, two in five disability workers (41%) worked at least one unpaid hour in the last week.
- For every paid hour, disability workers donated an additional 4.6 minutes of unpaid time (equivalent to 36.8 minutes for an 8-hour day).
- Unpaid time constituted around 7% of total time worked in the previous week (36.4 hours, paid and unpaid).

The most common work tasks performed during unpaid time were completing case notes or other forms or reports, which was performed by 67% of those who performed at least an hour of unpaid work in the previous week. Other common tasks included communicating with colleagues or other service providers (performed by 56% of those doing unpaid work), handover (52%) and communicating with a supervisor (47%).

Many workers also reported instability in their paid work hours, including changes in shift times which workers were advised of at short notice. Half of respondents (50%) said they worry about rosters, 45% said their shifts change unexpectedly, and 29% said they were often called in to work at inconvenient times. Unstable working arrangements undermined the reliability of disability workers' incomes, and their ability to plan their work and organise other aspects of their lives.

- **Staffing levels and service quality**

Workers attest to considerable resource pressures affecting their services, including staff shortages and high workloads. Workers described how these pressures affected their working lives and their capacity to provide high quality, personalised services to people with disability. More respondents disagreed (44%) than agreed (40%) that there are enough staff in their service to get the work done, and two thirds (64%) said they were under pressure to do more in less time. Women were more likely to feel under pressure and under-resourced in their roles.

Contrary to the person-centred ethos of the NDIS, two in five workers (40%) said they work under pressure to meet KPIs regardless of the actual needs of the people they support, and two thirds (64%) said they were worried that clients don't get what they need from disability services.

- **Remuneration and income insecurity**

Disability work is low paid, and the survey confirms income insecurity remains a substantial issue for the workforce. A minority of respondents (37%) said they were satisfied with their take home pay. However, this is an improvement since 2017, when only 24% of workers reported being satisfied with their take home pay. Satisfaction with pay is higher for workers in their first year of working in the disability sector, but falls quickly with experience, and stays low throughout disability workers' careers, reflecting the way remuneration structures do not recognise and reward increases in workers' experience and skill.

Many workers report they are not paid for travel costs or travel time between clients or to attend team meetings. In addition, workers incur costs in the course of doing disability work, including paying for things for clients with their own money, or paying for things they wouldn't otherwise buy. Only 29% agreed that they are reimbursed fairly for expenses incurred on the job.

Only one in five disability workers (21%) expects to have enough superannuation when they retire.

- **Job security**

Job security is a persistent concern for the disability workforce. More than half of respondents (54%) agreed or strongly agreed with the statement 'I worry about the future of my job' and less than half (44%) said their arrangements feel secure. A third of those employed casually had worked in disability services for ten years or more. Only 31% of respondents felt they had good prospects for career advancement, and a quarter said they do not intend to work in the disability industry in five years.

- **Supervision and support**

Workers reported mixed experiences of supervision and support. A substantial minority (37%) said they did not get good introductions and information about new clients, and over two in five (43%) said they did not receive one-on-one support from a supervisor to discuss client needs and goals. Time to receive support from supervisors is very limited. Only 36% of respondents said they get the time they need with supervisors, but this was lower for those employed on a casual basis in their main role (26%). Reflecting insufficient support for frontline practice, 59% of respondents agreed or strongly agreed that they have to make decisions about client safety, care and support on their own. Unsupported decision making was also prevalent among less qualified workers: over half of those with less than a Certificate IV level qualification said they had to make important decisions on their own.

Supervisors' perspectives corroborate these pressures. Over half of supervisors (53%) agreed that they were unable to provide proper supervision due to lack of time. Almost a quarter (23%) said they can't provide proper supervision because they have too many people to supervise. Only a third (35%) said they have received adequate training in how to supervise staff.

- **Training**

Many workers report a lack of access to training. A quarter of respondents (26%) received less than one day of training in the last 12 months. Many also report covering the costs of training themselves, or undertaking training out of paid time. While 80% of respondents said they were paid for the time they spent in training, this was lower for workers in home-based care and support settings, 67% of whom were paid for their training time.

- **Online platforms**

Around 5% of respondents had used an online platform to obtain work. However, platforms did not provide a major source of work for these disability workers. While a few commented on the flexibility and freedom that platforms potentially allowed, most were critical. Several workers said seeking to obtain work through platforms could be a lengthy process which didn't necessarily lead to work, or led to short hours of work only. Workers also described that it felt risky to take on work when important information, including information about client conditions and behaviours wasn't necessarily disclosed to them either by the platforms or the clients seeking to engage support workers. Workers also commented on difficulties experienced when they sought to contact platforms to obtain information or support, along with high fees, and risks in getting paid.

- **Safety and reporting issues**
  - COVID-19

The data collection period (March 2020) coincided with the period that social distancing measures were introduced and increased in Australia, in response to the outbreak of COVID-19. As such, the survey provided an opportunity for workers to comment on their experiences of doing disability work in the early phase of the pandemic. This information from the survey is reported in a separate companion report (Cortis and van Toorn, 2020).[2] It highlights the lack of personal protective equipment being supplied to staff and clients in the initial stages of the pandemic, and that many workers felt their organisation's safety protocols were inadequate. Many were concerned the disability sector was being overlooked in the national pandemic response, and were grappling with additional workloads which made it difficult to respond to increased health and safety needs.

  - Harms to clients and workers

Overall, 45% of workers said they were aware of harm to a client in the last 12 months. Most commonly this was harm from another client (24% of workers reported being aware of this occurring in the last 12 months), or harm perpetrated by a worker or volunteer (23% were aware of this).

Almost two thirds (64%) said they were aware of a worker being subject to workplace bullying, harassment, violence or abuse in the last 12 months. Most often, this was from another worker (which 48% of respondents reported being aware of). Over a quarter of respondents (27%) were

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[2] http://handle.unsw.edu.au/1959.4/unsworks_66998

aware of harms to workers perpetrated by a client. Higher proportions of women than men said they were aware of clients or workers being subject to harm.

- Other safety issues

The survey captured further information about safety and reporting issues. Most respondents (71%) reported feeling confident about reporting safety issues and risks. However, only half (51%) agreed they receive the training they need to do their work safely. Workers were more confident about reporting safety issues and risks where they received one-on-one support from a supervisor, received enough time with supervisors, and felt well supported by supervisors.

Conclusions

Overall, the survey data highlights the way this feminised workforce carries much of the costs and risks of disability service provision. Many work tasks which should be considered core to quality service delivery are performed during workers' unpaid time, and workers are under-supported through supervision and training, with many left to make decisions on their own about client care and support. Workers are highly concerned about the quality of services under the NDIS, and the capacity of services to meet participants' needs. In profiling workers' perspectives and experiences, the data underline the importance of involving workers in determining future directions for Australia's disability service system, and helping develop ways to ensure services for people with disability are the best they can be.

1 Introduction

This project provides new data about the workforce delivering disability services in the context of the National Disability Insurance Scheme (NDIS) in early 2020. Information comes from a survey co-designed by the research team in partnership with the Health Services Union, Australian Services Union and United Workers Union. It was designed to capture and value disability workers' perspectives about their work and working conditions, and their experiences of delivering services and supports to people with disability.

While other information about the disability workforce is derived from employers' reports (e.g. Lui and Alcorso, 2018), the data reported here comes from disability workers themselves. Understanding workers' experiences of delivering disability services and supports is of paramount importance in the context of the NDIS, and workers themselves are the best-placed actors to comment on the nature of their work and the ways it is changing. Since the NDIS commenced in the trial sites in 2013, strong evidence has emerged about the ways in which the Scheme enables market-based models, inadequate employment regulation and poor resourcing to converge to undermine employment conditions, including job security and working time arrangements, making it difficult to consistently provide high quality services and supports (Macdonald and Charlesworth, 2016; Macdonald et al, 2018; Cortis et al, 2017). The research was designed to add to the stock of knowledge about ways to improve working conditions and capacity for high quality disability service delivery, through a systematic examination of how disability workers were faring in 2020, and how they were experiencing delivering services in the context of the NDIS as its roll out neared completion. Specifically, our aims were to expand and deepen understandings of the impacts of the NDIS on workers through a large scale survey; develop a data source based on disability workers' perspectives; feed disability workers' voices into policy discussion; and ensure workers' experiences and priorities informing the ways resource and regulatory models are adapted to shape disability service delivery in coming years.

1.1 The NDIS and the disability workforce

Our primary concern is with the status of the workforce operating under the NDIS. Well-supported workers, employed with decent working conditions and job security, provide foundations for services and supports which are of decent quality, reliable, and responsive to the diverse and changing choices and needs of people with a disability (Cortis et al, 2013). The NDIS, which rolled out nationally since 2016 after it commenced in trial sites in 2013, provides funding for individual packages of supports for eligible people with disability. The scheme was established with the aim of promoting client choice and control via market-based arrangements, drawing on models shaped by reforms in the UK and elsewhere (Van Toorn, forthcoming). A plan is developed to meet individual needs, a budget is allocated on the basis of this plan and the funds are then drawn on to pay for services and supports. Most participants purchase services from providers registered with the National Disability Insurance Agency (NDIA) at rates capped in government price lists for categories of services and supports (Cortis et al, 2017). In some cases, participants can fully or partly self-manage plans which allows them to use services and supports which are not registered with the NDIA, and for which prices are not regulated by the NDIA. Full or part self-management is used by around 30% of participants. Alternatively, participants either use a plan manager to pay providers who may be registered or unregistered (used by 35% of participants), or the NDIA may pay registered providers on participants' behalf (also used by 35%) (COAG, 2019, p29).

Prior to the commencement of the NDIS, research highlighted likely employment and service quality risks associated with the market-based arrangements created by individualised funding models, and which had emerged overseas (for a review, see Cortis et al, 2013). These risks included uncertainty of demand, increased demand at short notice, and poor resourcing, which exacerbate problems of poor job and financial security, deprofessionalisation and limited opportunities for skill development, and health and safety risks (Cortis et al, 2013). Since the Scheme commenced, scholars, workers and worker representatives and others have consistently raised concerns about employment outcomes, and the dependence of the NDIS on underlying agendas of cost containment alongside poor regulation and monitoring (Macdonald and Charlesworth, 2016; Cortis et al, 2017).

Workforce issues have come into sharp focus as governments have indicated the need for rapid, large scale growth in the supply of labour to the industry (an additional 90,000 full time equivalent employees are required over five years from 2019) (Department of Social Services 2019). A recent study found that the fee for service model underpinning the NDIS incentivises low wage, unregulated work and fragmented working time whereby workers will often hold multiple jobs and work several short shifts across multiple work sites throughout their day (Baines et al, 2019). Research has also shown that NDIS pricing arrangements do not account for the time, training, levels of remuneration and professional competencies required to deliver personalised, good quality services compatible with the needs and safety of people with disability (Cortis et al, 2017), although advocates have since been able to achieve some increases.

1.2 About the survey

The survey was designed to examine a range of issues affecting the disability workforce and outcomes of the NDIS, including workers' perceptions and experiences of working time, pay, access to supervision, training and support, health and safety issues, and worker demographics. Some questions were asked to enable comparison with information collected in a 2017 survey of disability workers conducted by the three unions (reported in Cortis, 2017). Ethics clearance was obtained from the UNSW Ethics Panel during February 2020. The survey was distributed via the three unions, with online survey links distributed to members working in disability services. As an incentive to participate, respondents were able to leave their details at the end of the survey to go into a draw to win an iPad Mini.

In total, 2,341 respondents completed the survey in the three week period. This is large, compared with other surveys of disability workers.[3] Statistical analysis was conducted in SPSS and aimed to explore the factors affecting different parts of the disability workforce and the workforce as a whole, and where possible, to assess change since 2017. Our aims were to both understand workers' experiences and perspectives and to highlight areas which need to change to ensure decent employment conditions for workers and quality services for people with disability. Responses to

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[3] The 2018 survey conducted as part of Victoria's Longitudinal Research Project, for example captured the perspectives of 779 workers, see Ipsos Public Affairs (2018) understanding the Workforce Experience of the NDIS Longitudinal Research Project Year One, https://www.vic.gov.au/ndis-longitudinal-workforce-research-report-2018#download-the-pdf.

open ended questions were analysed to identify recurring themes, and are presented as examples to add depth to the statistical analysis and provide workers' voices on the issues affecting their work and working lives.

The survey and the outbreak of COVID-29

The survey was planned and designed in early 2020, prior to the outbreak of COVID-19 in Australia. Data collection began in early March 2020, before social and economic responses were introduced to prevent and contain the spread of the virus, and when the community was largely unprepared for the changes that soon followed. Most respondents (68%) completed the survey during early March, before the Australian Government imposed the initial tranche of social distancing measures on 15 March 2020, and before these measures were subsequently increased and began to impact significantly on disability workplaces. In the third week of March, workers were increasingly commenting, without prompting, on the effects of COVID-19 on their work and workplaces. In response, and to capture the impacts of circumstances as they unfolded, we made a small adjustment to the final survey question to elicit further comments about the ways coronavirus was impacting on clients, workers and workplaces. Responses are analysed separately and reported in a companion report on workers initial experiences of COVID-19 (Cortis and van Toorn, 2020).[4] Responses on key variables were compared for those completing the survey earlier and later in March. Other than the comments that workers provided relating to COVID-19, there were no notable differences in patterns of response through the survey period.

Survey distribution and implication of the sample

As the survey was distributed primarily to HSU, ASU and UWU members, 97% of respondents were union members. While random sampling would be most representative, this is rarely practical in social care research. Recruiting a representative random sample is not realistic for disability workers, as there is no central dataset containing lists of all community service or disability workers, from which a random sample could be drawn. Recruiting workers via employers, while acceptable as a practical research strategy, would mean research participants would be drawn from a relatively narrow range of organisational contexts. While every approach has strengths and limitations, recruiting workers via their representative organisations is a common means of engaging workers as research participants, used in multiple studies to gather insight into the ways care work is performed and experienced (e.g. Baines and Armstrong, 2019; Trydegard, 2012; Meagher et al, 2019).

However, while engaging workers in research via their trade unions enables researchers to capture perspectives of staff who are dispersed across a range of organisations and workplaces, there are some limitations. In general, younger workers are less likely to be union members than older workers, as are those in smaller workplaces (Gilfillan and McGann, 2018). As such, union-based research samples may underrepresent workers who are newer to the industry and who are employed casually, and may over-represent those in larger, more established workplaces. Further, responses are likely to reflect conditions where union-negotiated enterprise agreements are in place, where better working conditions and safety protocols could be expected to result from a stronger union presence. Results should therefore be interpreted primarily as representations of

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[4] http://handle.unsw.edu.au/1959.4/unsworks_66998

the experiences and conditions of unionised workers and unionised workplaces, which tend to be *better* for workers than across the industry as a whole.

A further sampling issue to note is that workers who provide services in private homes and in the community are generally more difficult to engage in research compared with those in ‘fixed’ workplaces such as offices or residential facilities, as the former are with clients or moving between them and have limited time to spend participating in research or other non-client focused activities. As such, there are large numbers of workers in group home / supported accommodation settings among survey respondents, while home and community-based care and support workers, along with casual workers are underrepresented. To address these issues, responses for sub-groups of respondents have been examined through the report – including for disability support workers delivering services in supported accomodation settings, in home-based care and support settings, community-based or day program settings, and other settings. In addition, data is broken down for casual workers; workers who were newer to the industry or more experienced, among other subgroups. These breakdowns are reported where they help understand important differences among respondents.

2 About survey respondents

2.1 Gender and other characteristics

Like other forms of care and support performed in community services, work in disability is performed primarily by women, and has been undervalued due to historical associations with women's unpaid care work (Cortis and Meagher, 2012; Budig et al, 2019). Among survey respondents, 66% were female (Appendix, Table A. 1). The proportion of women among respondents was fairly similar across disability service settings. However, women comprised a lower proportion of city-based respondents: 60% of those working mainly in capital cities were women compared with 71% of those based in regional towns and 75% of rural and remote workers. This is shown in the Appendix (see Table A. 1), along with further information about respondents (see Table A. 2 to Table A. 6).

Appendix Table A. 2 shows the age profile of respondents. Reflecting previous observations that the disability workforce is ageing (e.g. NDS, 2017), 39% of survey respondents were aged 55 and over. This is slightly higher than in the unions' 2017 disability workforce survey (reported in Cortis, 2017), which found 35% of respondents were aged 55 or over. Gender by age is in Table A. 3. Table A. 4 shows that in 2020, 4% of respondents identified as a person with disability; 3% identified as from an Aboriginal and/or Torres Strait Islander background, and 14% identified as a person with lived experience of disadvantage and / or welfare service use.

2.2 Roles and settings

The overwhelming majority of survey respondents (96%) worked in roles involving direct work with disability service users or clients. The remainder worked in administrative, managerial or other office-based roles which did not usually involve direct client contact. Most commonly, direct work was with people with intellectual or cognitive disabilities (reported by 87% of staff), while 57% worked with people with physical or sensory disabilities and 49% worked with people with psychosocial or mental health disabilities. Although workers supported people with disability in a range of circumstances, disability services work was most often with people with high support needs, likely reflecting the high proportion of survey respondents working in residential support settings. Around two thirds of workers (65%) said the clients they worked with had high support needs, while 54% worked with clients with moderate support needs, and 19% said they worked with people with low support needs.

Table 2.1 shows the service settings in which respondents were working. More than one setting could be selected, and while 62% selected just one setting, 38% reported working in more than one setting. Most commonly, respondents worked in shared supported accommodation, group home or respite facilities (75%), while 29% worked in community access / community participation settings, 20% worked in home care settings and 15% worked in day programs.

While 66% of those in supported accommodation settings said they 'always' worked with the same clients and 27% said they 'mostly' did, this differed across disability settings (see Figure 2.1). Understandably, lower proportions said they 'always' worked with the same clients in co-ordination, case management, employment and advocacy settings (26%). For disability support workers in home-based care and support settings, and those in community and day program settings, 37-38% said they ‘always’ worked with the same clients and a further 53-54% said they ‘mostly’ did.

Figure 2.2 shows 17% ‘always’ worked on their own with clients, with no other worker present and a further 27% ‘mostly’ worked alone. This was higher among those in home-based care and support settings, and in coordination, and mental/allied health.

Table 2.1 Respondents’ service settings

		n	%^
Supported accommodation settings	Group homes, shared supported accommodation, respite facilities	1748	75
Home-based care and support settings	Home care, in-home support, home visits	463	20
Community and day program settings	Community access, community participation	677	29
	Day program	358	15
Coordination, case management, employment and advocacy settings	Local area coordination (LAC)	36	2
	Support co-ordination, case management	101	4
	Supported employment or employment services	39	2
	Advocacy / peak body	31	1
Mental and allied health settings	Mental health service	189	8
	Allied health service	107	5
	Other setting	113	5

^ Percentages do not sum to 100 as respondents could select multiple categories.

2.3 Years of work in disability services

A large proportion of respondents were very experienced disability workers (Figure 2.3). A quarter (25%) had worked in disability services for 20 years or more, and a further 29% had done so for 10-20 years. These figures are similar to levels of experience among survey respondents in 2017 (Appendix Table A. 7). The proportion of respondents with over 10 years of experience was highest among workers in supported accommodation settings (58%) and lowest in home care (37%) (Figure 2.3). The mix of experience in the workforce also differed based on employment status (Figure 2.4). Among those employed on a permanent or ongoing basis, there was a high proportion of experienced workers (61% had 10 years or more of experience). This figure was lower among casual workers but there was still a high proportion of very experienced workers among those employed casually: one third (34%) of casuals had at least 10 years of experience. This reflects high use of casual employment for long periods of time, and for very experienced disability workers.

Figure 2.1 **How often respondents worked with the same clients each week, by setting**

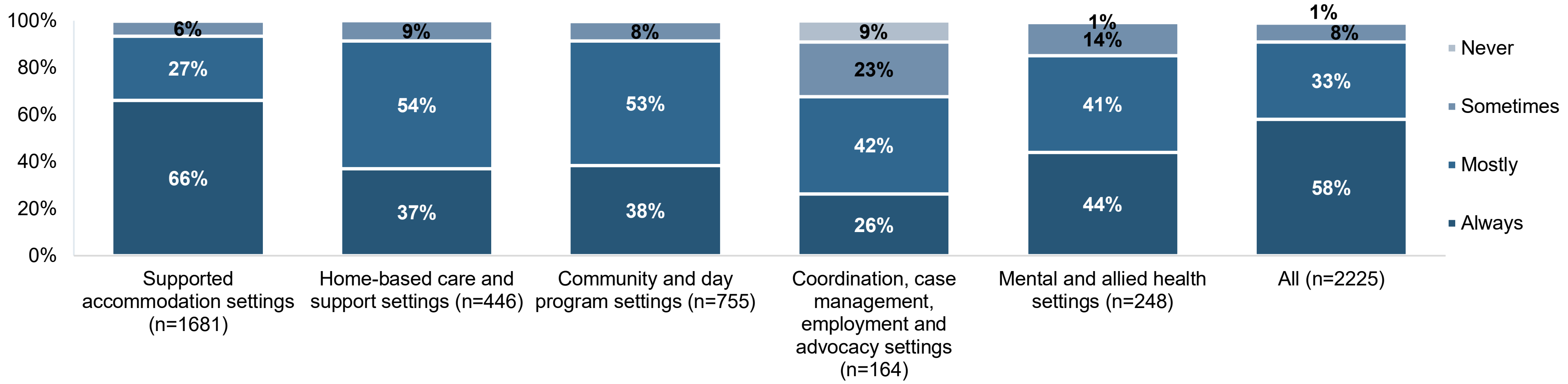


Figure 2.2 **How often respondents worked with clients with no other worker present, by setting**

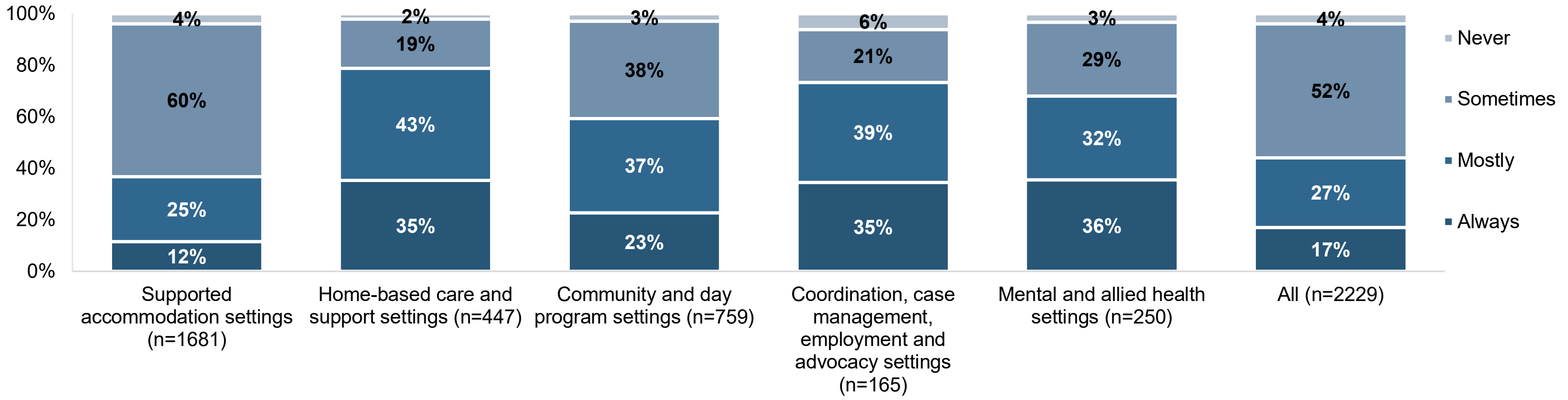


Figure 2.3 Years of experience working in disability services, by setting

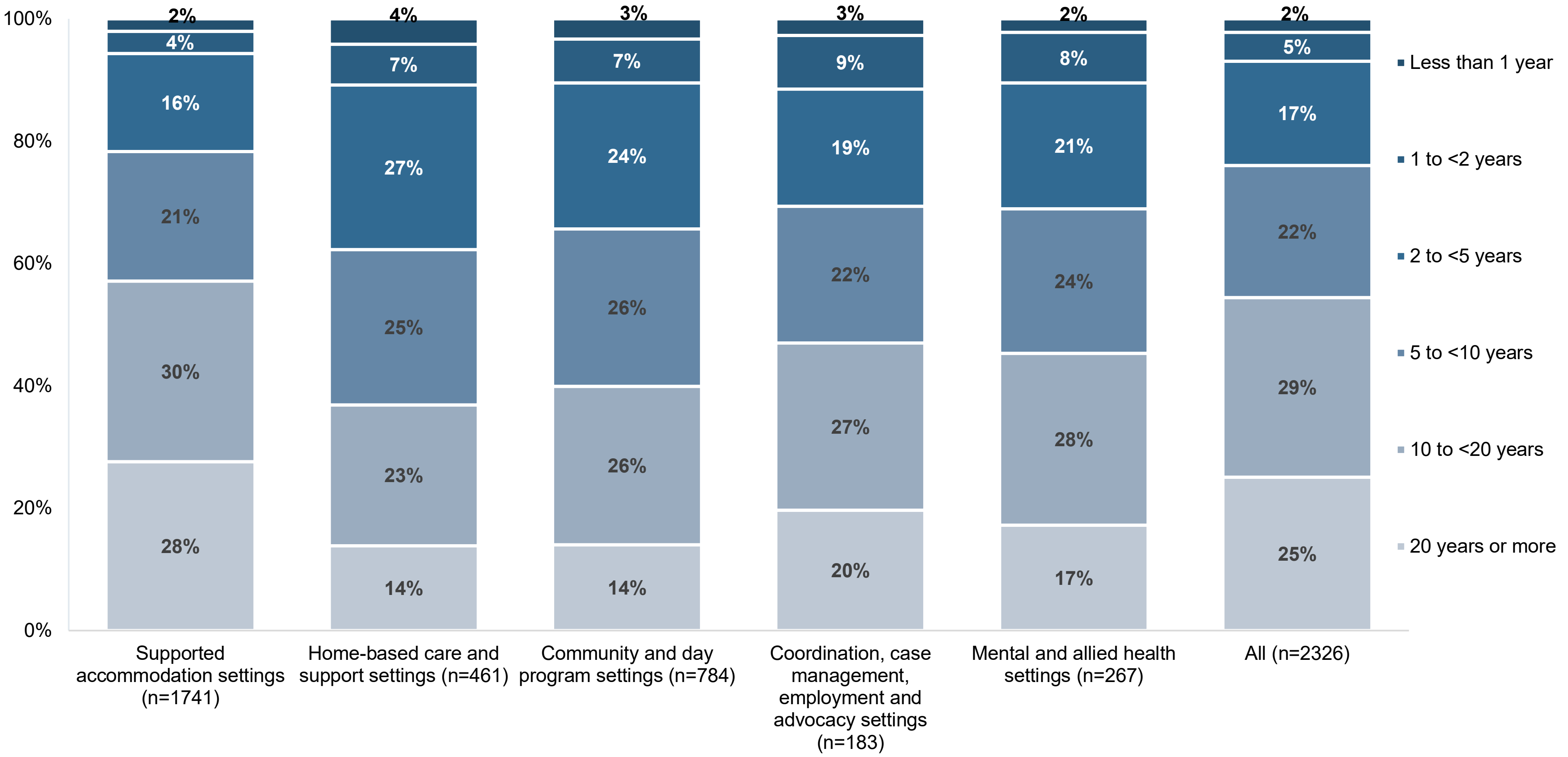
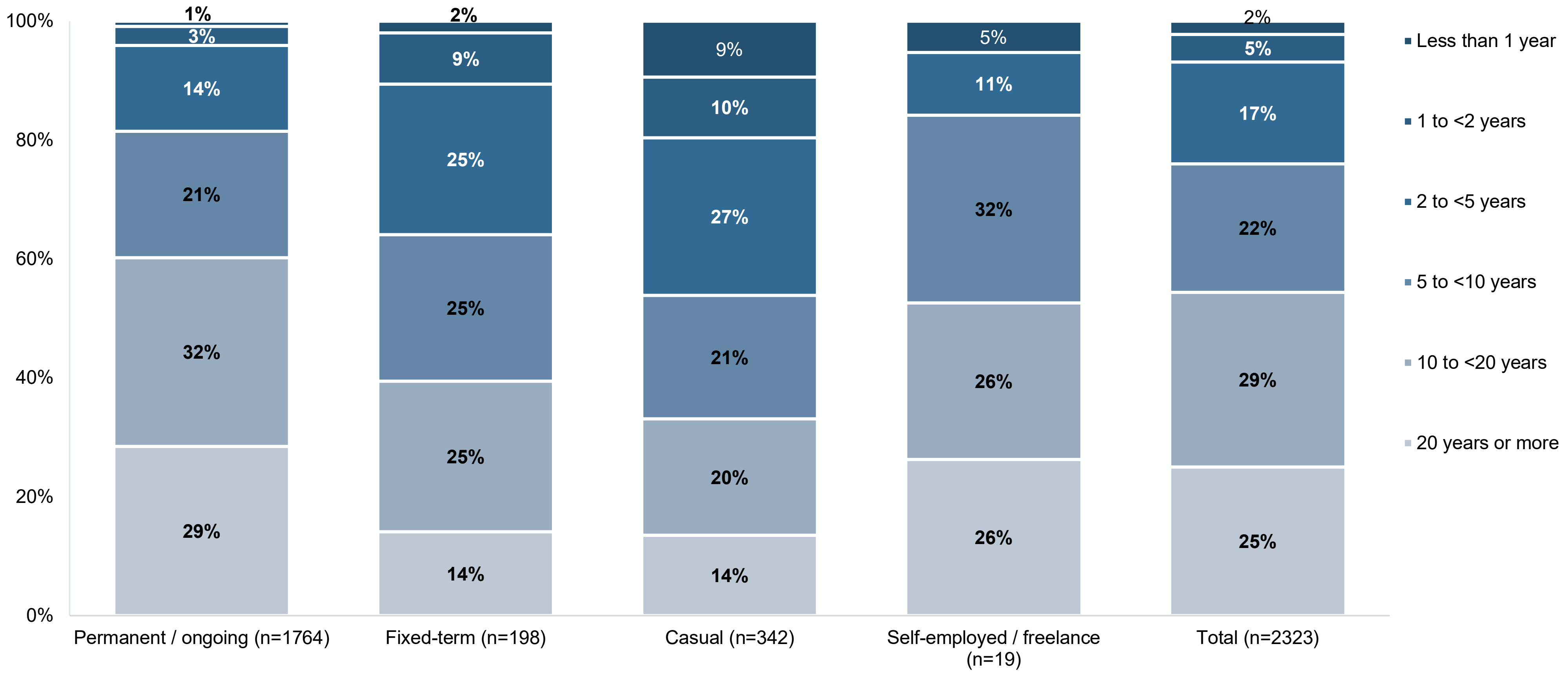


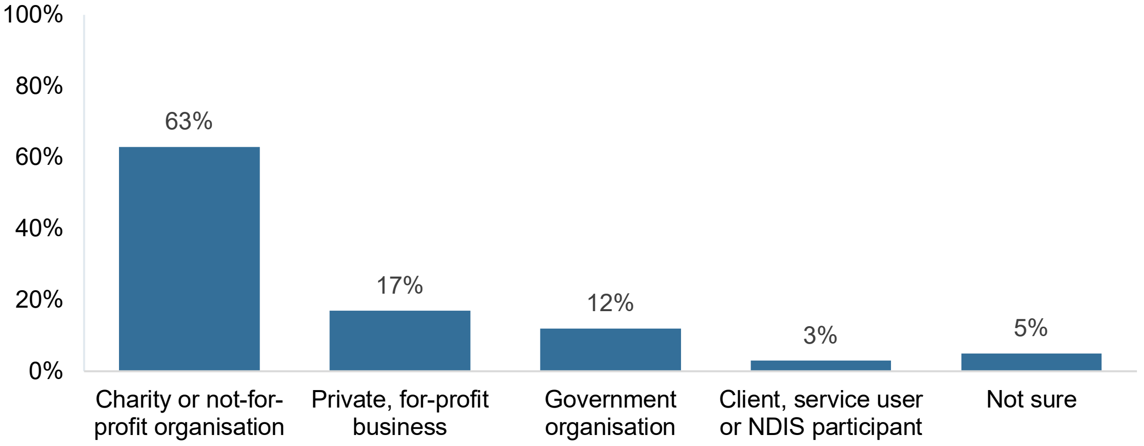
Figure 2.4 Years of experience working in disability services, by employment status in main role



2.4 Type of employer in main job

Disability services are dominated by non-government providers, in a market shaped by individualised funding models and government contracting. Most survey respondents said that in their main job, their employer was a charity or not-for-profit organisation (63%) (Figure 2.5), while 17% said they worked for a private, for-profit business, 12% for a government organization (largely reflecting Victorian group homes which are in the process of transitioning to the non-government sector, which will be completed from 1 January 2021). A small number (3%) were employed by a client, service user or NDIS participant (or their family member) in their main role, while 5% were unsure, including several workers who noted that their main job was in a workplace which was transitioning from government to non-government provision.

Figure 2.5 Type of employer in main job (n=2,122)



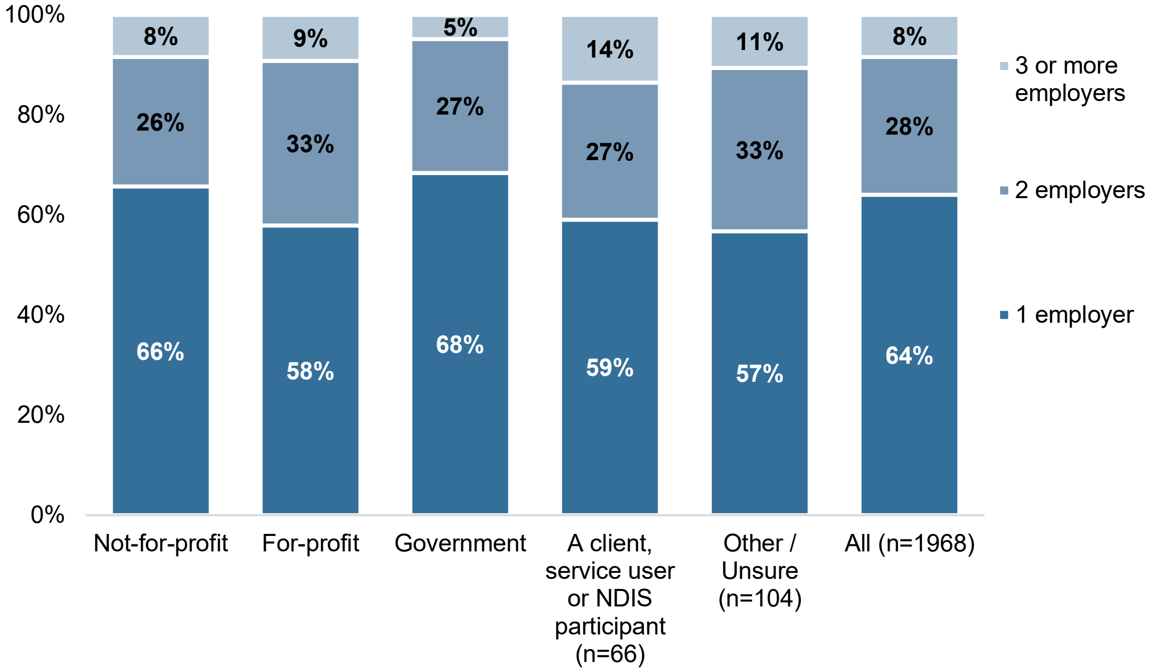
2.5 Number of employers

Most respondents (86%) said they currently worked for a single employer only, which is slightly lower than in the 2017 sample (89%). Of those working for multiple employers:

- the majority (78%) said that all their jobs were in disability services;
- 12% said that their other jobs were in another type of community service (including early childhood services);
- 7% said they also worked in aged care, and
- 4% worked in another industry.

While only 14% of respondents said they currently worked for more than one employer, a larger group had had other employers in the last 12 months. Figure 2.6 shows that two thirds of respondents (64%) had just one employer in the last 12 months, but 28% had worked for two employers, and a further 8% had worked for three employers or more. There were some small differences according to respondents' current main employer; those working directly for an individual client or service user and those working for for-profit businesses were more likely to have had more than one employer in the last year (Figure 2.6).

Figure 2.6 Number of employers in last 12 months, by type of main employer



3 Working time

Working time arrangements set foundations for provision of attentive, high quality services that meet the needs of people with disability. Poorly organised and fragmented work time leads to rationing of staff time, rushed tasks, under-servicing and unmet needs. As Macdonald et al (2018) point out, employee time is a highly contested resource in disability support provision, and employers' tight control of time underlies wage theft, underpayment and low pay. By contrast, employee control over work time can alleviate stress and enable workers to adjust work around the needs of the people they support (Powell and Cortis, 2017; Cortis and Eastman, 2015).

To explore work time in the context of the NDIS, the survey asked workers about paid and unpaid time performing work tasks, which tasks were performed during unpaid time, and perceptions of time practices including rostering and flexibility.

3.1 Paid and unpaid work hours

Table 3.1 shows the mean and median paid and unpaid work hours of respondents in the previous week, across all their jobs in disability.[5] It also shows the proportion of respondents who reported at least one hour of unpaid work in the previous week; and the mean and median number of hours worked unpaid for this group. A little over half (55%) worked part time (less than 38 hours per week) across all their jobs in disability services.

- Overall, workers in the sample worked an average of 33.8 paid hours and 2.6 unpaid hours.
- For every paid hour of work, the disability workers donated an additional 4.6 minutes of unpaid time (equivalent to 36.8 minutes for an 8-hour day).
- Unpaid work constituted around 7% of total time worked in the last week (36.4 hours, paid and unpaid).

Average paid and unpaid hours of work, and the proportions working part time, differed across work settings (Table 3.1). Workers in supported accommodation settings had, on average, more paid and fewer unpaid hours of work than others, while those working in home-based care and support settings reported fewer paid hours and more unpaid hours of work. This may reflect higher levels of 'wage theft' and other unjust underpayment of work in different disability settings (Macdonald et al, 2018). Workers in coordination, case management, employment and advocacy settings had relatively high average paid and unpaid hours, reflecting how work is more often structured to support full time roles in these settings (Table 3.1).

Average paid work hours were higher for those employed on a permanent or fixed term basis in their main job (mean of 34.8 and 34.7 hours respectively) compared with workers employed on a casual (28.9 hours) or self-employed basis (22.9 hours) (See Appendix Table A. 9).

---

[5] The data captured work time across all jobs in disability services. As shown in Section 2.4, most respondents working more than one job said their other job was in disability.

Table 3.1 Summary of paid and unpaid work hours

	Paid hours			Unpaid hours				
	Total paid hours last week		% who worked <38 hours last week	Total unpaid hours last week		Respondents with at least one hour unpaid work last week		
	Mean	Median	%	Mean	Median	%	Mean unpaid hours	Median unpaid hours
All (n=2341)	33.8	36.0	55%	2.6	0.0	41%	6.0	4.0
Supported accommodation settings (n=1748)	34.9	36.0	52%	2.6	0.0	39%	6.3	4.0
Home-based care and support settings (n=463)	32.0	34.0	64%	3.6	1.0	50%	6.8	4.0
Community and day program settings (n=791)	32.0	34.3	65%	2.8	0.0	46%	5.8	4.0
Coordination, case management, employment and advocacy setting (n=184)	34.6	38.0	47%	4.3	2.0	59%	7.2	5.0
Mental and allied health (n=269)	33.0	36.0	61%	3.0	0.0	46%	6.3	5.0

3.2 Workers with few paid work hours

Many survey respondents reported working substantially fewer paid hours than indicated in the mean and median hours shown above. Indicators of short working hours are shown in Table 3.2. Among all respondents, 11% worked 20 hours or less (across all their jobs in disability). Women comprised 72% of those working 20 hours or less across all their jobs, and were 65% of all respondents. The bottom decile (i.e. the 10% of respondents working the fewest hours) worked 20 hours or less. However, more of those in home-based care and support settings (18%) worked 20 hours or less, and the bottom decile worked 15 hours or less, similar to the bottom decile in community and day program settings. By contrast, only 6% of those in coordination, case management, employment and advocacy settings worked under 20 hours, and the bottom decile worked 23.7 hours or less.

Respondents' comments corroborate that insufficient hours of work are a problem for many workers. This was reflected in comments that workers made in the survey for example:

> *[I] need to be available for twice the amount of hours I actually work.*
>
> *Due to inconsistency of hours, I work two jobs just to reach full time hours. Problem is both demand 25+ hours a week. One job is not enough, two jobs is too much.*

Table 3.2 Indicators of short working hours

	% of respondents who worked 20 hours or less of paid work per week	Hours worked per week by bottom decile
Supported accommodation settings (n=1748)	8.6	22.6
Home-based settings (n=463)	18.1	15.0
Community and day program settings (n=791)	18.0	14.9
Coordination, case management, employment and advocacy (n=184)	6.0	23.7
Mental and allied health (n=269)	13.5	18.8
All (n=2341)	10.6	20.0

3.3 Unpaid work time

As noted above in Table 3.1 two in five (41%) respondents worked at least one hour unpaid in the last week. Among this group, mean unpaid hours were 6.0 hours (median=4.0). Unpaid work hours were most common among those working in coordination, case management, employment and advocacy settings, where full time roles were most prevalent. For workers in these settings, 59% reported at least one unpaid hour in the previous week. The amount of unpaid work time was also highest among this group of respondents (mean=7.2 hours), who also had relatively long paid hours (mean =34.6 hours). Unpaid work was also common in home-based settings: where 50% of workers reported at least one hour of unpaid work. Average unpaid hours were also high among these workers (mean=6.8 unpaid hours), despite the high prevalence of part time hours in these settings.

In leaving comments about their working time arrangements and how these affected them, many respondents focused on unpaid work. They explained that fragmentation of their paid time, coupled with high workloads, meant tasks needed to be done between shifts, and without pay. These comments described how workers needed to work additional unpaid hours to ensure the wellbeing of those they were supporting:

> *I am full time but work additional unpaid hours in an attempt to keep up with the workload and good outcomes for those I support. Rosters are currently stable but don't meet all customer needs.*

Indeed, feeling unable to fit in all the tasks required by clients was a significant source of strain for workers, who felt conflict between their own need to be paid for their work and the need to ensure client needs were met:

> *It's stressful to have to choose between duty of care for clients and not being paid for the actual time I work outside of my workplace (shopping and paying for supplies, developing programs, writing client case reports / updates).*

Others similarly described the spill-over of work tasks into unpaid time:

> *As a casual I find I am chasing up about clients, shifts and incorrect shift times, and handover regularly through the week. None of this is paid... I'm also expected to read handover notes in my unpaid time and log incident reports.*
>
> *I am in a Team Leader role and not on a roster but my working hours go above and beyond my contracted hours and expect me to meet very tight deadlines which means working on a weekend or on an evening unpaid.*

3.4 Tasks performed during unpaid time

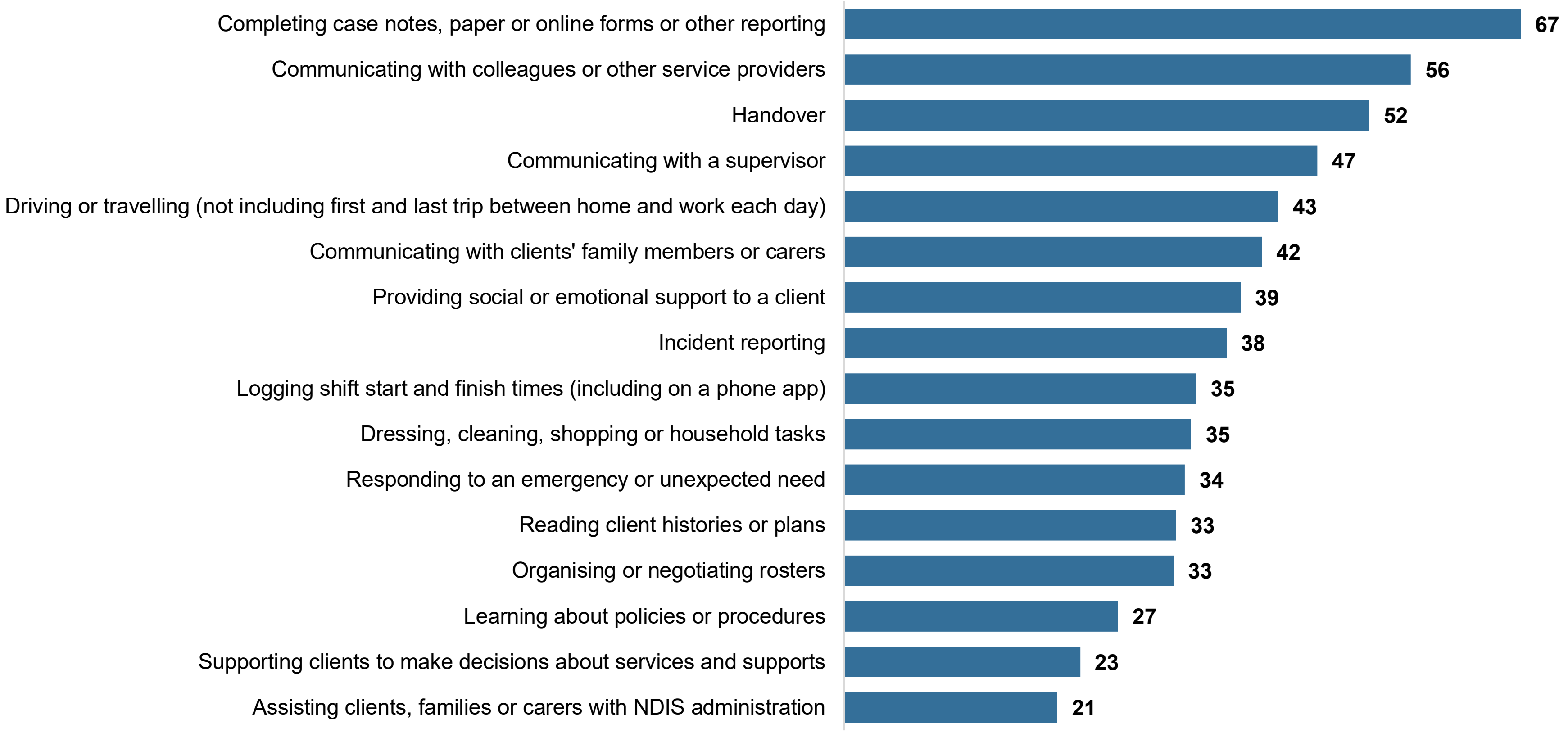
Those who reported at least an hour of unpaid work in the last week were asked to select which tasks they had performed during unpaid time, from a list of 17. On average, respondents who had performed unpaid work in the last week reported having done more than 6 different tasks during this unpaid time. However, there was a slightly wider range of tasks reported by those working directly for a client in their main role (over 7 different tasks) or in a private for-profit business (just under 7 different tasks) and a narrower range of unpaid tasks among those in government jobs (under 6).

Figure 3.1 shows the main tasks performed during unpaid time:

- The most common task, reported by two thirds (67%) of the 960 workers who reported unpaid work time, was completing case notes, paper or online forms or other reporting.
- The next most common tasks related to co-ordination and communication functions: communicating with colleagues or other service providers (reported by 58%), handover tasks (53%), and communicating with a supervisor (48%).

Many also provided social, emotional or practical support to service users and/or their family members during unpaid time. Of those working unpaid time, 42% said they communicated with clients' family members or carers in their unpaid time, and 39% provided social or emotional support to a client. A third said they used unpaid time to organise or negotiate rosters (33%), or to read client histories or plans (32%). One in five (21%) assisted clients, families or carers with NDIS administration during unpaid time.

Figure 3.1 **Tasks performed by workers who reported unpaid time (%, n=960)^**



^Note: Figures reported are workers who performed each task, as a % of those who performed at least one hour of unpaid work in the previous week.

3.5 Perceptions of working time arrangements

Detailed data about perceptions of a series of measures of working time arrangements are in Appendix Table A. 10. In their comments, a handful of workers said they were fairly comfortable with their current working time arrangements, as they could access the hours they wanted, had sufficient control over their shift times, and had an acceptable balance between work and family or leisure. Examples of these comments are as follows:

> *Predominantly happy with hours, given plenty of notice of changes and other commitments taken into account.*
>
> *As a casual employee I'm happy with how I'm rostered. I advise of my availability and this is respected. I'm also happy to do extra if required.*
>
> *Working in a day program is good as it's set 9 to 3 Mon to Fri. You also can choose to pick up extra hours if you like.*

However, often those who were positive about their work time arrangements qualified this by saying they felt 'fortunate' or 'lucky' to have their current arrangements in place, given their past experiences or observations of difficulties colleagues had in accessing acceptably arrangements:

> *Very fortunate to have a permanent roster with permanent hours. Flexibility is expected however is always negotiable and additional hours are shared amongst the team, and either paid if permanent part time, or time in lieu taken if full time.*
>
> *I have a permanent part time job with a fixed roster over a fortnight. I work 48 hrs per fortnight. I am a long-term employee and have empathy for the new casual staff.*

Several comments articulated serious concerns relating to their work time arrangements. For example, a home-based support worker explained:

> *I expect to work up to 3 separate runs per day, work can be added or removed at any time without notice or explanation. I am expected to carry my workphone (and answer) at all times, which can be hugely inconvenient if I have made plans or appointments. I live 20 mins away from most of my clients and my breaks are often an hour or two at a time, if I went home in those breaks I would only have to immediately return which means that instead of family time I am sitting in my car alone between shifts (with no pay) or wasting my low income in cafes or takeaway places.*

The next section provides further exploration of issues of stability of working hours, unexpected changes in working hours, the structure and organisation of shifts, and impacts, including its impacts on clients, anxiety about rosters and work-life balance.

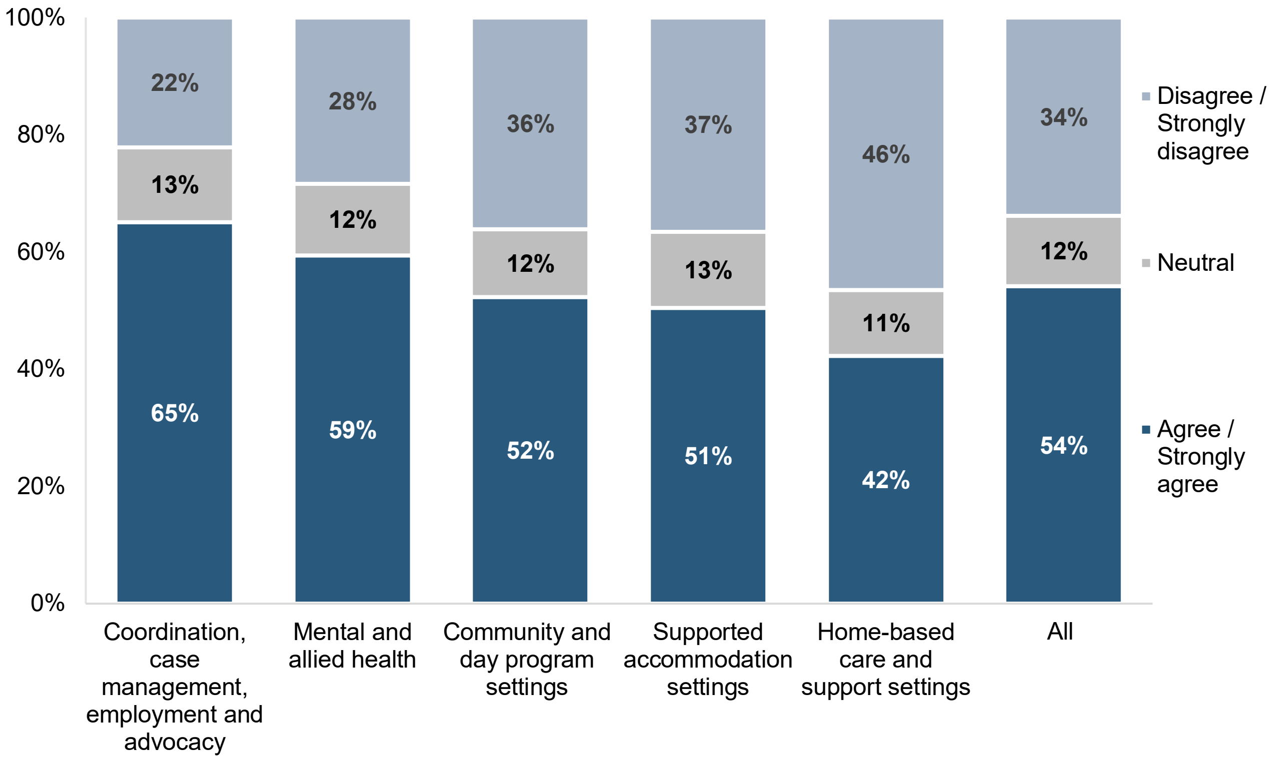
3.5.1 Stability of working hours

The difficulties experienced when workers are expected or required to work unstable, uncertain hours are evident in responses to working time survey questions shown in Appendix Table A. 10, and in comments made by workers. Some disability workers, especially those employed on a casual basis, described fluctuations in the total number of working hours each week, or said they were routinely unsure about how many hours they would work, for example:

> *My hours can vary from 7 to 45 hours per week*
>
> *I am a casual so until fairly recently I had no idea how many hours I would be working in the next week.*
>
> *Inconsistent, sometimes not enough hours, sometimes too many hours, heavy workload during holidays times, expected to work non-stop, favouritism.*

Around a third of respondents (34%) disagreed or strongly disagreed that they work the same number of hours each week (Figure 3.2). This differed across service settings. Among those in home-based settings, 46% disagreed (or strongly disagreed) that they work the same number of hours each week while 42% agreed. By contrast, for those in coordination, case management, employment and advocacy settings, only 22% disagreed, and 65% agreed, indicating more stable roles.

Figure 3.2 Agreement with the statement 'I work the same number of hours each week'



3.5.2 Unexpected changes in working hours

Many disability workers reported that unexpected changes in working hours and times of work made it difficult for them to organise their lives, and undermined reliability of income and financial security. In the sample, 45% of respondents agreed or strongly agreed with the statement ‘My shifts can change unexpectedly’. However, unexpected changes in hours were more of an issue for workers in some settings. Higher proportions of workers in home-based care settings and community and day program settings agreed with the statement (65% and 58% respectively), compared with 41% of those in group homes or other supported accommodation settings (see Figure 3.3).

Unexpected shift changes were more common among those employed directly by clients (55% of whom agreed with the statement) and those in for-profit organisations (52% of whom agreed) compared with government employees (38%) or those employed in the non-profit sector (45%). As shown in Figure 3.4, unexpected changes were also much more common among those employed on a freelance basis in their main job (77% agreed) and among casuals (67% agreed with the statement).

Figure 3.3 Agreement with the statement ‘My shifts can change unexpectedly’, by setting

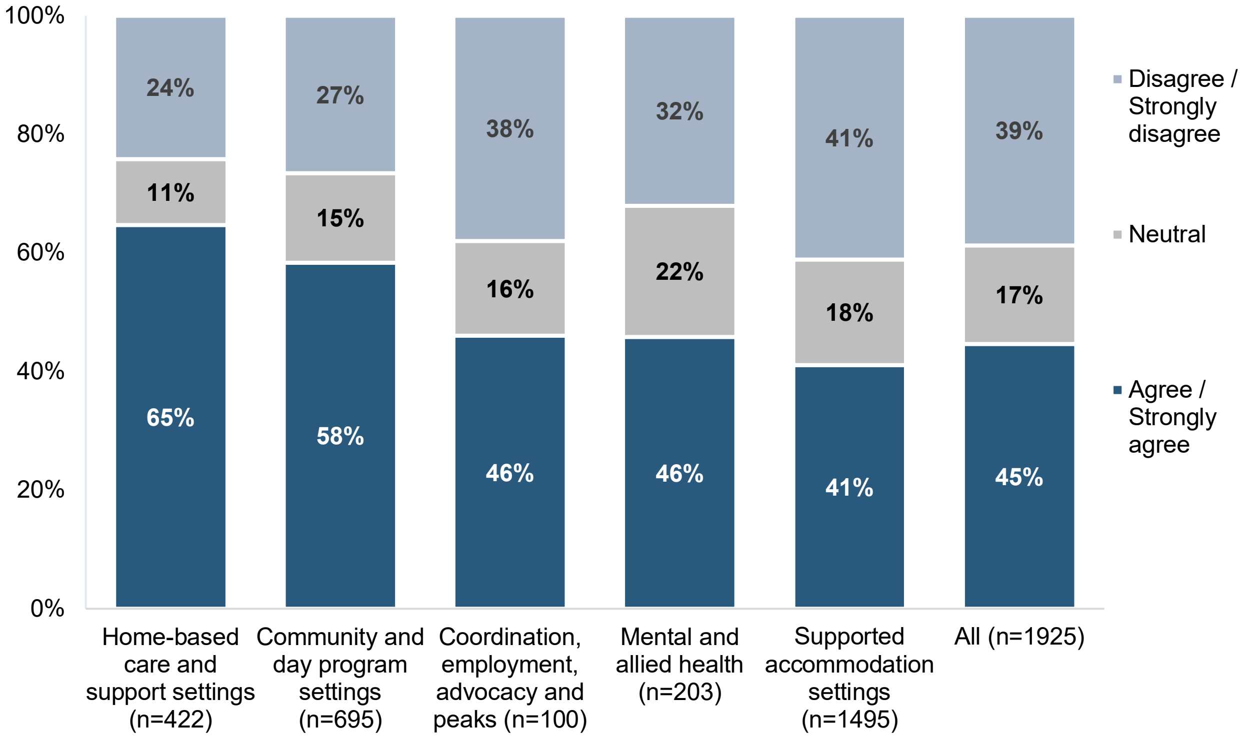
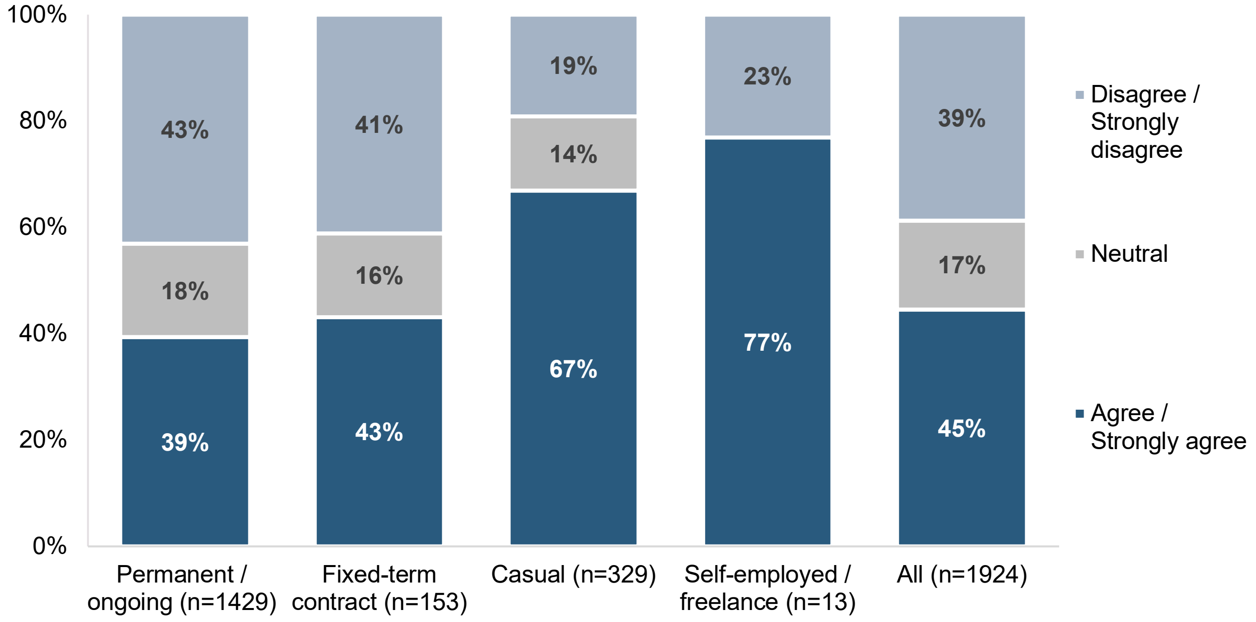


Figure 3.4 Agreement with the statement 'My shifts can change unexpectedly', by employment status in main role



Unexpected changes in working hours were very common themes arising in comments from workers in home-based care settings. Typical comments included:

> *Our rosters are a nightmare – changed, swapped, taken off, added on, without asking us.*
>
> *I am unable to plan my free time. I get very stressed when my roster changes overnight without consultation.*

Changes in shifts were issues for those in other settings too. As a worker in a shared supported accommodation setting explained:

> *Working hours are made up of many small shifts. Rosters are not flexible for workers or easy for workers to change without two weeks notice. However employers can change rosters at short notice and as they need to.*

These unexpected changes in shifts underpinned substantial financial insecurity. As a worker in a community setting explained:

> *[My employer] often cancels a shift via text on the same day of the shift, and we don't get paid. If we show up to a client's house, and the client doesn't answer, we're supposed to inform [our employer]. But then when we do, the shift is cancelled, it disappears off our roster, and we don't get paid. I showed up to a client's house today and there was no answer. After 15 minutes, I went home, but I didn't inform [them] this time.*

The comment above underlines the way financially punitive responses to changes in shifts can undermine support for client health and safety, and obscure information about missed or foregone services to people with disability.

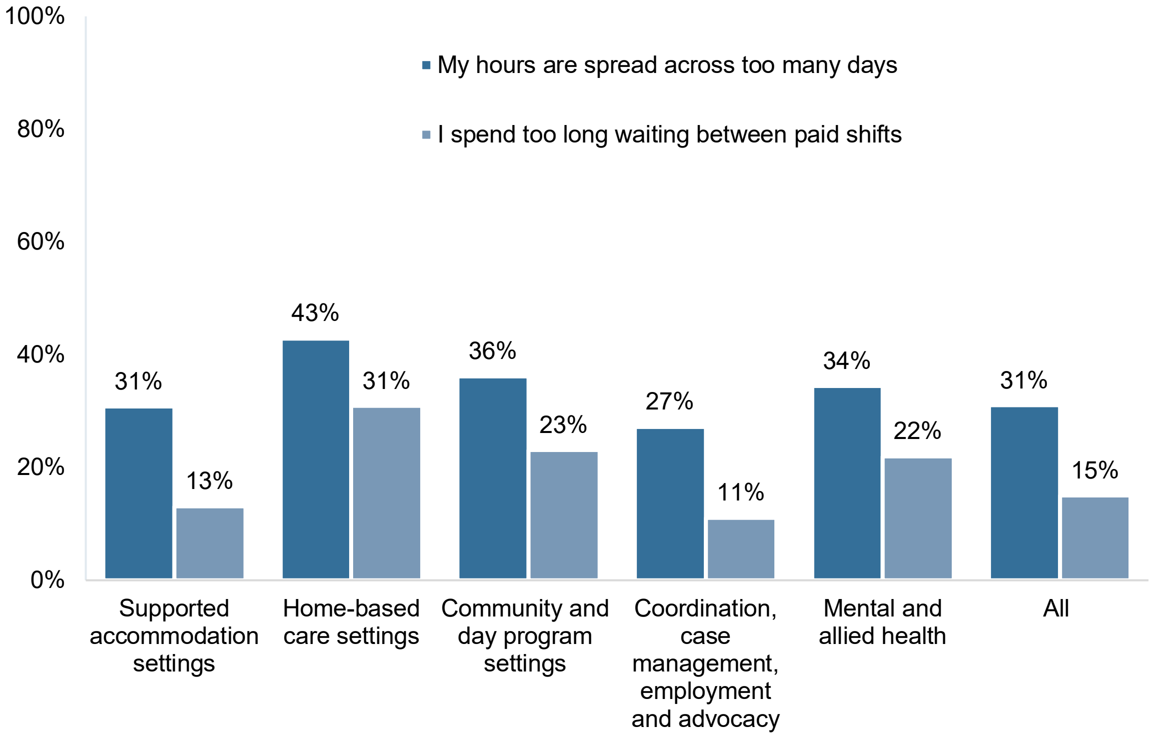
3.5.3 Organisation of working hours

Workers' comments on working time also focused on how shift times were organized and the lack of control they had over them. Shifts at inconvenient times, and split shifts, were particularly difficult to manage, for example:

> *Shifts start too early or finish too late. It makes recovery after work very hard.*
>
> *The only thing I don't like is split shifts. Especially when working at a group home. I feel I waste a lot of money on petrol on those days, as I commute to work, then drive home for the split, then drive back to work to start my afternoon split and then drive back home that night.*
>
> *Causes stress and makes the work/family very difficult to balance. Long hours with large amounts of unproductive time between shifts.*

Corroborating these comments, many respondents agreed or strongly agreed that their hours were spread across too many days, especially in home-based settings (43%) (see Figure 3.5, detailed data is in Appendix Table A. 10). Home-based support workers were also more likely than others to agree that they spend too long waiting between paid shifts (31% agreed compared with 15% of all respondents, Figure 3.5).

Figure 3.5 Proportion who agreed or strongly agreed with statements about spread of shifts^



^Note: full data, including the proportions who disagreed or were neutral, and numbers of respondents on each item, is in Appendix Table A. 10.

A strong theme in the comments related to sleepover shifts. These were a particular challenge and matter of concern for workers in supported accommodation settings, with some workers pointing out that these shifts contributed to long hours for little pay, poor wellbeing and safety risks:

> *Sleepover shifts create extreme anxiety. I am unable to sleep due to anxiety and client behaviours. I then have to administer medication whilst tired. I then have to drive home after being awake for 24 hours. I have asked management if I can permanently drop my sleepover shifts. They have not allowed this and expect me to swap shifts or use my leave.*
>
> *3 sleepovers straight. Finish in the morning, you drive home to be there for a few hours break to come back again. I think they should be split up not run consecutively. 5 in a week is too much*
>
> *Too many days in a row. Working nights then straight onto days next day. Rarely get consecutive days off in a row*
>
> *Not enough days off between shifts. E.g., work 10 days straight, 1 day off, back for 5 days straight. Burn out. Count sleep overs, when finish at 8am from this time on they count this as day off. When finishing night duty/active shift at 7am, from this time they count this as day off. Back for morning shift next day*
>
> *Our rosters are set but shocking. Eg 9.30-9pm on Thursday. Followed by 3 x 3pm-10am sleepover and 7pm-10am shifts then 2 days of 3pm-9pm = about 40 hours paid plus 27 hours on sleepover in 5 days. Roster review? No way!!!!*

3.5.4 Impacts of working time arrangements

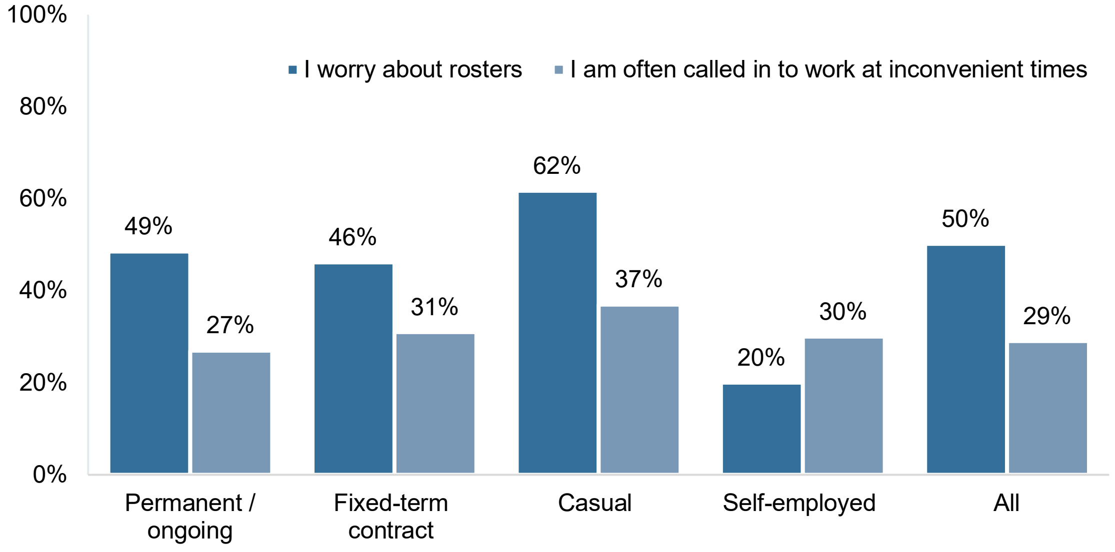
Workers' comments revealed a series of impacts resulting from the structure and organisation of working time. Many pointed out that work time wasn't arranged around clients' interests. For example:

> *Rosters do not take into account the needs of the clients. Rosters are all about saving money for the organisation not for the wellbeing of the clients.*
>
> *Rosters are always designed to have minimum amount of support workers and are largely governed by financial reasons.*
>
> *Rosters are a huge problem. We receive our 'rosters' the day before (on the Sunday). However, these are highly subject to change throughout the week. This means that participants are put in groups together who should not be in groups together (i.e. participants who trigger each others' sensitivities). It also leads to miscommunication and confusion among staff, which in turn negatively impacts clients.*

In addition, the ways working hours were organised generated much anxiety, inconvenience and stress amongst all groups of workers, especially those employed on a casual basis. As Figure 3.6

shows, 50% of respondents agreed or strongly agreed with the statement ‘I worry about rosters’. The proportion who agreed was higher among workers employed casually in their main role (62%) than among those employed on a permanent (49%) or fixed term basis (46%). Casual workers were also more likely than others to agree that they were called in to work at inconvenient times (see Figure 3.6).

Figure 3.6 Proportion who agreed or strongly agreed ‘I worry about rosters’ and ‘I am often called in to work at inconvenient times’^



^Note: Full data, including the proportions who disagreed or were neutral, and the number of respondents on each item, is in Appendix Table A. 11.

In their comments, workers explained how they receive inadequate notice of their working hours, preventing them from effectively organising their non-work lives.

> *It is put up less than a week in advance and only one week at a time. I would prefer a fortnightly roster and at least 2 weeks in advance. Sometimes shifts change and it is impossible to make plans.*
>
> *Never enough regular shifts. Always put my day on hold waiting for shifts. Often cancel/rearrange appointments to fit in with call ins. Not able to have any structure to working life or personal life. Barely survive financially.*
>
> *My roster affects me by having to continuously monitor changes to an agreed permanent roster by my organisation, thus causing anxiety and stress as management do not honour their agreement with me.*

Rostering was also a source of stress for supervisors and others required to manage shifts and ensure services were appropriately staffed:

> *I am a house supervisor on a permanent roster line. I worry about rosters only because it is so hard to fill vacant shifts.*

While some workers were worried about receiving too few paid hours, others were asked to work more hours than they wanted, and felt guilty about letting down team members and clients when they needed to say no.

> *Constantly being asked to do extra shifts does not help my mental health, as you feel you are letting down the team and the people you support.*

Others explained that, although their work hours were stable, hours were at anti-social times which made it difficult to maintain family relationships:

> *I have a regular roster, I must work weekends to make enough money. I also work evenings. I don't spend much time with my partner.*

Workers also commented on poor wellbeing and work-life balance arising from the ways working time was organised in disability services:

> *I have worked every weekend (24 hr sleep) shift for 3 years, and only get one true day off a week, I asked for consecutive days off only to lose hours. I have no work/life balance.*
>
> *Very tired and worn out...stress...no personal time and living standards become sedentary.*
>
> *It is all night shift and am away from my home 4 nights out of 7.*

4 Staffing levels and service quality

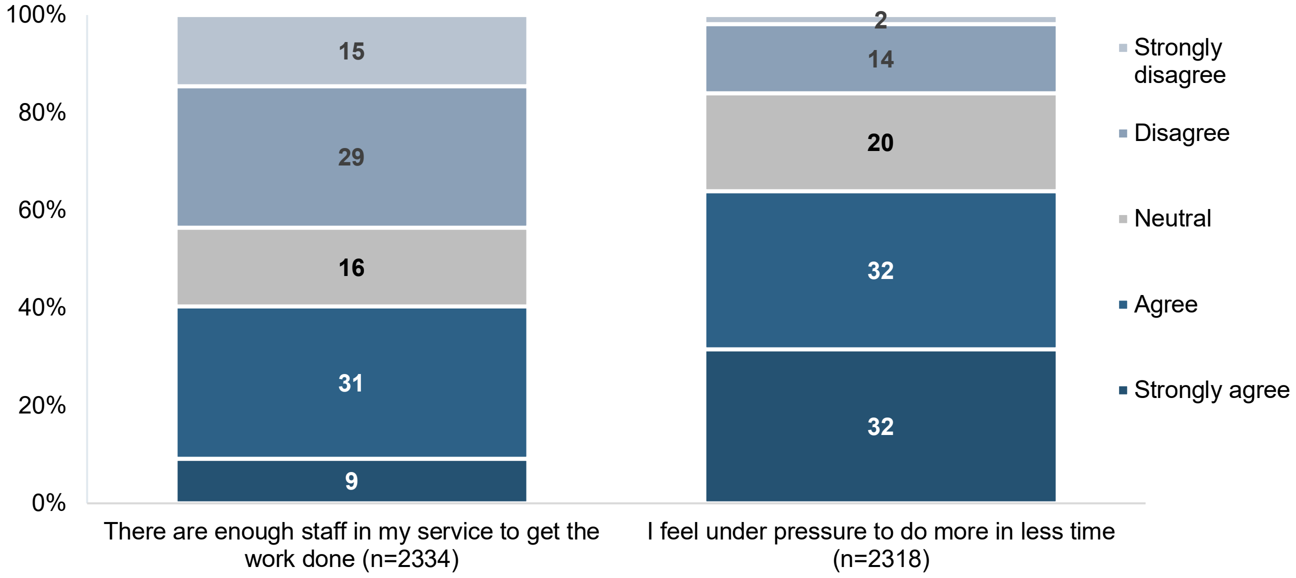
To explore staff experiences of resource pressures, a series of questions were asked in relation to workloads and other pressures on employees that affect service quality. Staff shortages and unmanageable workloads are issues not only for workers, but also for those whom they support, as good quality, personalised services are predicated on the working conditions, availability and job satisfaction of disability support workers.

4.1 Staffing and workloads

Figure 4.1 shows that many disability workers were working in contexts where staffing levels were deemed inadequate. While 40% agreed or strongly agreed that there were enough staff in their service to get the work done, slightly more disagreed (44%). The majority however reported workload pressure: two thirds agreed or strongly agreed with the statement ‘I feel under pressure to do more in less time’ and only 16% disagreed with the statement.

Part time workers and workers in supported accommodation settings had more positive outlooks on these measures than others, However, higher proportions of women than men reported staffing and time pressures. Appendix Table A. 12 provides breakdowns by gender, which show women were more likely than men to disagree that there were enough staff in their service to get the work done, and less likely to agree. Similarly, higher proportions of women agreed or strongly agreed they were under pressure to do more with less compared with men, and fewer disagreed. Data by setting is in Appendix Table A. 13. Those in coordination, advocacy, employment and peak body settings were least likely to report having enough staff in their service, and most likely to feel under pressure to do more in less time.

Figure 4.1 Agreement with statements about staffing and workload pressures (%)



Comments provided in the survey attest to workload pressures and understaffing. For example:

> *Workload is increased when short staffed which is always.*
>
> *My workload is far too high for my hours and nobody cares or monitors.*
>
> *Something needs to be seriously done about House Supervisor and Operations managers workload. There is a silent expectation of working long hours and from home after you have completed your full days work.*

There was some mention of the impacts of strict KPIs in the context of understaffing, for example:

> *High volume of work with strict KPI targets and understaffed environment which lead to increased stress levels, overworked staff and staff burn out.*

Some comments from those in supported accommodation settings which were in the process of transition from the government to non-government sector, pointed to privatisation as a source of additional workload, for example:

> *I believe that with the privatisation of services that the workload has increased and the care has gone down. As supervisor the expectation has increased and time has decreased. Rosters do not reflect enough administration time to complete tasks on a fortnightly basis, time is being used to cover appointments and the like rather than being administrative*

Another survey participant pointed out that while on-call or agency staff were engaged to fill gaps, this was not necessarily effective in alleviating workloads for other team members:

> *We are dramatically understaffed (5 vacant lines) and shifts are filled mostly by on-call staff. These staff usually come in, do the minimum and leave. Often important paperwork is not done (meds etc) which requires chasing up.*

4.2 **Pressures affecting service quality**

Figure 4.2 shows workers' agreement with two statements about service quality. While many (36%) were neutral, 40% agreed or strongly agreed they were under pressure to meet KPIs regardless of clients' actual support needs, and 24% disagreed. Overwhelmingly, workers worried clients don't get what they need from services: 64% agreed with the statement, while 17% disagreed.

Table 4.1 provides a breakdown according to whether or not respondents worked in supervisory roles. Those with formal supervisory responsibilities were more likely than others to agree or strongly agree they were under pressure to meet KPIs, regardless of the actual needs of the people (51%), compared with non-supervisors (34%). Lower proportions of supervisors disagreed with the statement (18%) compared with non-supervisors (28%). Supervisors were also slightly more likely to agree that they worry clients aren't getting what they need from services, compared with others (Table 4.1).

Figure 4.2 Agreement with statements about service quality (%)

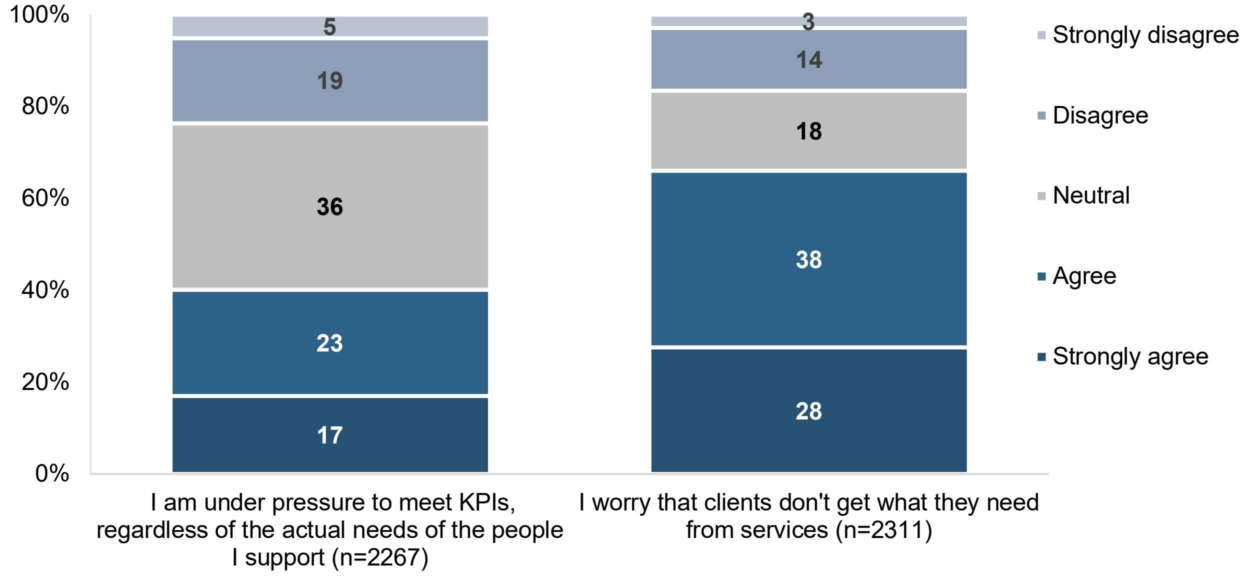


Table 4.1 Agreement with statements about service quality, by supervisory role

		Strongly agree	Agree	Neutral	Disagree	Strongly disagree	All
I am under pressure to meet KPIs, regardless of the actual needs of the people I support	Does not supervise other staff (n=1190)	14%	20%	38%	22%	6%	100%
	Has supervisory responsibilities (n=596)	23%	28%	31%	14%	4%	100%
	Sometimes supervises other staff (n=472)	17%	24%	38%	17%	4%	100%
	All (n=2258)	17%	23%	36%	19%	5%	100%
I worry that clients don’t get what they need from services	Does not supervise other staff (n=1221)	26%	38%	19%	14%	3%	100%
	Has supervisory responsibilities (n=611)	30%	39%	14%	14%	3%	100%
	Sometimes supervises other staff (n=479)	29%	39%	18%	13%	2%	100%
	All (n=2311)	28%	38%	18%	14%	3%	100%

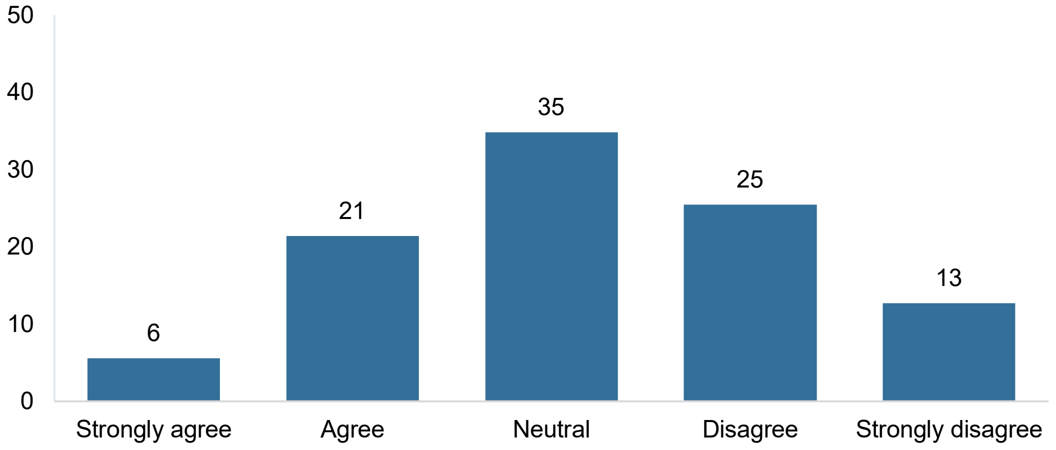
5 Perceptions of the NDIS

Workers' perceptions of the NDIS were captured through questions about levels of service quality they observed to be delivered under the NDIS, perceptions of NDIS Quality and Safeguards arrangements (including the NDIS Code of Conduct), and perceptions of the impact of the Scheme on participants and workers.

5.1 Perceptions of quality under the NDIS

Figure 5.1 shows workers had mixed perspectives on the quality of services under the NDIS. While many were neutral, 38% either disagreed or strongly disagreed with the statement 'Participants receive good quality services under the NDIS', while 27% agreed or strongly agreed (combined).

Figure 5.1 Proportion who agreed and disagreed with the statement 'Participants receive good quality services under the NDIS' (%)

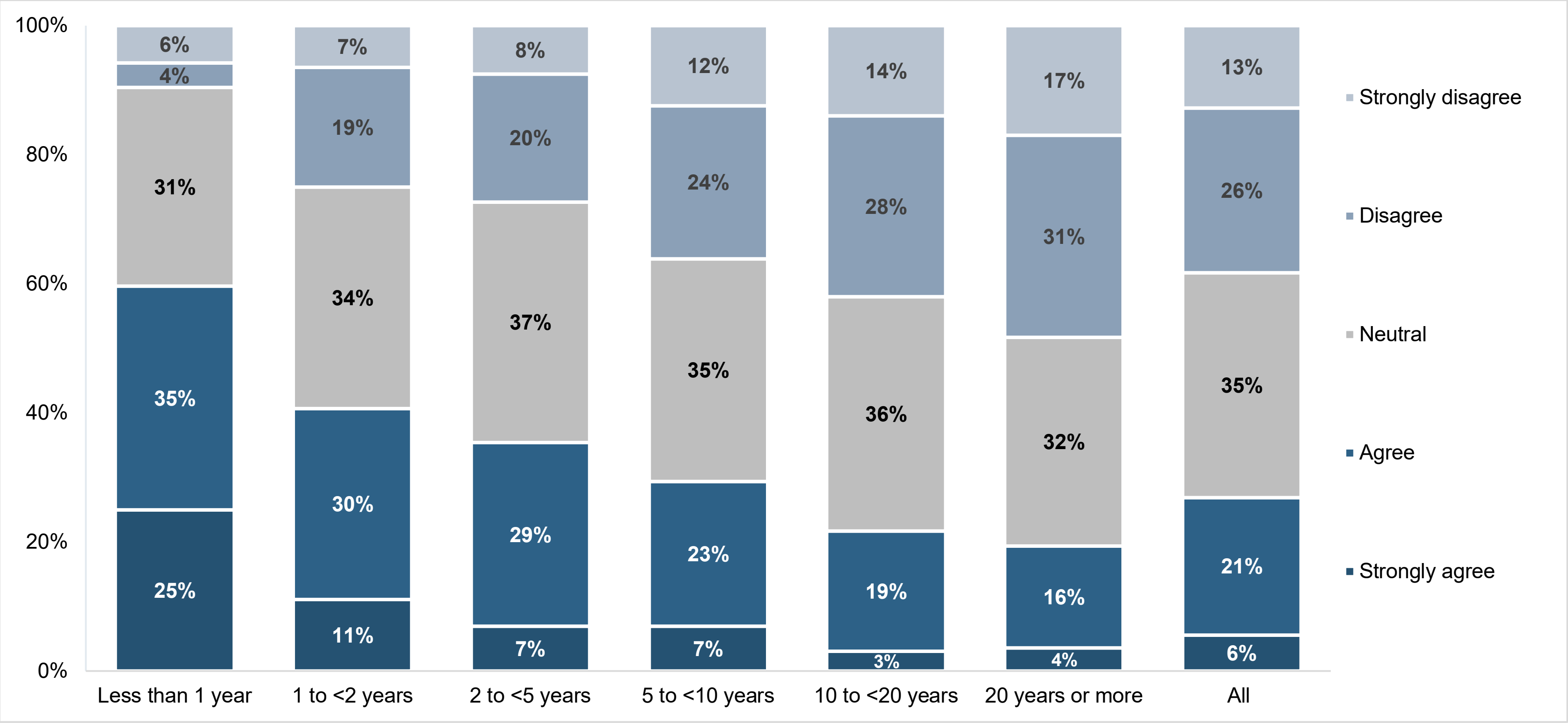


Perceptions of quality are explored in more depth in Figure 5.2. This shows that while newer workers were more likely to agree participants receive good quality services under the NDIS, more experienced workers were more likely to disagree. Overwhelmingly, those who had more years of experience in disability expressed higher levels of concern about service quality under the NDIS, presumably as they had seen change in service quality over time.

Among those with less than 2 years of experience, 40% of respondents felt participants received good quality services under the NDIS. However, agreement with the statement fell steadily with experience, such that only 20% of those with 20 years or more experience agreed (or strongly agreed), as did 22% of those with 10-20 years of experience.

Correspondingly, disagreement with the statement, including strong levels of disagreement, increased with experience working in disability. Among respondents with less than 5 years of experience, under 30% disagreed. However, this figure was 42% among those with 10-20 years of experience, and 48% among those with 20 years or more experience.

Figure 5.2 Proportion who agreed and disagreed with the statement ‘Participants receive good quality services under the NDIS’ by years of experience working in the disability sector



In the comments, which are discussed in more detail in Section 5.5, concerns about the quality of services provided to NDIS participants were evident. A worker in a supported accommodation setting for example, explained some shortcomings of the NDIS model, pointing to a lack of continuity for participants, as staff delivering community access and community participation activities did not necessarily have strong ongoing relationships with participants:

> *Since the NDIS has been rolled out into the community there are a lot of unskilled people getting paid a lot of money for not much work…. …Whereas prior to the NDIS, Supported Independent Living houses were rostered to accommodate such outings with individuals/groups, where the participants not only knew the staff but the staff knew the participants and their needs. As it stands with the NDIS, the organizations filling shifts for 1:1 outings are not able to ensure continuity for the participants, therefore there is little or no rapport, this can cause all sorts of problems, stress, anxiety, panic, confusion, agitation, frustration, apprehension, distress, nervousness just to name a few.*

In making this comment, the worker underlines how in giving participants choice and control, the NDIS had neglected other elements of service quality, such as continuity and relational practice.

Others explained that as well as a lack of training, limited communication and high levels of administration made it difficult to provide high quality services:

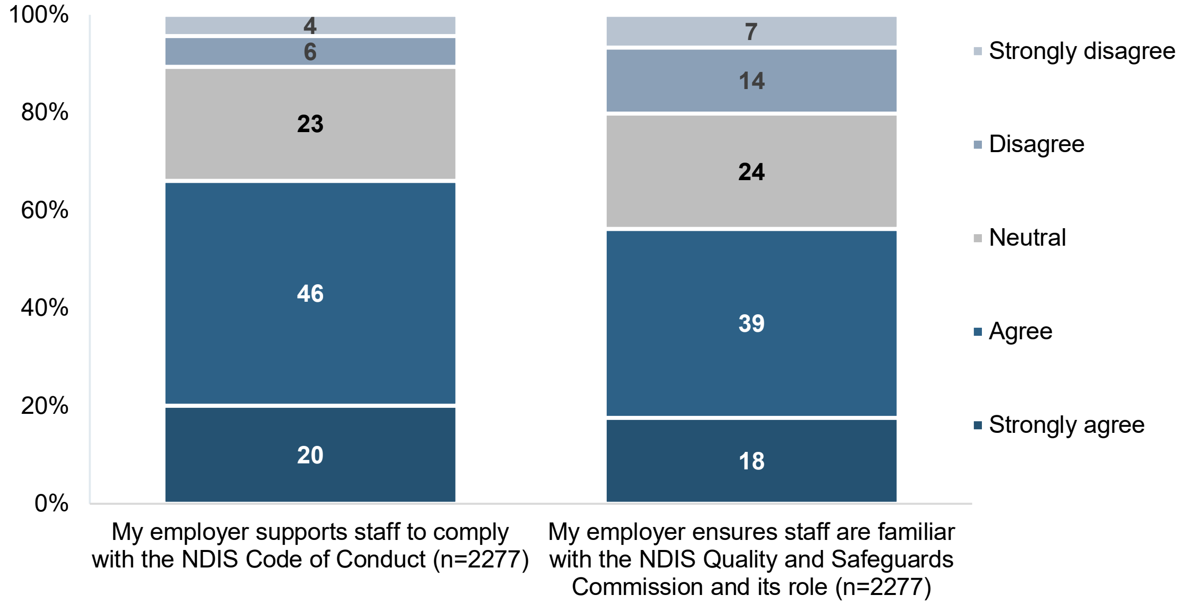
> *Since NDIS, the company has lost its quality and training of its workers, employing anyone so they can fill the shifts. The company have got rid of house managers, team leaders, to save on money. No communication books, so all feedback is put online, but one cannot go online at the start of shift as this is a critical time for the client.*
>
> *So much effort and time of the provision of services is centred around NDIS procedure; the paperwork, auditing and administration, that it is taking away from supporting clients.*

Further comments are in Section 5.5.

5.2 NDIS regulations for quality

Survey respondents were asked whether their employer provides disability workers with support to comply with the NDIS regulatory framework for quality, such as ensuring staff are familiar with the NDIS Quality and Safeguards Commission, and supporting compliance with the NDIS Code of Conduct. As shown in Figure 5.3, workers were generally positive about employer support for quality regulation, however, 10% disagreed or strongly disagreed with the statement ‘My employer supports staff to comply with the NDIS Code of Conduct’ and one in five (21%) disagreed that their employer ensures staff are familiar with the NDIS Quality and Safeguards Commission and its role. A breakdown by setting is in Appendix Table A. 14, and Appendix Table A. 15 provides a breakdown by jurisdiction.

Figure 5.3 Workers' perceptions of employer support for quality regulation (%)



5.3 Perceived impacts on NDIS participants

Around a third of respondents agreed the NDIS was positive for participants (34%), while slightly more (36%) disagreed and 30% were neutral. This mix of responses shows respondents in 2020 were more positive about the Scheme than workers who were surveyed in 2017 (Figure 5.4). Proportions agreeing increased from 25% to 34%, although there was a smaller drop in the proportions disagreeing, from 38% to 36%. Again, more experienced workers expressed more critical perspectives (Figure 5.5). Proportions agreeing decreased, and proportions disagreeing increased, in line with years of experience.

Figure 5.4 Agreement with the statement 'The NDIS has been positive for the participants I work with', 2017 and 2020 (%)

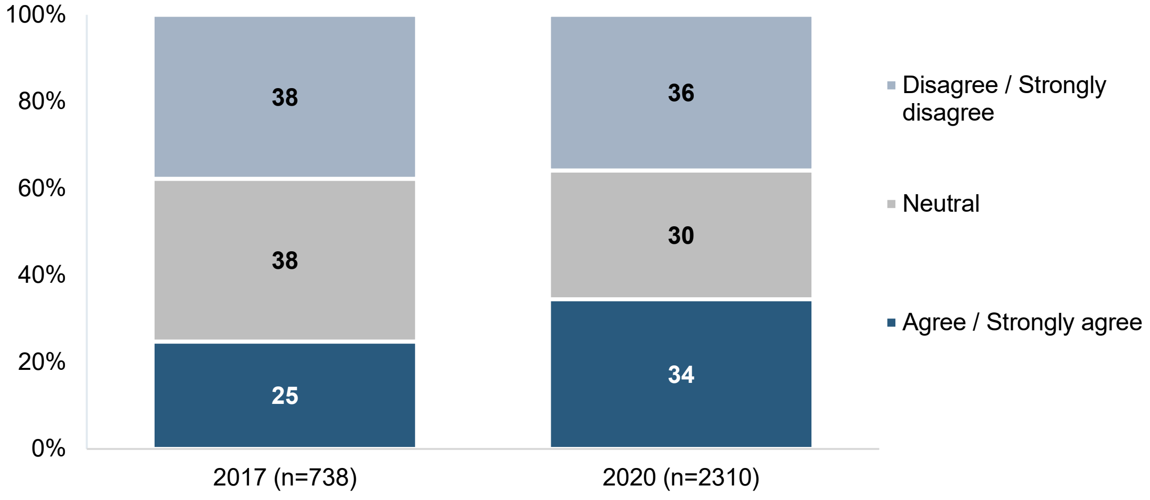
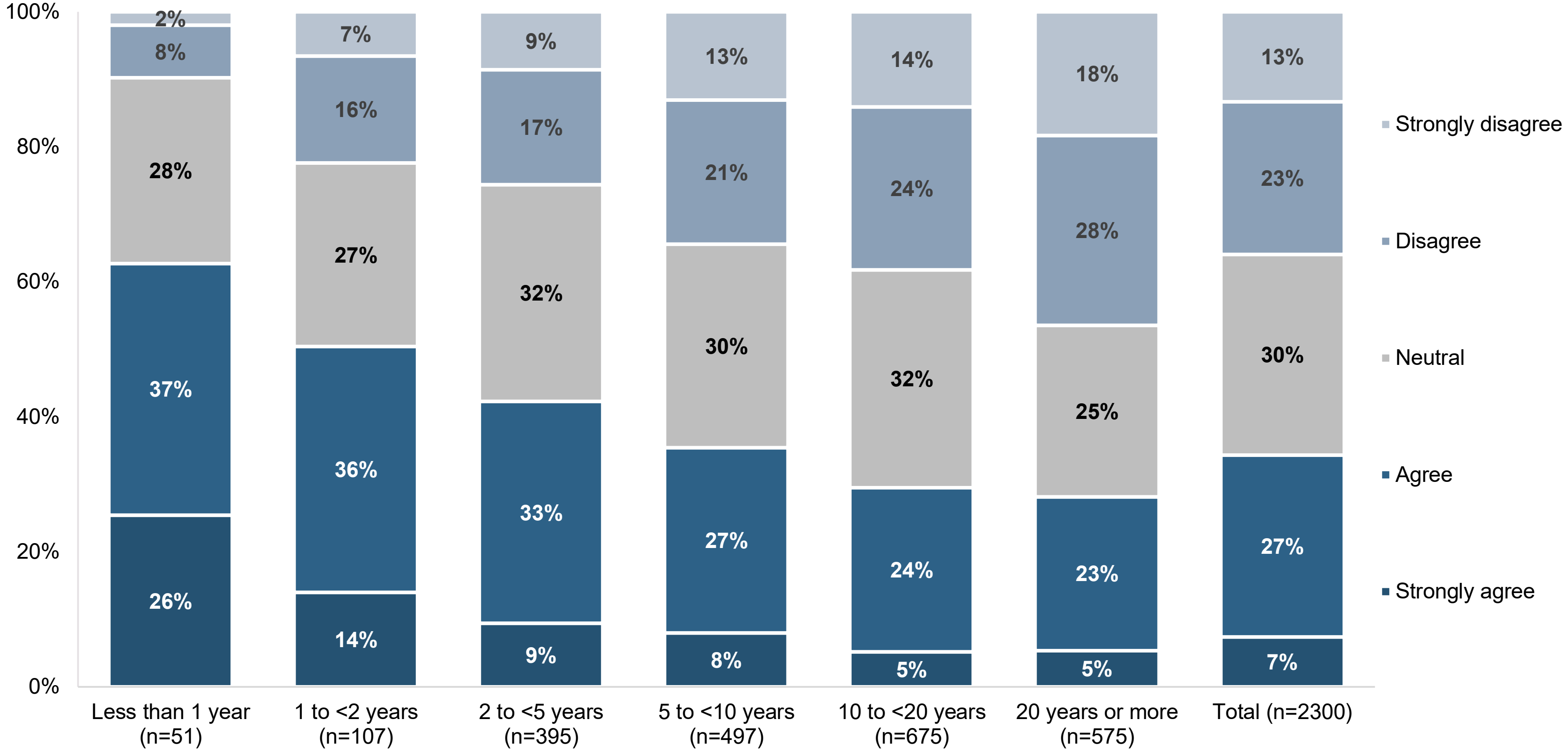
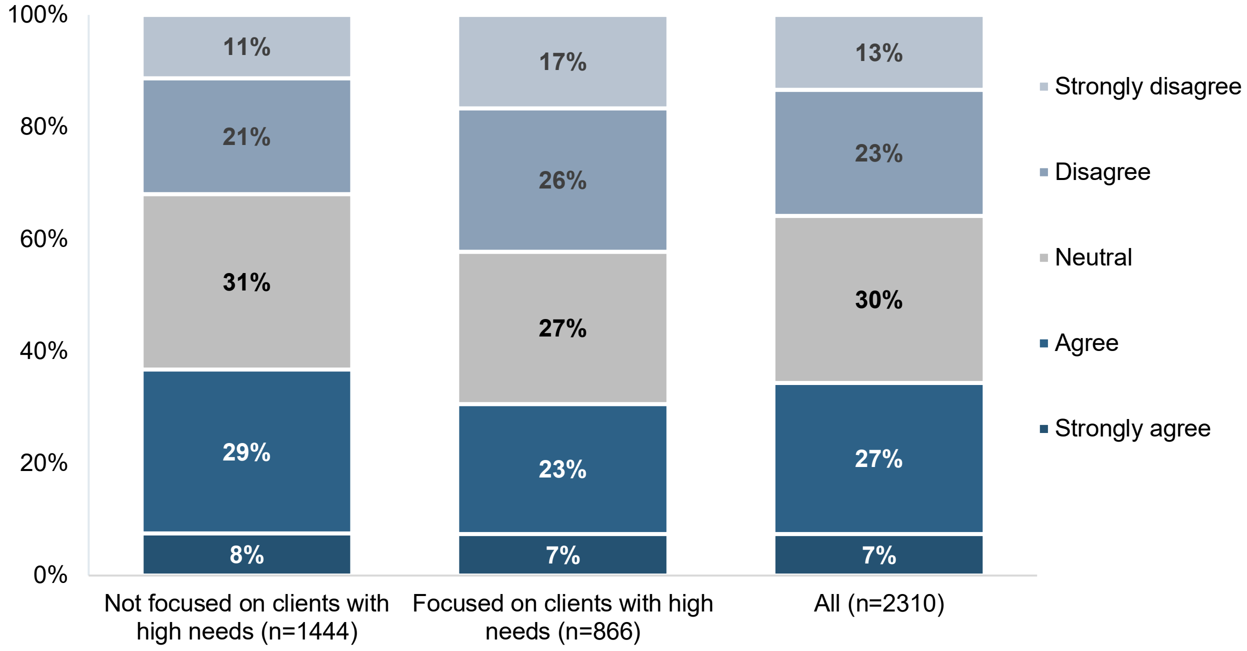


Figure 5.5 Agreement with the statement 'The NDIS has been positive for the participants I work with', by years of experience in disability



In addition to more experienced workers, those supporting high needs clients were also more critical of the impact of the NDIS on participants. Figure 5.6 shows workers who were focused on clients with high needs (i.e. they only worked with high needs clients, and not with clients with lower level needs) were more likely to disagree the NDIS was positive for participants they work with, and less likely to disagree, compared with others.

Figure 5.6 Agreement with the statement 'The NDIS has been positive for the participants I work with', by workers' focus on clients with high needs



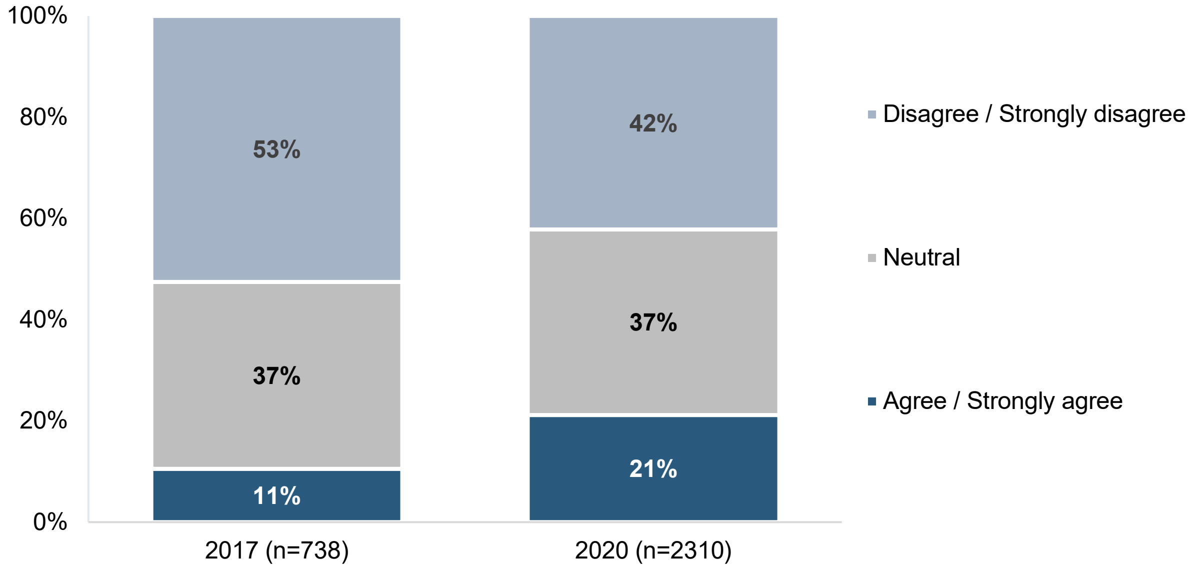
Comments provided by workers, which are outlined in further detail in Section 5.5, highlight their concerns, for example:

> *NDIS workers seem poorly trained with little experience.*
>
> *Staff under NDIS are not trained to the same level as they were before the NDIS. I see this impacting the customers due to deskilling of staff.*
>
> *Privatizing the sector has resulted in an immediate decrease in quality and safety, eg shifts not being filled resulting in staff working alone when there should be 2-3 staff for safety of residents.*

5.4 Impacts on workers

Respondents felt less positive about the impact of the NDIS on workers. In 2020, large groups of respondents disagreed with the statement 'The NDIS has been positive for me as a worker' (42%), although many (37%) were neutral and 21% agreed (Figure 5.7). While the question was asked in a slightly different way in 2017[6], the proportion who were neutral was the same as in 2020 (37%), while the proportion disagreeing in 2017 was higher (53%) and the proportion agreed was smaller (11%) than in 2020.

Figure 5.7 Agreement with the statement 'The NDIS has been positive for me as a worker', 2017 and 2020 (%)

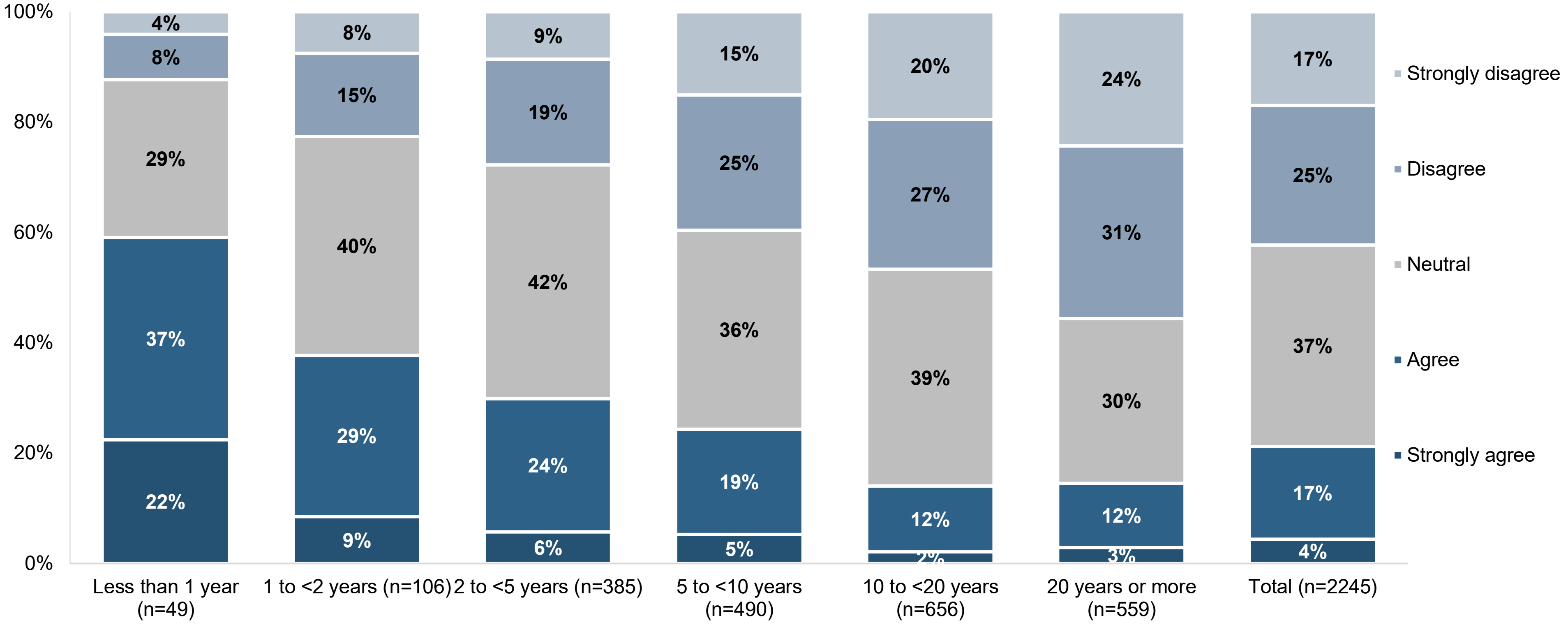


Experienced workers were less likely to agree, and more likely to disagree (Figure 5.8). Whereas 59% of those in their first year of disability support work agreed or strongly agreed, only 15% of those with 20 years or more of experience in the industry did so. Whereas 12% of workers in their first year of work disagreed, this was the case for 55% of those with 20 years or more of experience (Figure 5.8).

---

[6] In 2017, workers in areas where the NDIS had been rolled out were asked whether they agreed or disagreed with the statement 'The NDIS has been a positive change for me as a worker'. This was adapted in 2020 as many workers will not have experienced the NDIS as a change. Nonetheless, the question was close enough to enable comparison.

Figure 5.8 Agreement with the statement ‘The NDIS has been positive for me as a worker’, by years of experience in disability



Comments reflected the extra pressure the NDIS placed on workers:

> *Since NDIS started, from a workers viewpoint, it has become a very stressful, thankless job, it has become very business orientated and as a worker you sometimes feel like a burden to the organization as they have to pay you wages, there is so much work to do and so little time on days, management don't seem to realise this. Since NDIS it has become a very sterile kind of place, I used to love my job and now I hate it.*
>
> *I feel that workers' rights are being violated because of the NDIS. I feel workers are fearful to speak up to employers due to anxieties over job security. Most of us are 'going with the flow' in regards to the NDIS and hoping for the best in terms of our employment. Safety is always a concern as we are overworked and understaffed.*
>
> *I love my job, think the NDIS is a great concept but so difficult to implement successfully and fairly. It has placed an enormous amount of strain and extra work on all staff, from administrative personnel to support workers. Given the nature of our services and employment, the majority or workers try their best, however, I am seeing more and more cynicism, depression, hopelessness and sick days from other staff who are not coping well with all the changes.*

5.5 Further comments on the NDIS

Workers across all service settings said their work patterns and conditions had changed significantly since the roll out of the NDIS. While a small minority believed that these changes had brought positive outcomes for their clients, most of those who commented had mixed or negative views on the NDIS and its impact on workers and clients. Many believed their clients were worse off under the current NDIS funding model than they had been under previous block funding arrangements. For some, this was a matter of inadequate funding, or excessive time spent waiting for funding to be approved.

> *Plans are continuously falling short in funds leading to clients missing out on basic needs they require.*
>
> *The NDIS has reduced the available funding for all the clients I work with, be it for repairs to wheelchairs all the way through to accessing the community by using their own transport or taxi.*
>
> *Some clients are waiting lengthy periods for crucial equipment – wheelchairs and occupational therapist appointments*

For others, the main concern related to the quality of services provided to NDIS participants. In particular, these respondents believed that overall skill levels, professionalism, pay and conditions for workers in the disability sector had deteriorated under the new funding arrangements, and that clients, as well as workers, bore the brunt of these issues. Lack of training, casualisation, high turnover rates and poor pay were seen as key contributing factors.

> *Funding has been cut therefore the quality to clients will reduce when the company has tried to hire unqualified and inexperienced staff to support clients*
>
> *The hourly rates do not match staff hourly rates, e.g., I am a level 3.4 support worker but my employer does not get paid more to have me on a shift than an unqualified 2.1 but are still expected to be able to run a business with overheads, etc. This is why quality supports slip off.*

Workers were particularly concerned about poor staff ratios in their workplace and the impacts of this on client safety and wellbeing.

> *For some it's great, but for others, they need so much more support than what they are currently getting (inappropriate ratios where they should be 1:1 not 1:3)*
>
> *NDIS registered organisation that provide staff for 1:1 support are not reliable. They basically have a casual pool of staff and you don't know who you're getting. This is not good for our participants as they need regular staff to come and provide that regular support.*
>
> *NDIS has driven the sector to cut corners and become unsafe.*

Some felt they were unsupported and ill-equipped to follow NDIS principals, protocols and guidance.

> *[My employer] only direct staff to do NDIS modules because they have to, there's no support from management only consequences and being put down by management if you don't follow policies, even though they never give you the opportunity to learn what the guidelines and policies are.*
>
> *Staff need to be supported to understand the system and how it works.*
>
> *I don't feel well informed about the NDIS issues in our house concerning our clients.*
>
> *It is assumed you have self-learned about NDIS, [there is] not enough support for workers.*

Many considered working conditions to have deteriorated considerably due to funding pressures and the consequent requirement to increase efficiency through further casualisation and reductions in pay.

> *The NDIS reforms have fallen dangerously and unsustainable short of expectation. Far from providing greater opportunity and choice it has instead greatly increased the casualisation of the workforce (workers are pushed to do much more for far less money and without adequate training or support). We are forced to provide essentially round the clock availability with virtually no guarantee of work. … The demands on our time (public holidays, split shifts, weekend work) takes a heavy toll on our work/life balance and for the inconsistent and squeezed wages (constantly being told by employer we are 'too expensive' and have to*

> *carefully monitor paychecks due to ‘mistakes’ or misinterpretation of our Agreement). It is hard to find a reason to stay, in the last 4 years my sense of job satisfaction and enjoyment is completely gone and replaced by anxiety and dread.*

One respondent who worked in a managerial role which didn’t involve direct support suggested that:

> *The NDIS has zero regard for worker conditions. I have been told by NDIS officials that I need to employ more casual staff if I can’t roster staff to meet client needs, when that requires rostering staff outside the scope of our enterprise agreement.*

Community-based support workers consistently raised the issue of having to use their own vehicle to transport clients, and not being compensated for the costs of maintenance, depreciation and fuel, under NDIS arrangements.

> *Staff uses their own cars to transport client must receive a higher amount of compensation because after 4 to 5 years we need to purchase another car due to the high number of kilometres.*

> *I have to use my personal car to transport clients on a daily basis and are not adequately compensated for it.*

Workers commented that they were required to use their own vehicle due to restrictions on funding for client travel. They noted that because clients are funded only for a specified number of kilometres, the costs incurred by additional (unfunded) travel are borne by staff.

> *I have sustained damage to my car, my petrol cost is out of control and my clients barely have enough funding to get by.*

> *The cost of transportation outweighs the allowances most of my clients have to spend for transport, especially in rural and regional areas where staff use their own vehicles to transport clients on outings. Basically, NDIS does not allow enough funding per client for quality day to day living and activities.*

Workers were concerned that these travel restrictions, and participants’ payments for travel out of their funding packages, were significantly impacting clients’ engagement with the community and, ultimately, their wellbeing.

> *Since [the] NDIS came in my regular clients have had their ability to access the community reduced due to lack of km funds.*

> *The clients I work with are now paying for services that were carried out in-house previously at a better standard and not costing the client anything financially*

> *For those clients in the Group Home where I work, it has been quite negative, they basically now live in a mini institution, with km restrictions, etc.*

6 Remuneration

6.1 Income security

Lack of income security affects a substantial group of disability workers. As noted in Section 3, changes in shifts and fluctuations in paid hours contributes to uncertainty about weekly income. Figure 6.1 shows around a quarter of respondents (26%) disagreed with the statement ‘I know each week what my earnings will be’. Further, while 37% agreed with the statement ‘I am satisfied with my take home pay’, slightly more were not: 39% disagreed or strongly disagreed. A breakdown by setting is in Appendix Table A. 16.

The proportions who reported being satisfied with their take home pay rose slightly with education and with years of experience working in disability services (which were correlated, as shown in Section 9.1, see Figure 9.2). Figure 6.2 shows satisfaction with pay increased from 29% of those whose highest level of education was high school or Certificate I, II or III, to 43% of those with an undergraduate or postgraduate degree. Figure 6.3 shows pay satisfaction was highest among those in the first year of working in disability when 52% agreed they were satisfied with their take home pay. However, satisfaction dips quickly and remains low over the course of disability workers’ careers: only a third of those with 2 to 20 years of experience were satisfied.

Figure 6.1 Proportion who agreed and disagreed with statements about income security (%)

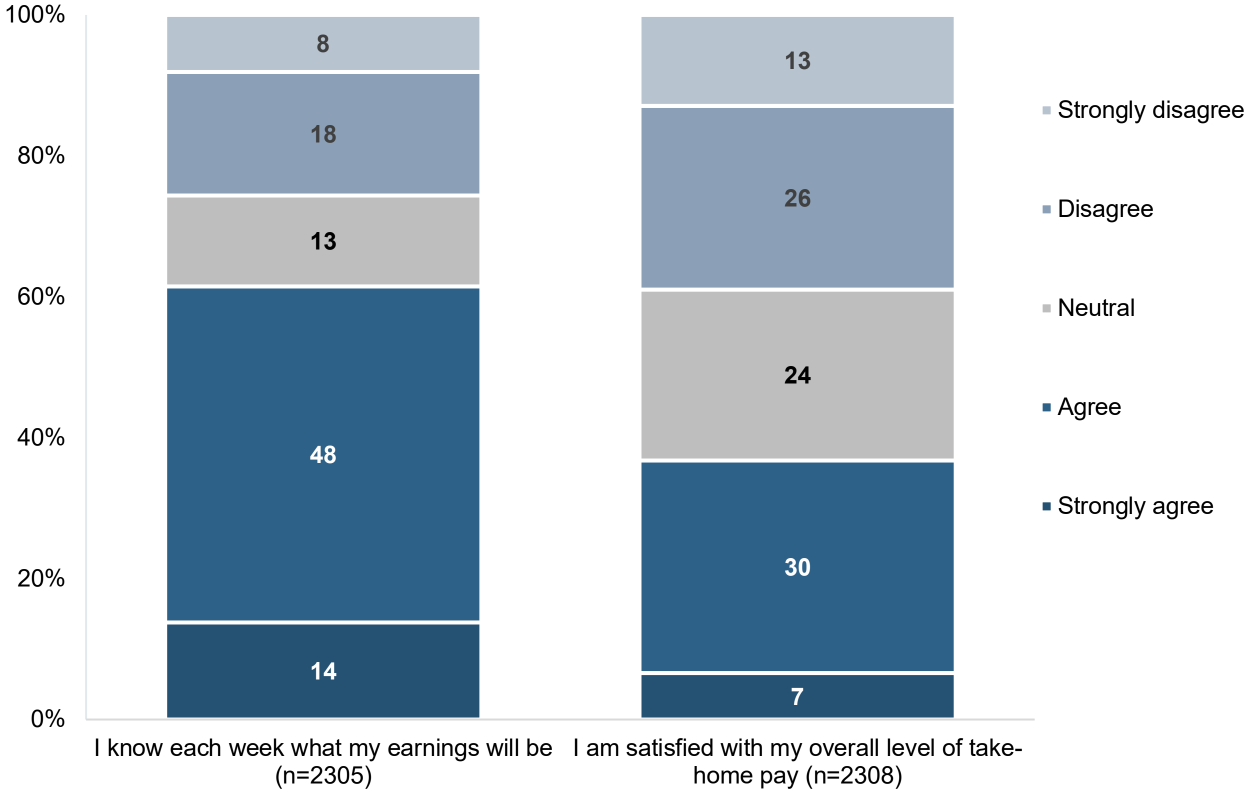


Figure 6.2 Proportion of respondents who agreed or strongly agreed with the statement 'I am satisfied with my overall level of take-home pay', by highest level of education (n=2290)

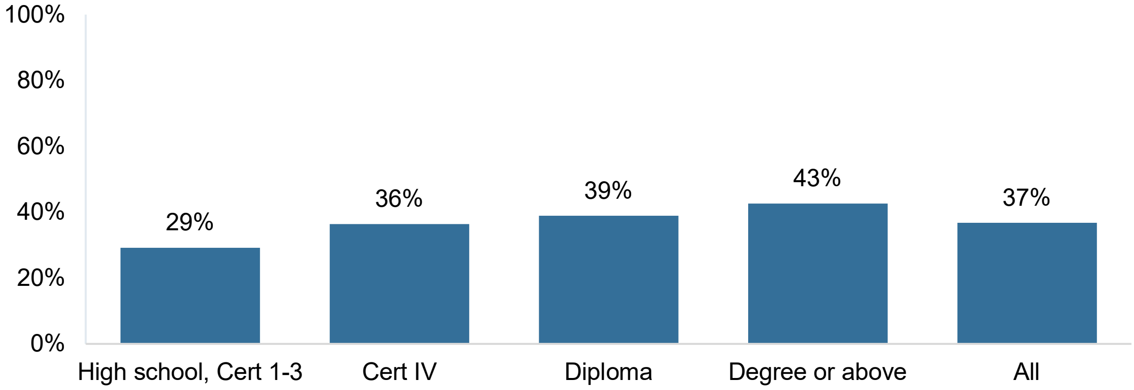
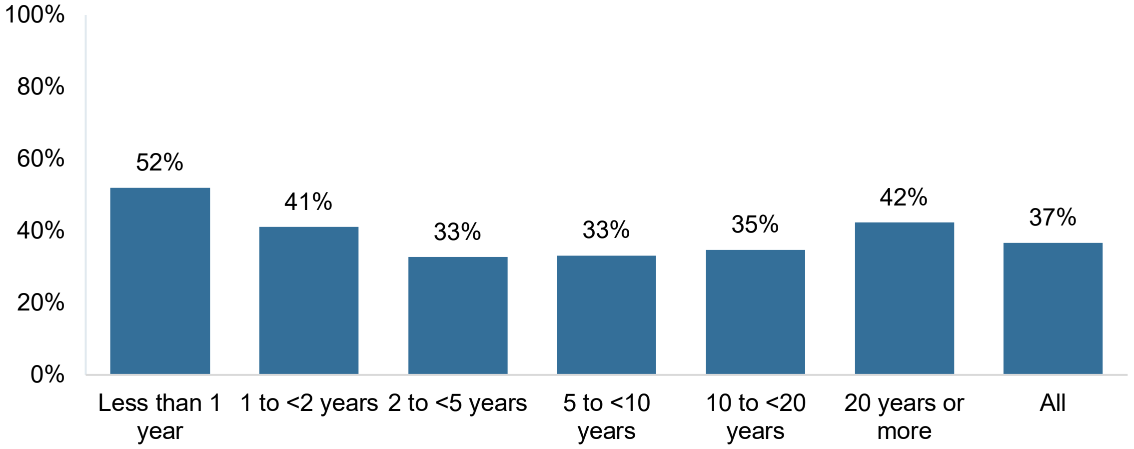


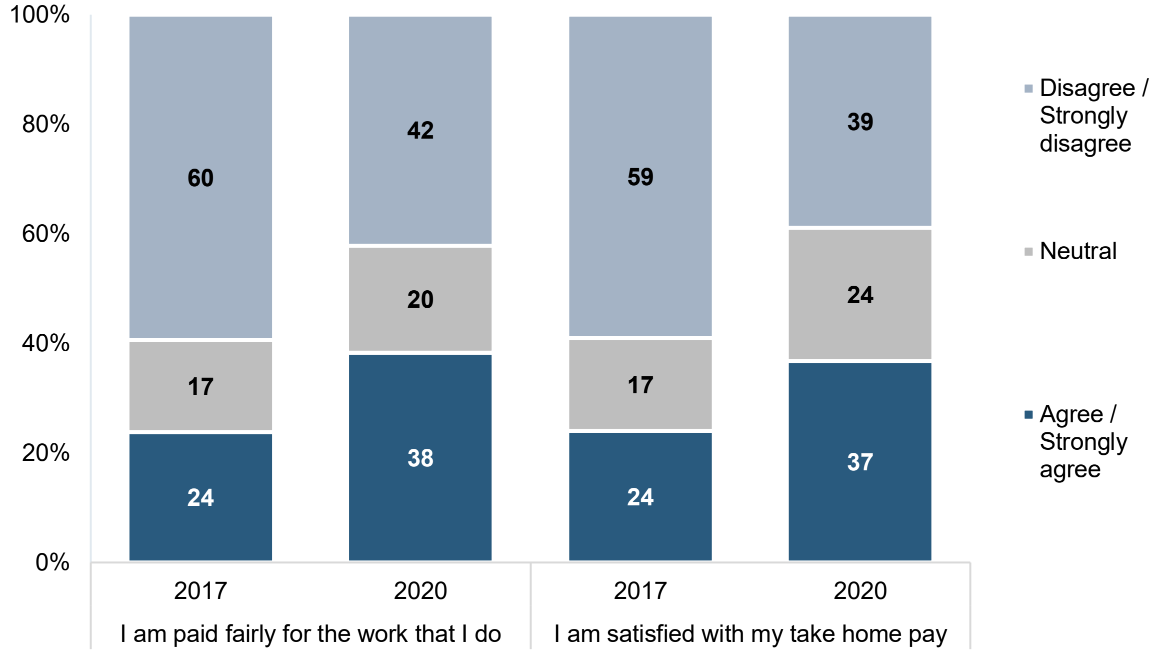
Figure 6.3 Proportion of respondents who agreed or strongly agreed with the statement 'I am satisfied with my overall level of take-home pay', by total number of years worked in disability services (n=2298)



6.2 Change since 2017

While pay satisfaction was generally low in 2020, comparison with 2017 indicates some improvement (Figure 6.4). In 2020, 38% of respondents agreed or strongly agreed with the statement 'I am paid fairly for the work that I do' compared with 24% in 2017, and the proportion who disagreed fell from 60% to 42%. Similar patterns of agreement are evident in relation to satisfaction with take home pay (Figure 6.4).

Figure 6.4 Satisfaction with pay among disability workers, 2017 and 2020 (%)



6.3 Comments on pay

Comments about remuneration levels and practices centred on the low pay received for roles in disability. Rates were generally seen as poor recompense for the skills and tasks required. Workers said things like:

> *Disability support workers do not get the recognition, support or pay for the diversity and intricacies of the job role that they provide for people with disabilities*
>
> *I believe we need more time in our rosters for paperwork and are underpaid for the job we do.*

Others focused on the way the NDIS had affected pay, including by making it more difficult to access full time work, the loss of hours some had experienced, that service delivery was predicated on unpaid work, and that workers needed to cover the cost of work related tasks, such as vehicle usage:

> *As workers we need fair pay, better work conditions with stable work as it is difficult to find full time contracts with NDIS. Also a fair pay rate as I have enquired for jobs to be paid $24 per hour which is not acceptable with the type of responsibility and work involved in disability.*
>
> *I enjoy working in the disability sector but feel that as workers we are not valued enough through our pay. Introduction of the NDIS has most workers expected to do a lot of admin work in our own time unpaid especially when you are a casual employee.*

> *I will have to get a second job as my pay has decreased by hundreds of dollars since losing NDIS clients. I have no grade 3 work.*

> *NDIS does not fully recognise or support fair pay for the disability sector, support workers are having to transport clients using own vehicles.*

A further theme related to payment for sleepovers. This was a core concern for the large numbers of workers in supported accommodation contexts who participated in the survey. Comments highlighted how low rates for sleepover shifts poorly compensated for the responsibility and work performed in that time, for example:

> *The award needs to be changed for sleepover shifts. As it stands we get a small allowance for being at work for 8 hrs, on call, usually limited sleep, always broken and disturbed sleep. I don't believe there are any other healthcare sector workers that are expected to be at work for 8hrs for $77. I think if the general public knew this they would be shocked.*

> *I feel the responsibility that we have in accommodation doing overnight shifts considering that we are away from our homes and families and are on call during the night and are often up 2 or 3 times during the night which is unpaid and are the first port of call from family members we do not get paid adequately for the work load and responsibility that we have.*

> *Sleepovers should not be an acceptable thing. 8 hours on site for the pay, under $50 in my case, is a disgrace. If we are needed on site we should be paid by the hour as active nights.*

6.4 Payment for travel

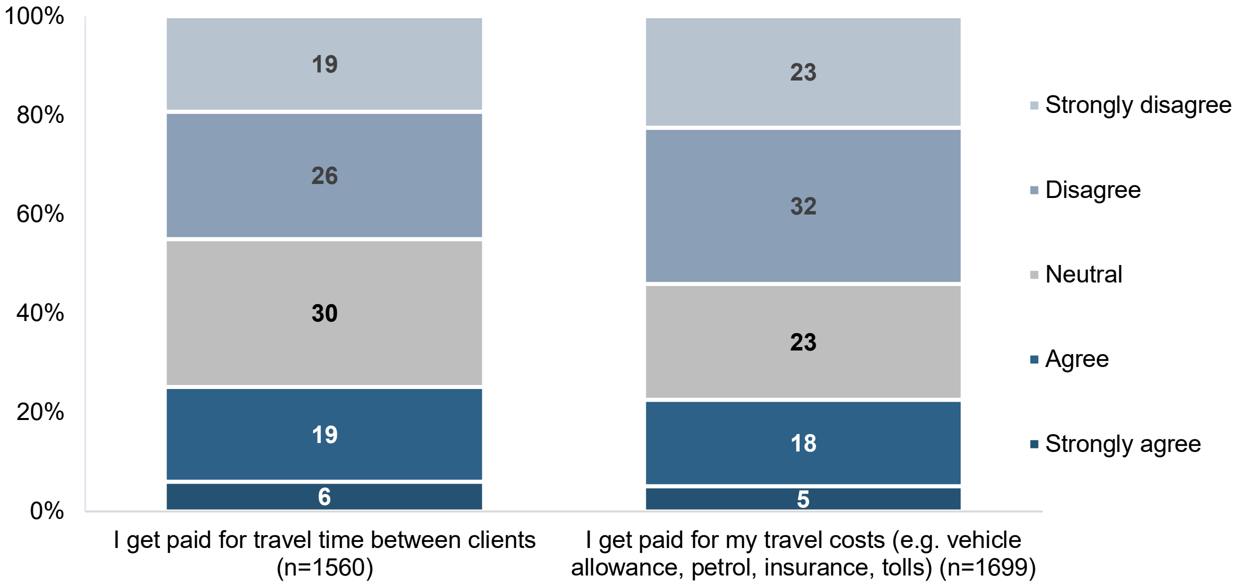
The survey asked specific questions about payment for work-related travel, which remains a contentious issue among disability workers, especially those who deliver care and support in community settings and in the homes of people with disability. Figure 6.5 shows that of those who answered the question, a quarter or less agreed they were paid for travel time between clients or for their travel costs. On both statements, the majority of respondents disagreed. These issues are also reflected in the comments provided by workers:

> *Not getting paid travel from client to client although I am supposed to, but due to log on and off by phone app there is no provision for this time to be claimed.*

> *Private vehicle use is a huge issue for workers. Organisations will not pay for damage caused to vehicle by clients, or help with excess payments in an accident. Will not provide reimbursement for parking fees.*

> *Workers should not have to use their own vehicles to transport clients. The company will never pay for soiling of the interior, and may cover insurance excess if car is damaged, but don't hold your breath.*

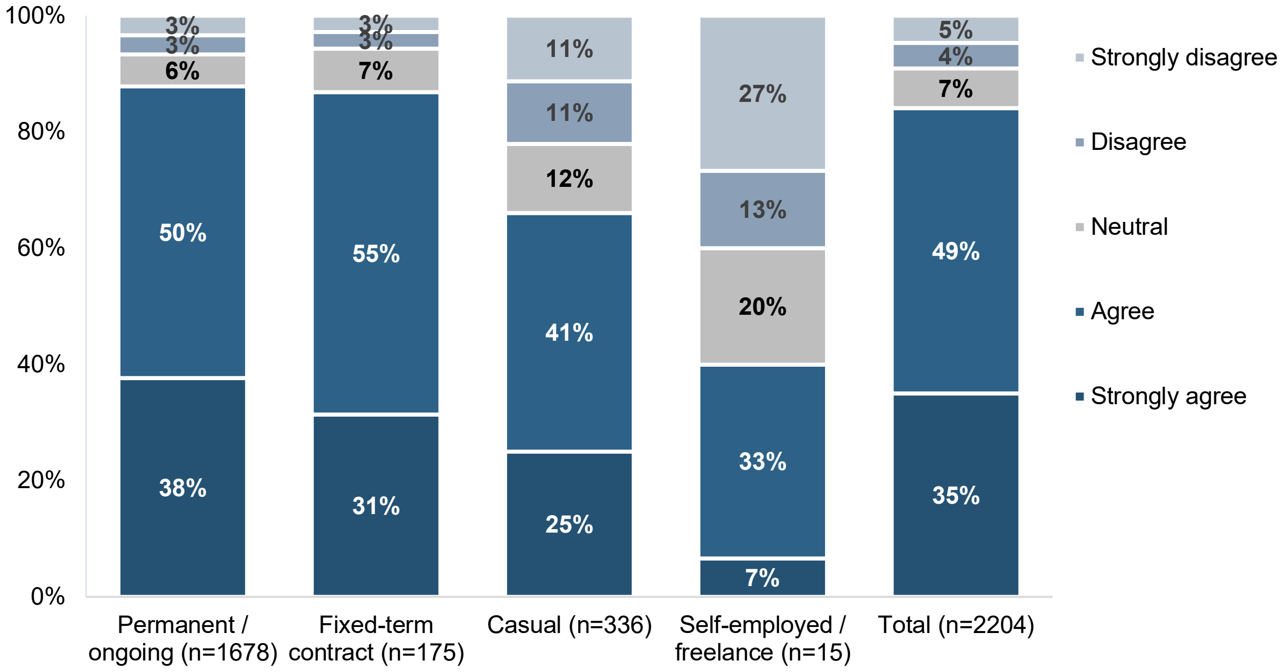
Figure 6.5 Agreement with statements about travel time and costs (%)



6.1 Payment for team meetings

Many workers also reported they were not routinely paid to attend team meetings. While most respondents agreed that they were paid for team meetings (84%), agreement was much lower among casual staff. This is shown in Figure 6.6. Only two thirds of casuals (66%) agreed with the statement, while 22% disagreed or strongly disagreed.

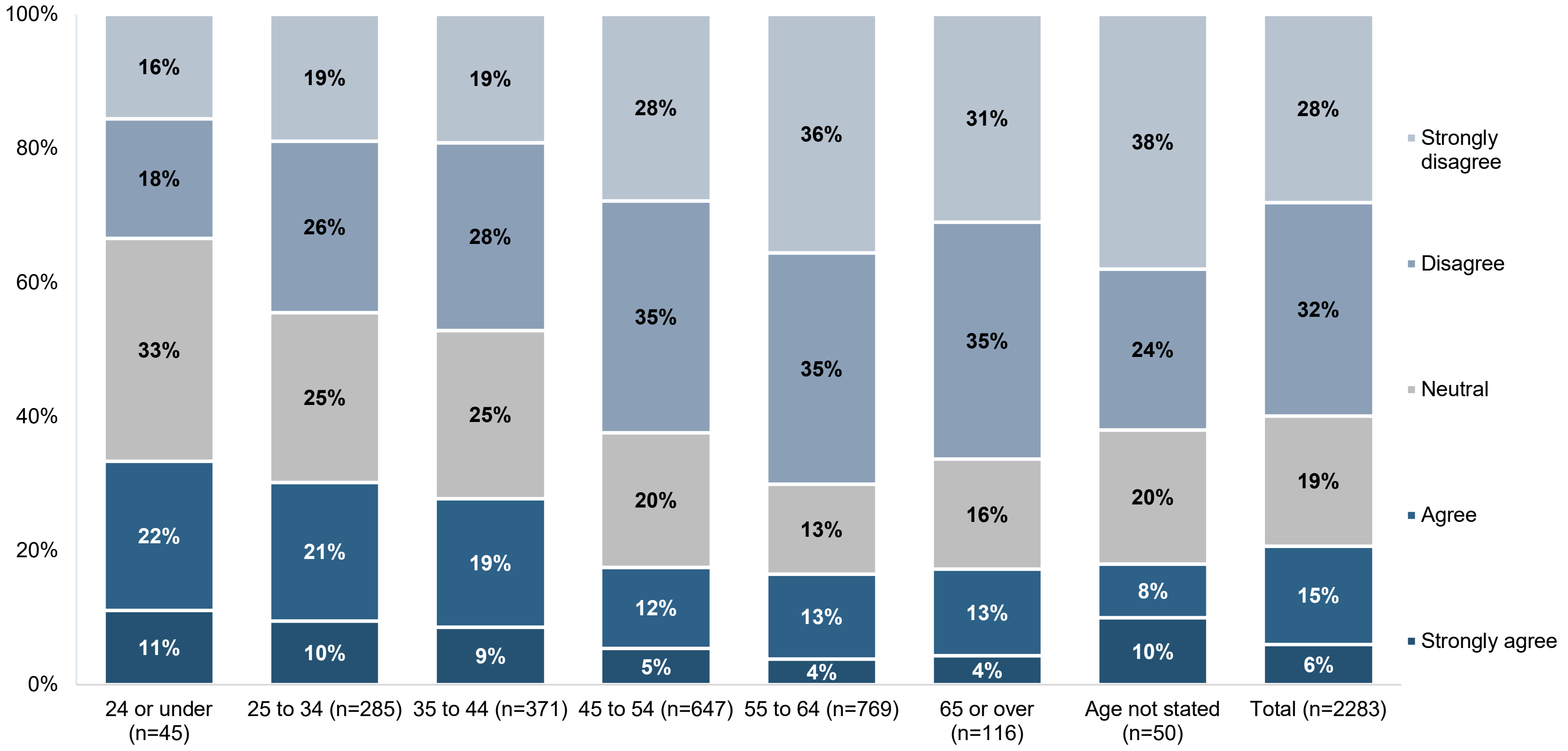
Figure 6.6 Agreement with statement 'I am paid to attend team meetings', by employment status in main job



6.2 Superannuation

Reflecting workers' general concerns about pay levels, three in five said they did not expect to have enough superannuation when they retire (Figure 6.7). While many were neutral, higher proportions of younger disability workers believe they would have sufficient superannuation than older workers. Indeed, over the life-course workers' expectations of retirement incomes fall, reflected in lower proportions of older workers agreeing with the statement and higher proportions disagreeing. Whereas over 30% of those aged under 35 expected to have enough superannuation, only 17% of those aged 45 and over agreed (Figure 6.7). This likely reflects expectations of longer working hours and working lives among younger cohorts compared with previous generations, and more realistic expectations about retirement savings among older disability workers.

Figure 6.7 Agreement with the statement 'I expect to have enough superannuation when I retire', by age



7 Measures of job quality

This section provides information about job quality, including the costs of work, job security, prospects for career advancement, and intention to leave.

7.1 Costs of work

Although it is often overlooked as an element of job quality, the costs that arise from work are important to disability service workers. Indeed, Figure 7.2 shows many costs are not covered by employers and are instead incurred by workers in the course of delivering disability services and supports. Two thirds of respondents agreed that they have to provide and use their own equipment, such smart phones or other devices to receive shifts and log work. Workers also incur costs related to direct work with clients. More than half (55%) agreed with the statement ‘When I accompany clients, I pay for things I wouldn’t otherwise buy (e.g. food, activities, parking)’ and 18% agreed with the statement ‘I have to pay for things for clients with my own money (e.g. meals, activity)’. These figures were higher for those in home-based care and support settings, and in community access and day program settings (see Figure 7.1).

While many workers incur costs in the course of their work, less than a third report they are reimbursed fairly: 29% of workers agreed they were reimbursed fairly for expenses incurred doing their job, 40% disagreed (Figure 7.2).

Figure 7.1 Costs incurred by workers across disability service settings

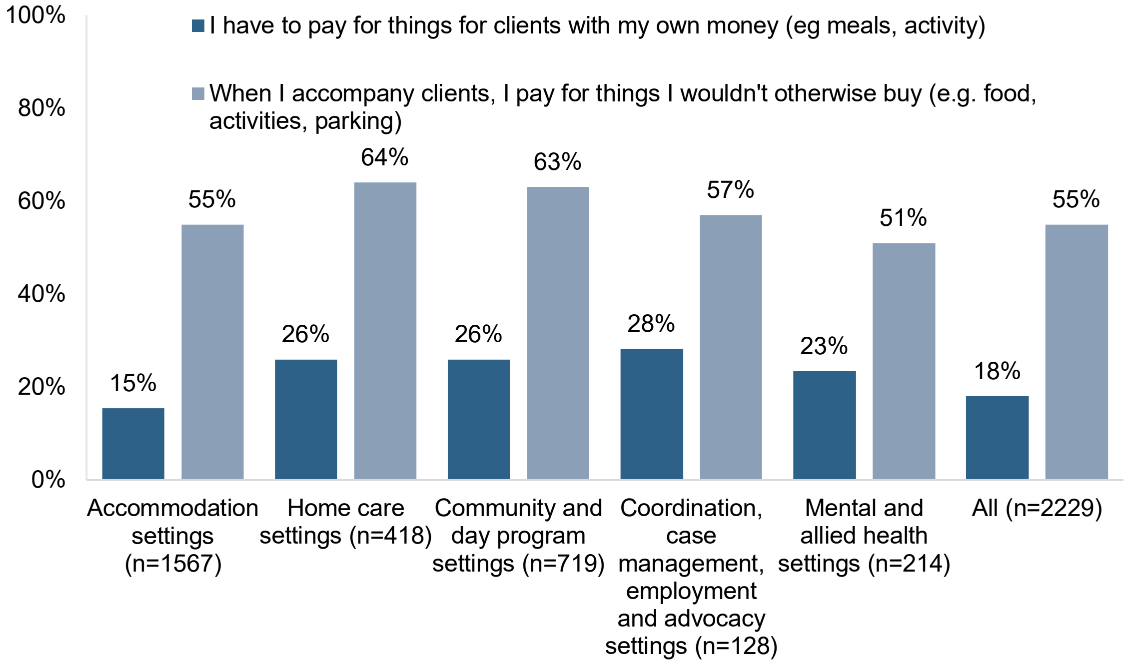
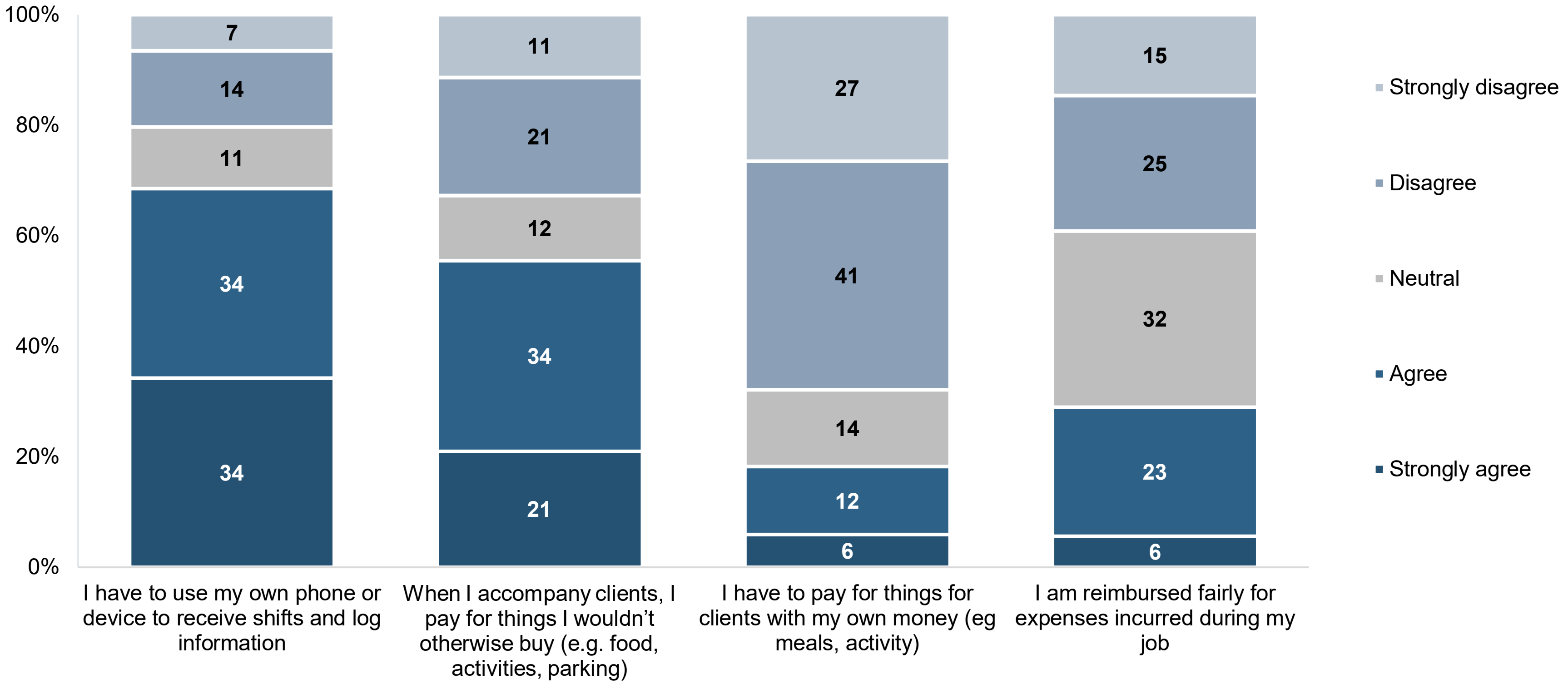


Figure 7.2 Use of own equipment and payment for work related tasks

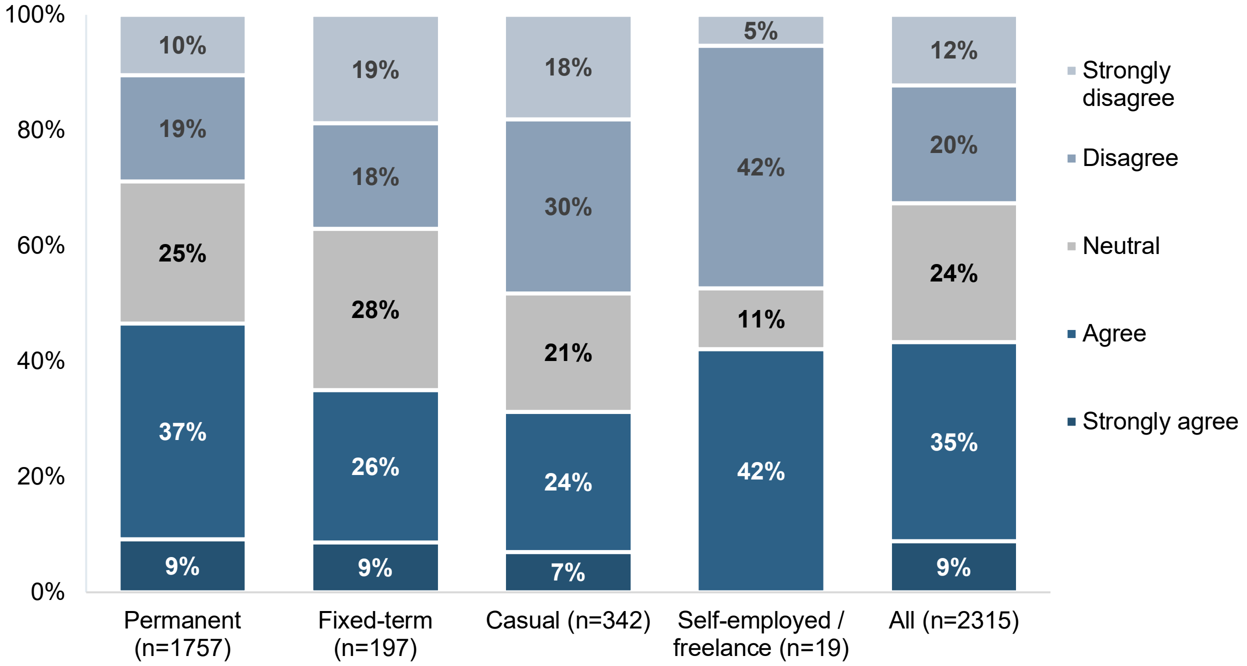


7.2 Security of work and working arrangements

To capture job security, respondents were asked whether they agreed with the statement: ‘My working arrangements feel secure’. The question was asked in this way to capture not only security in the job itself, but security in working arrangements, which could encompass job tasks, teams, locations, working hours or flexibility arrangements. Results are shown in Figure 7.3 according to employment status in respondents’ main role. Overall, 32% disagreed with the statement, while 44% agreed and 24% were neutral.

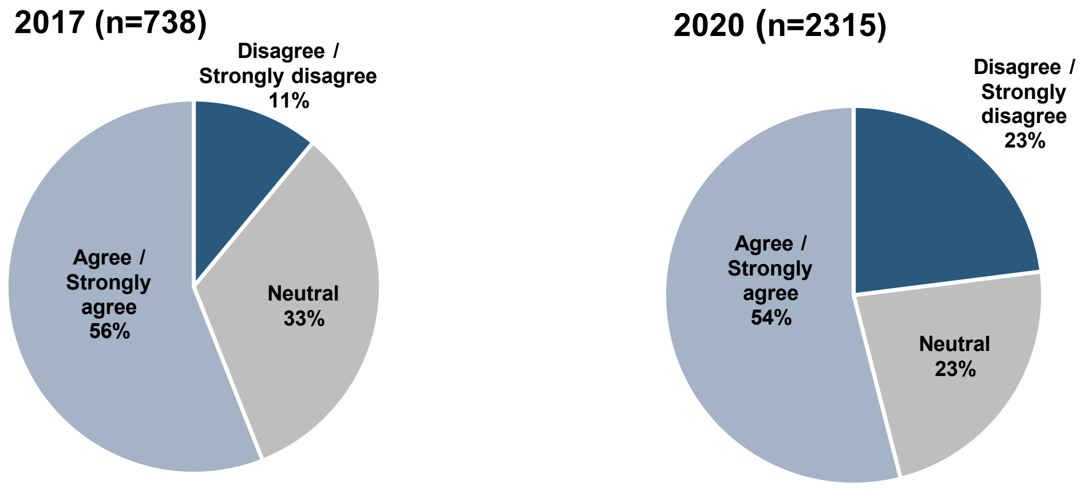
As would be expected, higher proportions of respondents in permanent roles said they felt secure (46%); however, a substantial minority of permanent workers (29%) disagreed or strongly disagreed with the statement. Casual workers were most likely to disagree or strongly disagree with the statement (48%); however, almost a third of casual workers (31%) said their arrangements felt secure, likely reflecting the long-term nature of their casual roles (shown in Section 2.3).

Figure 7.3 Agreement with the statement ‘My working arrangements feel secure’, by employment status in main job



A measure of job security was captured in both 2017 and 2020. Whereas in 2017 the statement posed was ‘Under the NDIS, I worry about the future of my job’, in 2020 this was simplified to ‘I worry about the future of my job’. Results, which reflect the high level of uncertainty during the NDIS roll out in 2017, are shown in Figure 7.4 Interestingly, the proportion of respondents that agreed with the statement fell only slightly between the years (56% to 54%). However, the proportion that disagreed grew from 11% to 23%, with those who were neutral falling from a third (33%) to under a quarter (23%).

Figure 7.4 Agreement with the statement 'I worry about the future of my job', 2017 and 2020

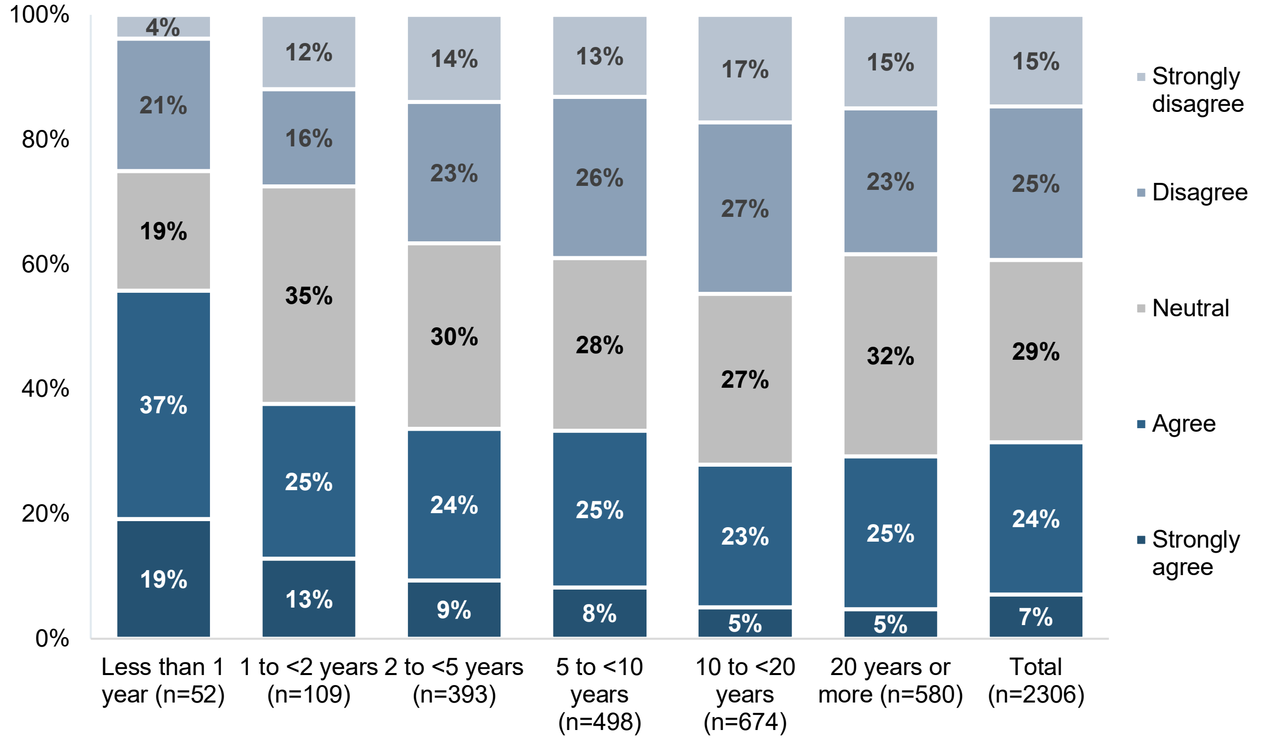


7.3 Career prospects

Prospects for career progression are also an important dimension of job quality. This was captured through the statement 'I have good prospects for career advancement'. As shown in Figure 7.5, more respondents disagreed than agreed with the statement (40% compared with 31%).

However, a particularly interesting finding is how quickly new workers' optimism dissipates through their careers. Indeed, the proportion of workers who agreed their prospects for advancement were good was 56% among those in their first year, however this slips to 38% among those with 1-2 years' worth of experience, and falls further to 30% or less, among those with over 10 years of experience. This underlines potential retention difficulties, as the industry does not appear to be sustaining the optimism held by workers early in their careers.

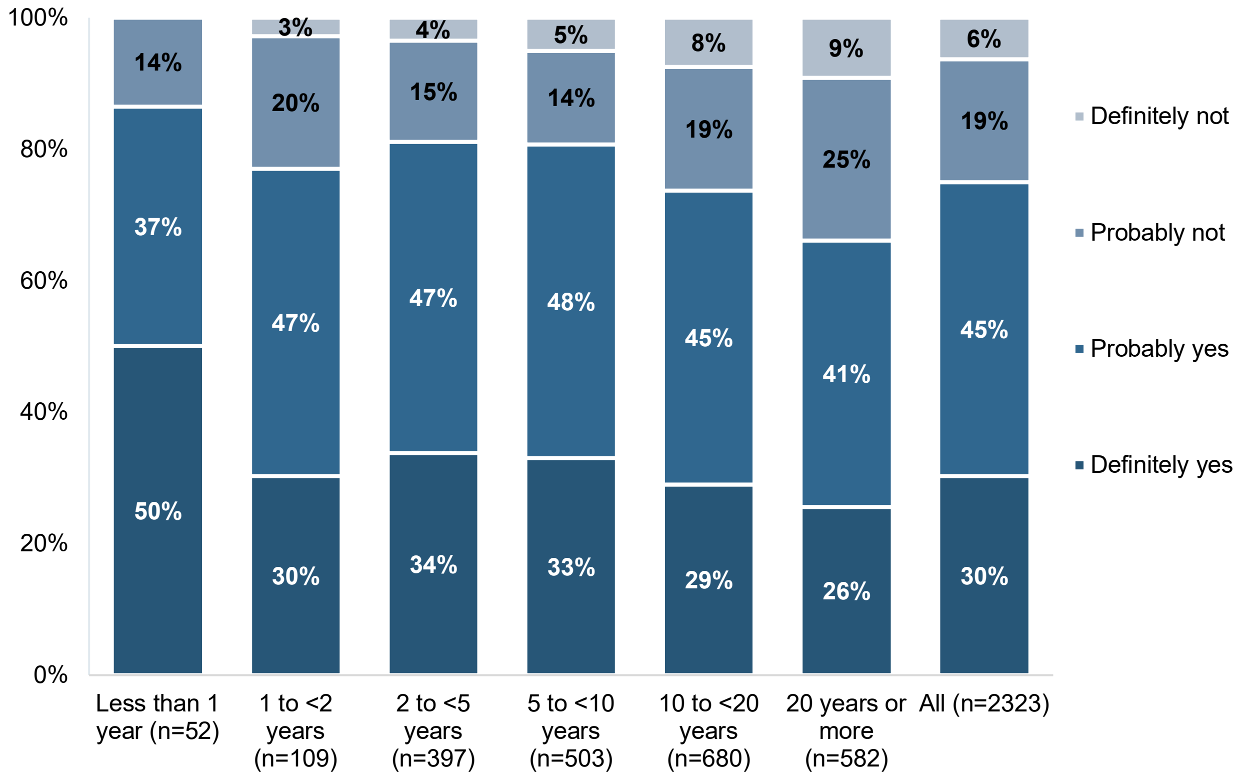
Figure 7.5 Agreement with the statement 'I have good prospects for career advancement', by years of experience in disability services



7.4 Intention to leave

Respondents were asked if they intended to be working in disability services in five years. Overall, 6% said definitely not, and a further 19% said probably not, indicating a quarter of respondents do not intend to work in the industry in five years (see Figure 7.6). While the high proportion of more experienced workers who do not intend to work in disability in five years is likely explained by retirement intentions, relatively high proportions of less experienced workers are not intending to remain. Among those in their first year in the sector, 14% responded they would 'probably not' remain in the sector in 5 years, and for those with 1-2 years of experience, nearly a quarter (23%) responded they would either definitely or probably not remain (Figure 7.6).

Figure 7.6 Proportion who intend to be working in disability services in five years time, by years of experience in disability services



8 Supervision and support

8.1 Supports for frontline practice

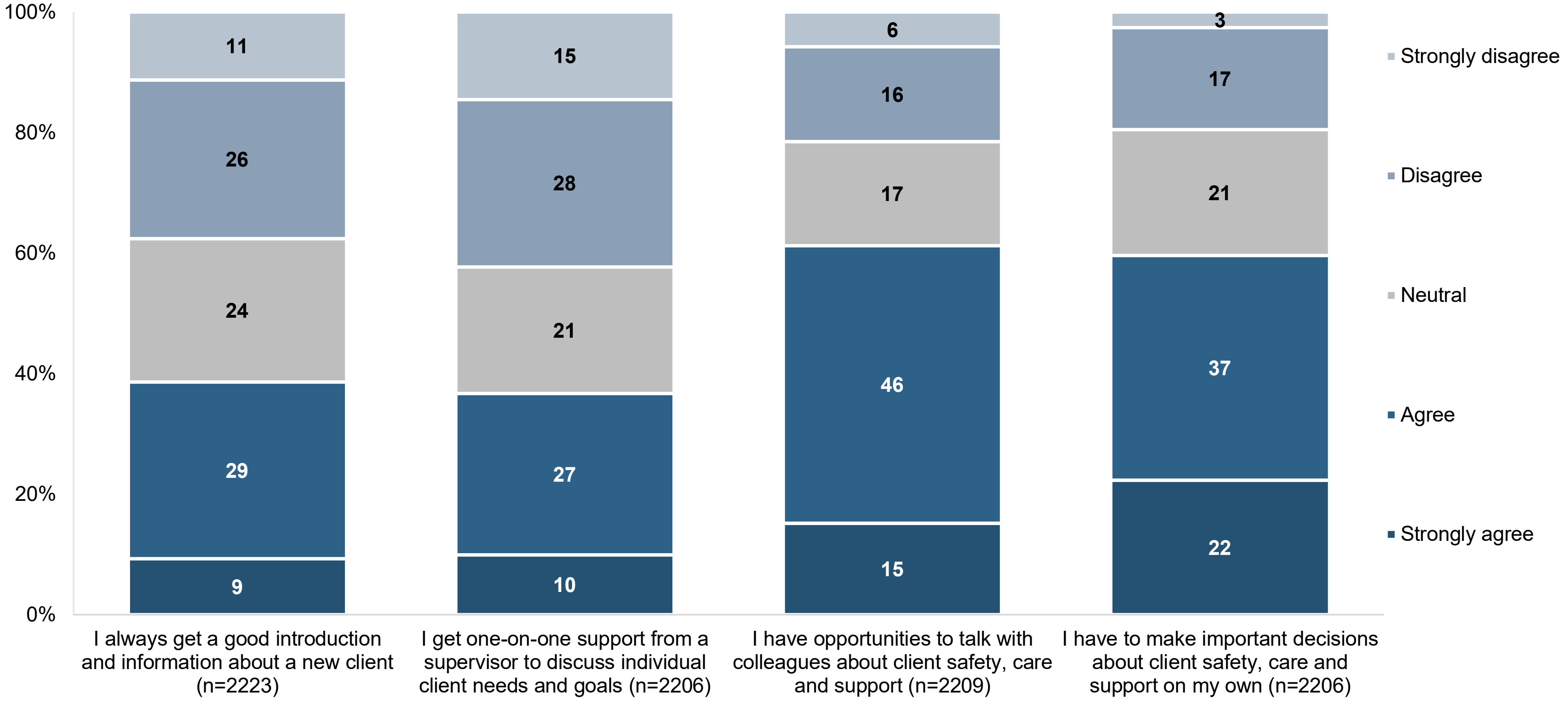
A series of questions were asked to capture perspectives on organisational or employer supports for direct work with clients. Many disability support workers are missing out on appropriate inductions, one-to-one support, opportunities for peer support, and assistance with making important decisions.

Introductions to new clients are important, so that workers can provide appropriate supports and build relationships. However, Figure 8.1 shows that experiences of introduction or induction are mixed. While 38% of respondents agreed or strongly agreed that they do get a good introduction, around the same proportion (37%) said they do not. This did not vary significantly according to the years of experience in disability, although men were slightly more likely to say they receive a good introduction and less likely to disagree (see Appendix, Table A. 17).

Many disability workers also reported a lack of access to one-on-one support from a supervisor: 43% disagreed with the statement ‘I get one-on-one support from a supervisor to discuss individual client needs and goals’, while 37% agreed (Figure 8.1). Again, access to one-on-one support wasn’t much higher for newer staff, but men were more likely to report access to one-on-one supervision than women. Casual staff were least likely to report receiving one-on-one support (26% agreed with the statement compared with 40% of permanent staff, see Table A. 18).

More respondents responded that they had opportunities to talk with colleagues than responded that they had one-on-one support from supervisors. Three in five (61%) agreed they have opportunities to talk with colleagues about client safety, care and support, however, over a fifth (22%) disagreed, indicating isolation from peers and a lack of opportunities for peer support. Also reflecting that many disability workers are missing out on support for frontline practice, 59% of respondents agreed or strongly agreed that they have to make decisions about client safety, care and support on their own, compared with 20% who disagreed (Figure 8.1). This figure was high, even among less qualified workers. As shown in Table A. 19, among those without at least a Certificate IV qualification, more than half (52%) agreed they have to make important client-related decisions on their own.

Figure 8.1 Agreement with statements about support for frontline practice



8.2 Receipt of supervision

Overall, only 36% of respondents agreed or strongly agreed with the statement ‘I get the time I need with my supervisor’, and 42% disagreed. Compared with permanent and fixed term staff, casuals were least likely to agree, and more likely to disagree (Figure 8.2). Whereas 26% of casuals agreed, this was the case for 38% of permanent staff. However, even among permanent staff, low proportions felt they received the time with supervisors that they needed. Figure 8.3 indicates that higher proportions of men than women reported agreeing with the statement, and lower proportions disagreed, indicating some inequities in perceptions of access to time with supervisors.

Figure 8.2 Agreement with the statement ‘I get the time I need with my supervisor’, by employment status in main job

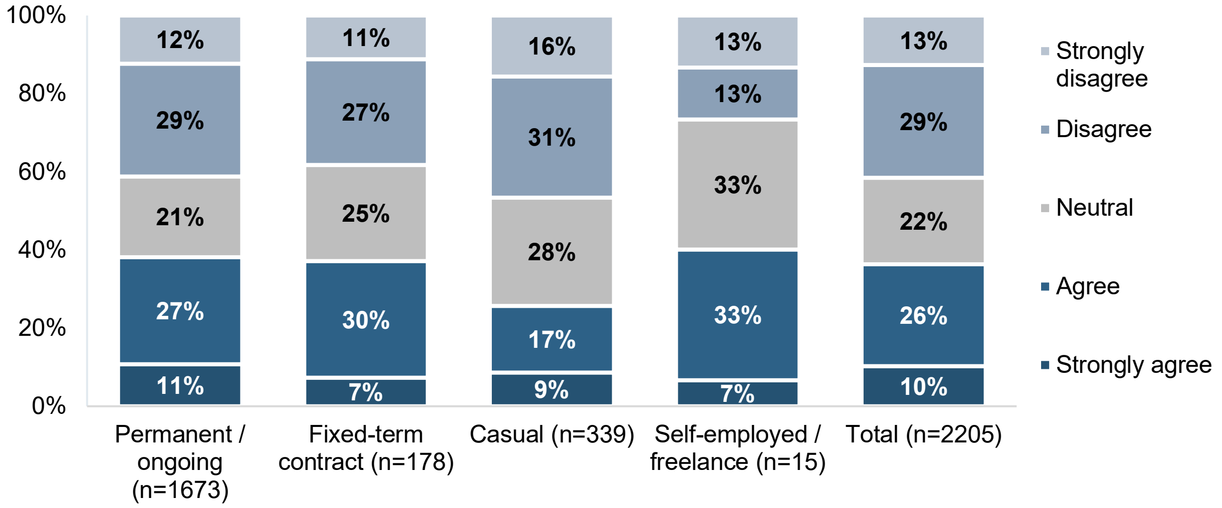
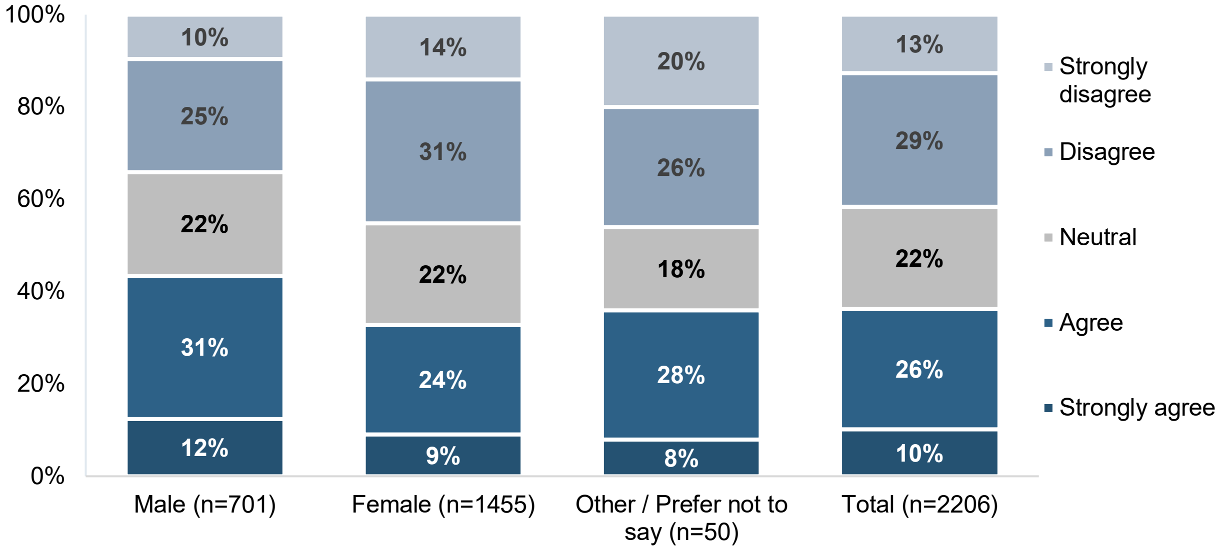


Figure 8.3 Agreement with the statement ‘I get the time I need with my supervisor’, by gender



8.3 Comments on supervision and support

When asked to comment on the support and supervision they receive, many workers described lacking supervision, training or other professional development opportunities in their workplace. Workers across all service settings, and especially casuals, felt that support and supervision was not a priority area for their employer organisation. Numerous comments reflected the broader findings presented in the previous section, with these depicting common experiences of rarely seeing, or being able to contact, a supervisor. For example:

> *We have not had supervision in 4 years*
>
> *There is minimal supervision, and I have constant trouble contacting management when needing support, [meaning I] need to make own judgement calls.*
>
> *There are policies and procedures in place for support and supervision but in reality it doesn't happen.*
>
> *No support given. Only hear from manager when things go wrong.*
>
> *As a casual in my current organisation there is no supervision or support for me.*

Home-based support workers in particular reported a lack of paid time in which to communicate and build rapport with colleagues, supervisors and senior managers. Consequently, many felt isolated in their job, which added to the stresses of their day-to-day work with clients. For example, a worker in a home care setting in NSW commented:

> *We only see teammates once a month at meetings, [we are] otherwise isolated and alone in the community in a high stress job. I feel grossly unsupported.*
>
> *It's very hard to work with a client and make an important decision on my own because sometimes I cannot contact anyone or they don't call back. I am often left to decide what is right and worry I've made the wrong decision. This causes a lot of stress.*

The most common reasons workers gave for the lack of support and supervision related to organisational culture, funding pressures, poor senior management practices and workload pressures which were affecting both front-line workers and their supervisors. Team meetings and supervision were commonly scheduled to occur on workers' days off or time in lieu, meaning workers were not paid for these activities. Supervision and team meetings were often postponed or cancelled due to time constraints and lack of funding. As one worker supporting clients with high support needs in residential settings explained:

> *I have not had supervision for 2 years. It is scheduled however due to client medical need there is never time to actually have it.*

Supervisors and managers also emphasised the impact of time and funding constraints contributing to workload pressures, as exemplified in the following comment by a local area coordinator:

> *Support and supervision are available however there is often a lack of time to dedicate to this as the workload is too high and the workload takes precedence.*

Front-line workers explained how constraints on time and funding available for support and supervision were related to changes introduced under the NDIS. In particular, funding was reported as a major barrier, as NDIS funding largely only covers worker time spent in direct contact with clients.

> *My direct supervisor does a fantastic job under really difficult circumstances. The NDIS billing structure means that nobody has any extra time on top of direct support to do all the things that are needed.*
>
> *Support and supervision from management has declined significantly since the advent of NDIS.*
>
> *More is needed but not funded under NDIS.*

Onerous bureaucracy was also identified as a barrier to effective support for and management of staff, and quality service provision.

> *NGOs are too busy meeting NDIS requirements to support staff to retain them.*
>
> *Team meetings get bogged down in NDIS regulations and we never get to talk about the local issues affecting the house.*
>
> *Too much spent on NDIS compliance, management, upstream programs, rather than BASIC CARE. First and most important is staff and supplies for BASIC CARE.*

Many felt that commercial imperatives had intensified under the NDIS and were detrimentally affecting organisational culture, management style and performance management. For workers who had transitioned from the public sector to the non-government and private sectors, support and supervision had declined and working conditions were generally worse. As Victoria-based workers supporting high-needs clients in residential settings explained,

> *Since being privatised [support and supervision] has lessened even though we need more support due to totally new systems in place.*
>
> *Having worked under the umbrella of a government organisation and having a very informative and supportive supervisor and the experience of working in the private sector I am very worried with the way things are heading.*
>
> *My immediate boss is very supportive but I fear that moving away from DHHS is not a great move and so far, working for a non-government organization has shown me that the support is not there.*

Others explained:

> *I don't believe we receive adequate supervision at my work. They have time set aside for it but it is more focused on output and money return than our experience.*
>
> *Sometimes it feels just like a business that's all.*

Occupational health and safety was identified as an important issue by many workers, particularly those in group homes supporting clients with challenging behaviors. The lack of support and supervision they felt exposed them to uncomfortable levels of risk and were a major source of stress. Issues of violence and abuse were consistently raised in relation to perceptions of lack of support and adequate supervision.

> *Staff are placed in dangerous situations and are expected to be able to handle it without supervisors speaking with staff to make sure they are comfortable and confident enough to be placed in that situation.*
>
> *There is little support when there is a violent disruptive client who does not want to be in the house I work in, as the house is not suitable for her. This situation is potentially dangerous to other clients and staff.*
>
> *OHS has been totally inadequate since transfer of the service to the NGO, eg, not one OHS meeting. The reporting tool does not allow for or require the OHS rep to be involved. The reporting tool is confusing and it is not clear how to report a workplace risk.*
>
> *While we have all the written Policies and Processes in place… Staff have had to deal with behaviour issues, psychological issues that staff are not aware of. Mix of clients in group homes can be very concerning, it is all about how much money a client can bring in. This puts vulnerable clients and staff at risk. We are seeing more clients with psychological problems being placed in group homes with people with severe physical and intellectual [disabilities]. Staff are now not allowed to phone the police if they feel threatened or a client is at risk or if a client shows signs of becoming physically abusive.*

Workers also reported feeling concerned for their clients' wellbeing and about the quality of the services provided. For home-based care and support workers, handover presented challenges in relation to the adequate communication of client information and unpaid time spent updating other staff.

> *No supervision at all. No information on new clients.*
>
> *Little clarity as to individual clients. Records often outdated. Supervisors often assume you know issues relating to individuals or job requirements.*
>
> *Staff are expected to arrive at work 10-15 mins early to receive a handover, this time*
>
> *Is unpaid. Often you have to stay back if you want to give your teammates a thorough handover.*
>
> *[Supervision and support is] poor and affects the wellbeing of the participants in the house.*

8.4 Providing supervision

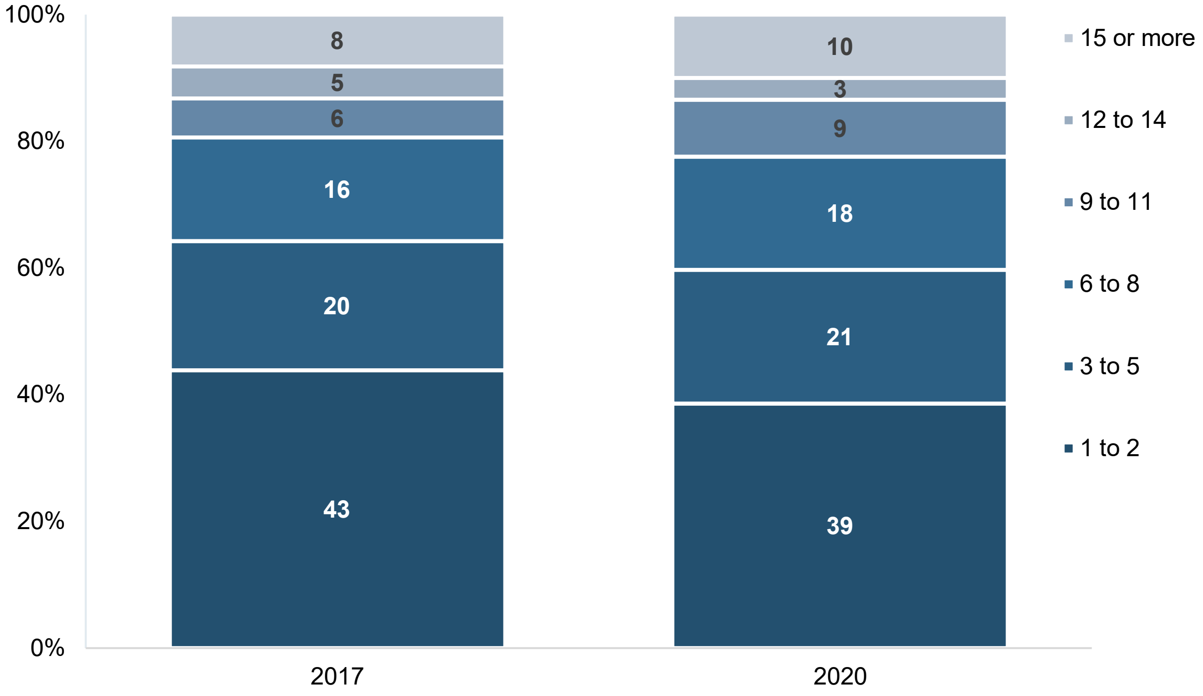
In the sample, there were 614 respondents who said they had formal responsibilities for supervising other staff (26%) and a further 483 (21%) who said they 'sometimes' supervised other staff. These people were asked further questions about their experience of providing supervision, and their perceptions of their capacity to provide decent supervision.

On average, supervisors were supervising 7.4 staff (median=4). A quarter (25%) supervised just one other staff member. Some possible changes, albeit of a small magnitude, in the span of supervision are evident since 2017, however, these should be tracked over a longer period to fully assess change (see Figure 8.4). Data in 2017 and 2020 suggests decreases in the proportion of supervisors who supervised small numbers of staff.

- In 2020, 39% of supervisors supervised just one or two other staff, compared with 43% of supervisors in 2017.
- In 2020, 60% of supervisors supervised 5 or fewer other workers, compared with 63% in 2017.

Correspondingly, there appear very small increase in those supervising larger numbers of staff. In 2020, 10% of supervisors supervised 15 or more staff, compared with 8% in 2017. The proportion supervising 9 or more staff rose from 19% to 22% of supervisors (see Figure 8.4).

Figure 8.4 Percentage of supervisors supervising different numbers of staff, 2017 (n=755) and 2020 (n=976)

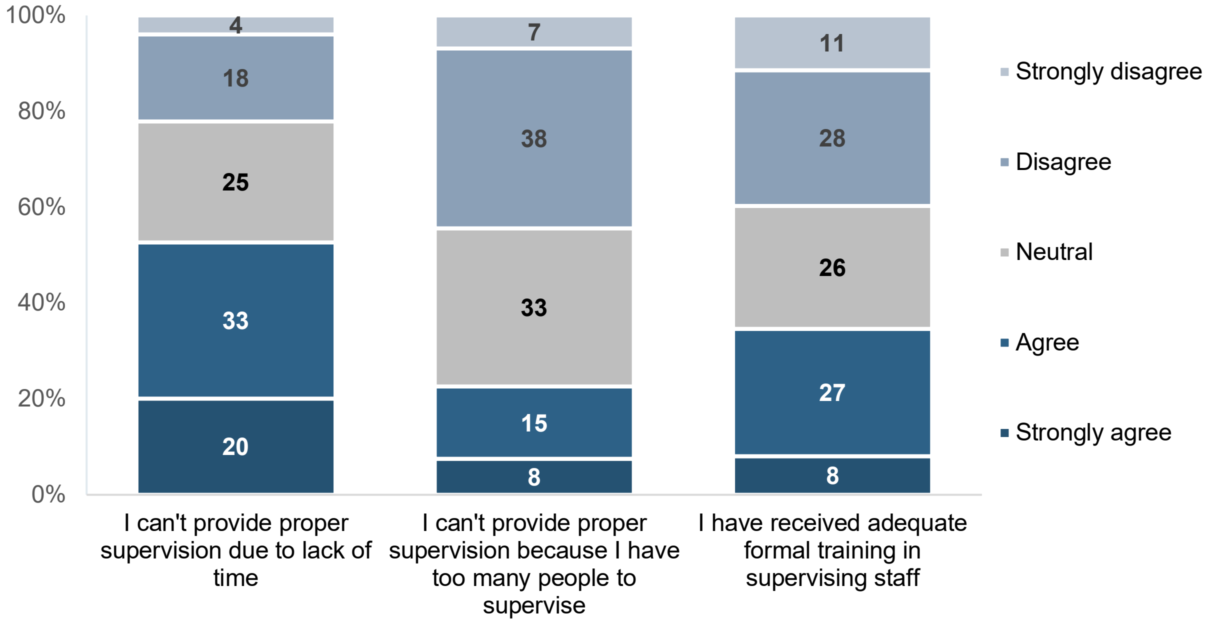


8.5 Challenges in providing supervision

The survey also attests to the challenges faced by disability workers who provide supervision. Results are shown in Figure 8.4. This shows that

- More than half of supervisors (53%) agreed that they are unable to provide proper supervision due to lack of time, while only 22% disagreed.
- Almost a quarter of supervisors (23%) said they can't provide proper supervision because they have too many people to supervise.
- Only a third (35%) agreed they have received adequate training in supervising staff, 39% disagree they have had adequate supervision training.

Figure 8.5 Challenges supervisors face in providing supervision (%)

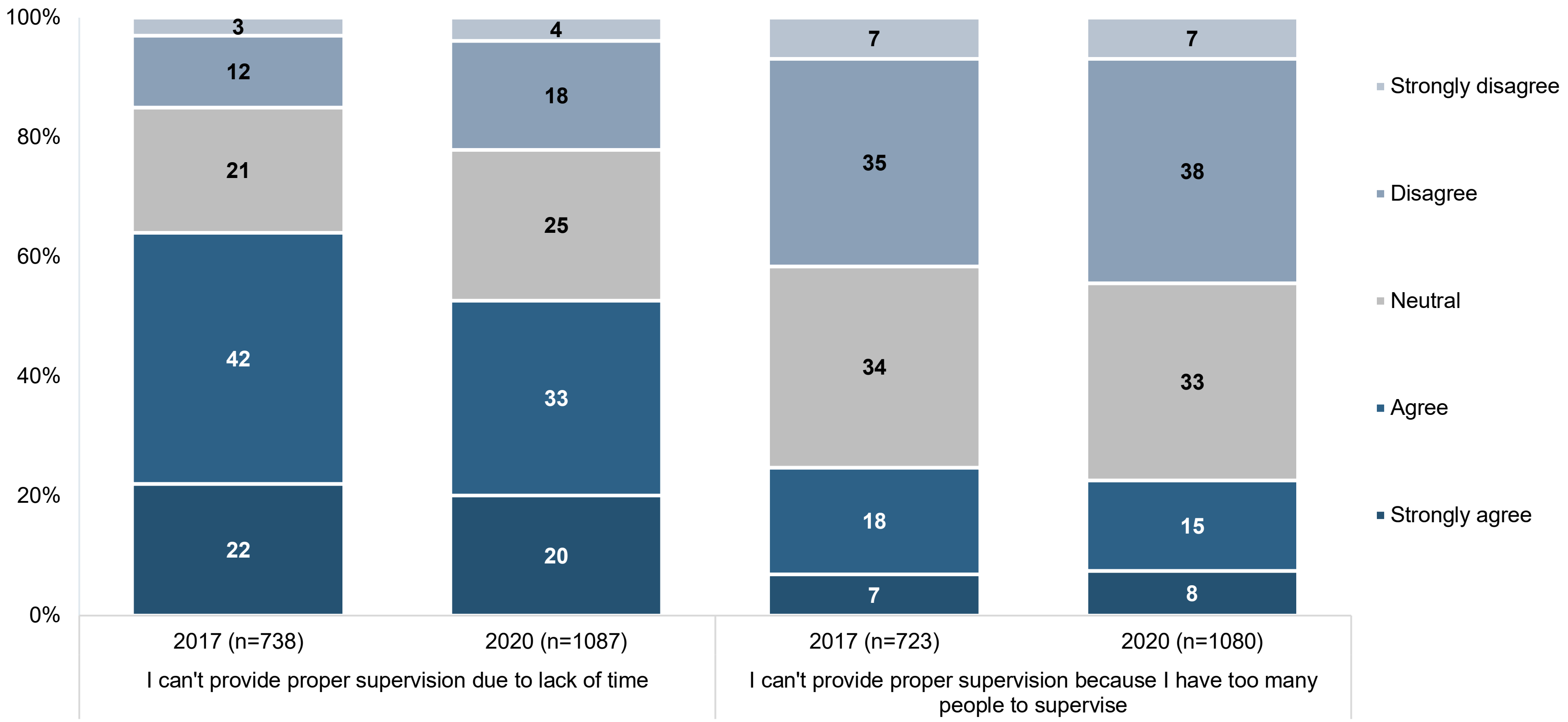


8.6 Change since 2017

Figure 8.6 shows changes in perceptions of barriers to supervision since 2017. This indicates a decrease in the proportion of respondents who agreed that they are unable to provide proper supervision due to lack of time, from 64% in 2017 to 53% in 2020. There was a corresponding increase in the proportions who disagreed or strongly disagreed (from 15% in 2017 to 22% in 2020).

The proportions who agreed or strongly agreed they cannot provide proper supervision because they have too many people to supervise was similar in 2017 (25%) and 2020 (23%). The proportions disagreeing was also similar (42% in 2017 and 45% in 2020). This is shown in Figure 8.6.

Figure 8.6 Challenges in providing supervision, 2017 and 2020



9 Skills, qualifications and training

9.1 Qualifications

Workers' qualifications are shown in Figure 9.1 and Figure 9.2. Figure 9.1 shows that the largest group of respondents had a relevant qualification at Certificate IV level (36%) and a further 26% had a diploma while 18% had a bachelor or postgraduate degree. However, this differed for different groups of respondents.

The proportion of workers with degree level qualifications differed across locations. Among workers based in capital cities, there was a higher proportion of workers with degree level qualifications or above (23%) than in regional towns (13%), or rural or remote areas (12%). This likely reflects trends in other industries.

Figure 9.2 shows the correlation between relevant qualifications and years of experience of working in disability. In general, survey respondents who reported more years of experience were also more likely than others to have relevant qualifications at or above Certificate IV level. The proportion of workers without a Cert IV level qualification or above fell with experience, from 46% of those in their first year of work, to 9% among those with 20 years or more of experience. 45% of workers with over 10 years of experience were qualified at above Certificate IV level (i.e. had a degree or diploma), as were 61% of those with 20 years or more of experience. This likely reflects acquisition of qualifications across careers in disability, and that qualifications also support career longevity.

Figure 9.1 Respondents' highest relevant qualification, by location

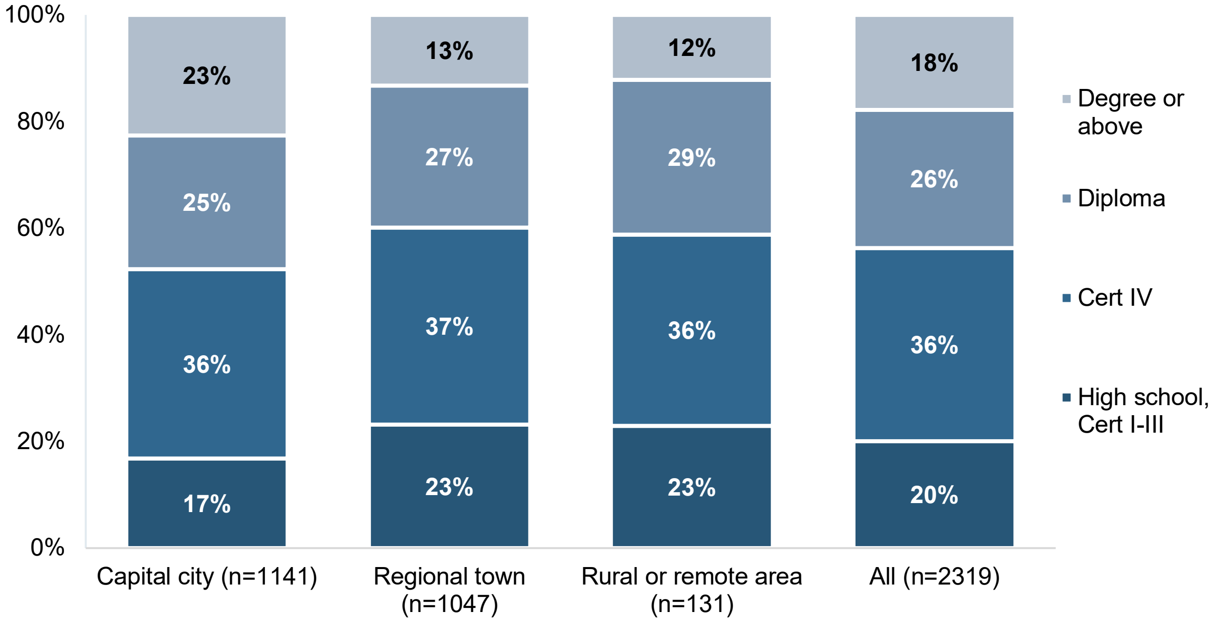
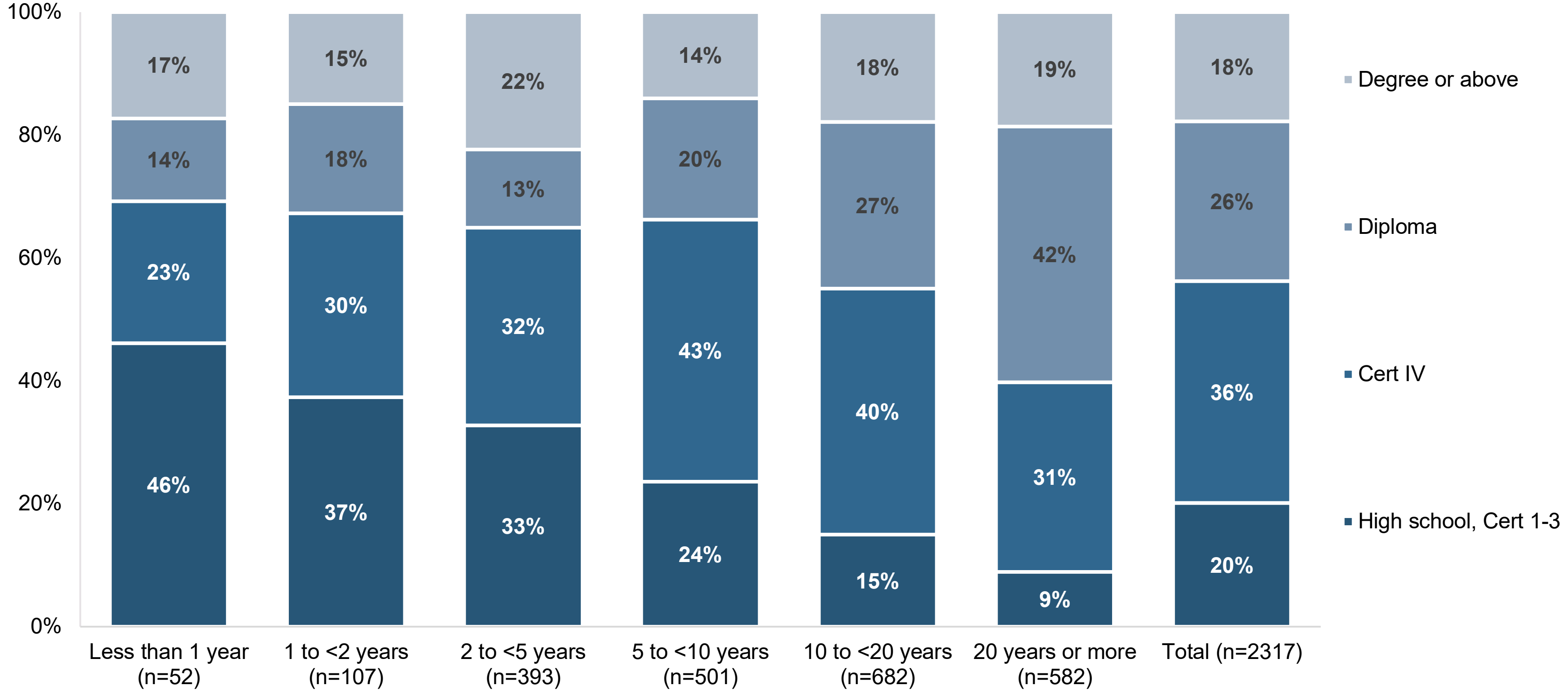


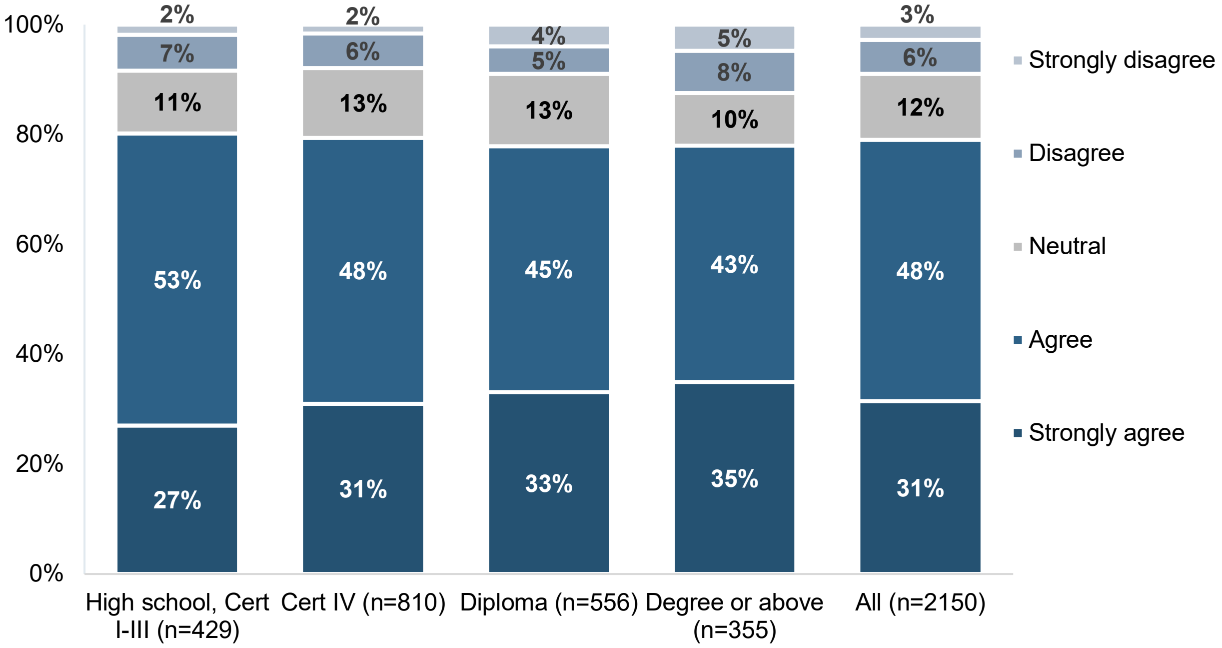
Figure 9.2 Respondents' highest relevant qualification, by years worked in disability



9.2 Perceptions of skills

To capture perceptions of skills, the survey asked how strongly respondents agreed or disagreed with the statement ‘My skills are well matched to the work I’m asked to do’. Patterns did not differ dramatically by qualification levels (Figure 9.3). Across the sample there were 9% who disagreed or strongly disagreed, and this was slightly higher among degree qualified staff. However, degree qualified staff were also slightly more likely than others to strongly agree their skills were well matched to their work.

Figure 9.3 Proportion who agreed or disagreed with the statement ‘My skills are well matched to the work I’m asked to do’, by highest level of relevant education



9.3 Days of training in the last year

Figure 9.5 shows that among respondents, a quarter (26%) received less than one day of training in the last 12 months, and 43% received 3 days or more. However, among those with less experience of working in the disability service sector there were higher proportions of respondents who reported receiving 3 days or more of training in the last year, and lower proportions of newer staff reported less than 1 day of training. Yet concerningly, among those with less than 1 year of experience of working in disability, 14% reported receiving less than a day of training in the last year, as did 20-21% of those with 1-2 and 2-5 years of working in disability.

Figure 9.4 Number of days of training in the last 12 months, by total years of experience working in disability services

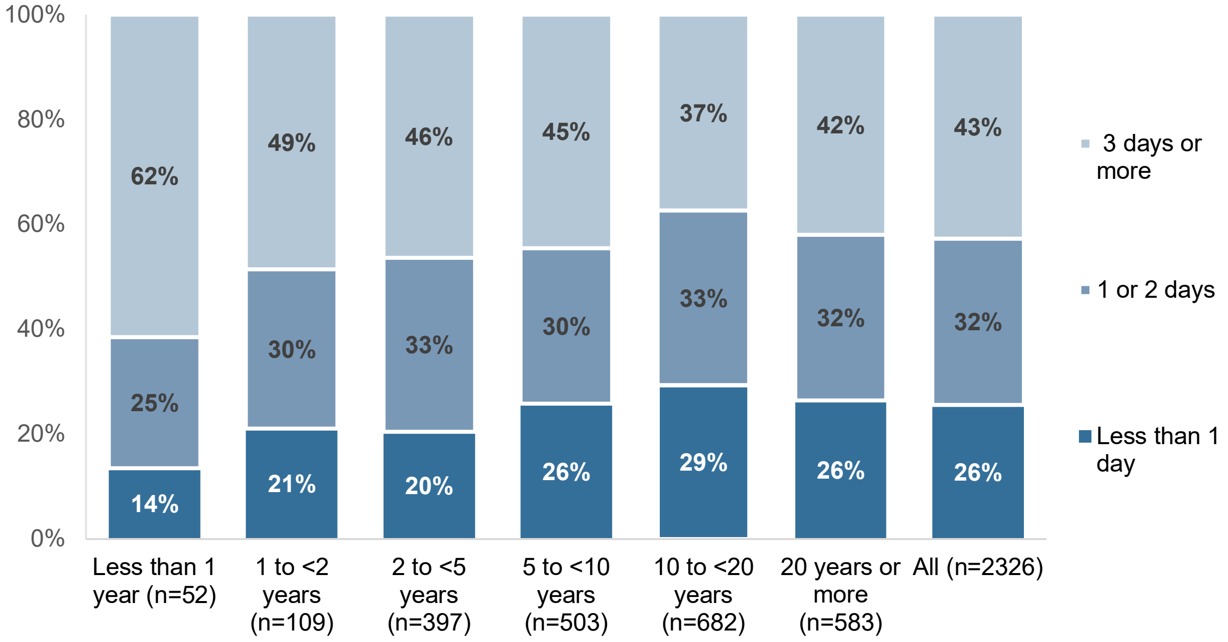


Figure 9.5 provides a breakdown of receipt of training by service setting. While this does not show large differences in the amount of training received across settings, low proportions of those working in home care settings were paid for all the time they spent in training (67%) (see Figure 9.6). By contrast, 82% of those in supported accommodation settings and those in coordination, case management, employment and advocacy settings were paid for all the time spent in training.

Figure 9.5 Number of days of training in the last 12 months, by setting

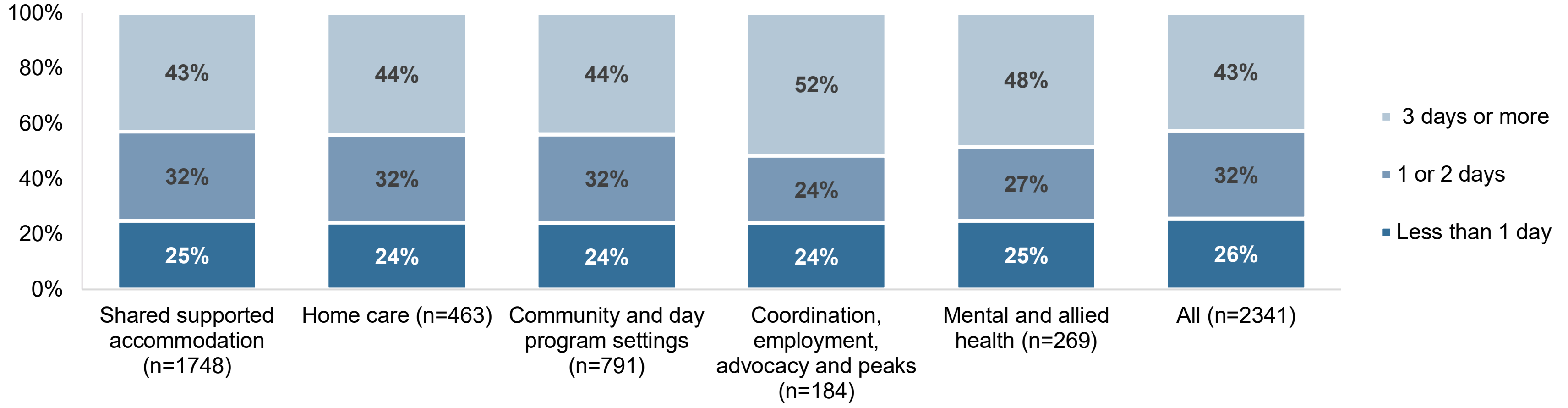
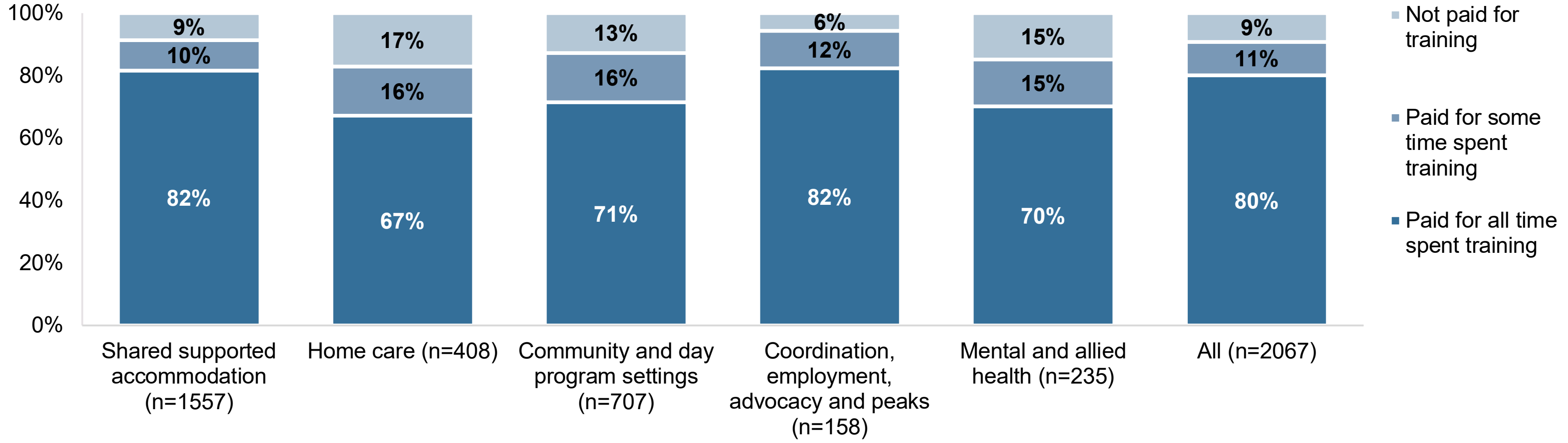


Figure 9.6 Whether training was fully paid, by setting



9.4 Comments on training

When asked to comment on the topic of training, workers stressed that training was essential to their capacity to deliver personalised, high quality care. In particular, the importance of training was underscored in comments related to worker safety, quality safeguards, skills acquisition and the sharing of client information.

> *On our training we learn techniques for supporting our clients and for the safety of the support worker for not hurting yourself and the clients at the worksites.*
>
> *Information can be lost or forgotten if relaying it back to the team is required. If our workforce is universally trained, we'll see a lot less errors made. Knowledge is crucial.*
>
> *Staff need urgent training in quality safeguards*
>
> *it is vital that there is on-going training for staff in order to ensure high quality of service*
>
> *Staff cannot continue to provide quality care if we aren't trained to carry out tasks allocated. Computer training is also required as this has become an integral part of staffs shifts now*

Many commented that they did not receive enough training to do their job effectively.

> *Training is paid which is good however the majority of staff are massively undertrained to deal with the complexities that some of the people we support face such as medical, behavioural and physical.*
>
> *There is nowhere near enough training*
>
> *We were getting good training but all of a sudden it has stopped not even new staff are getting appropriate training and orientation and are put on shift with no med training or Peg feed training with customers that require these services*

Casuals reported even fewer opportunities to undertake much needed training.

> *[Training is] not encouraged much for casuals*
>
> *[We] need more training opportunities for casual workers [who] can't access the training because we are not permanent, more training to be accessible for all workers.*

For some, it was not so much the quantity of training available to them, but the quality. In particular, workers consistently raised issues related to online training, which they found to be an inaccessible and ineffective method of delivering content. Some said that face-to-face training was essential for learning the practical skills required for disability support work.

> *[I've had] virtually no ongoing training over the 2-3 years. Only do cut down versions online.*

> *The training is on an online learning portal which is not a good way of learning by clicking through slides. The organisation is assuming that staff have appropriate IT skills plus reading and comprehension skills.*
>
> *Tick and flick online training is a joke, you don't learn anything satisfying as pass on a computer screen. This does not translate into practical skills such as manual handling, etc*
>
> *Online training is not effective. Face-to-face training is more effective as staff can bounce ideas and experience off one another to help others understand issues and concerns.*

Staff were expected to undertake online training during their shifts, when they would otherwise have been engaged in support work with clients.

> *We are expecting to online training while at work supporting [clients]*
>
> *Most of our training is now on line so need to complete during work hours when time permits.*
>
> *More training is being done on line. It's expected to be done at work. This causes stress as you know you are neglecting people with needs.*

Workers commented that they routinely undertook training that was unpaid or only partially paid, including training that was mandatory for all employees at their workplace.

> *I would like to get paid for training I do on my own time, sometimes we do but things like first aid we are made to attend on our own time and also pay for most of it*
>
> *Majority of CPD [continuing professional development] is unfunded by employer.*
>
> *Not being paid for compulsory online training*
>
> *First aid is a requirement of my role (as a Support Coordinator) but no funded by the org*
>
> *All training should be paid as it is nearly always a requirement of employment*

Many described the training they received as minimal, comprising only the 'basics' such as first aid and CPR.

> *Apart from first aid and CPR we don't get offered training*
>
> *Training was first aid refresher*
>
> *My training was for first aid and was paid for. Have been told there is not money for training, and if want further training do it myself and pay for myself.*

There was a clear desire for more in-depth training, especially that which is targeted to clients with, for example, mental health issues, complex needs or challenging behaviours.

> *More training in all aspects of Mental health especially residents that have… dual diagnoses of mental health and ID [intellectual disability]*
>
> *Mental health first aid training should be compulsory, for all disability workers regardless with what sort of disability our customers has. It gave me a lot of knowledge, and I was so happy to share with my family and friends.*
>
> *[There] needs to be a lot more of it [training]. Especially dealing with complex high level mental and behavioural needs.*
>
> *Training needs to be relevant. … more behavioural training would be beneficial and training re various disabilities.*

Many felt that opportunities to undertake training had diminished since the roll out of the NDIS, and that funding pressures and commercial imperatives played a large part in this.

> *Pre NDIS training was invaluable and now badly lacking.*
>
> *Since NDIS, I find that training is minimal as new workers join the sector and have no idea what they are doing and this puts clients at risk.*
>
> *Since being privatised, there seems to be much less opportunity for training, and less days available to do training.*
>
> *[Training is] non-existent under NDIS as no money for organisation to pay for this prior to NDIS we received loads of training*
>
> *I don't believe we get sufficient training, it has been indicated that this is due to us not earning money when on training which affects the organizations ability to make profit.*

In some cases, 'in-house' training had been reduced and replaced by poorer quality, often online training that workers perceived as a 'tick box' exercise.

> *Training is always basic and only used to tick a box for NDIS or whatever body requires it*
>
> *[We have] non accredited training just to fit in with NDIS policy*
>
> *Since NDIS we hardly get any in-house training*
>
> *Training is now done all on line via the internet whereas we used to have actual training days regularly where we also met with other staff. No money under NDIS for group training or organisational training regarding disability.*

Within some organisations, however, progress has been made under the NDIS, owing in part to the increased visibility of, and public interest in, issues of quality and safety. One support coordinator said, for instance, that they:

> *attend a lot of round table forum, information session, Support Coordination and the Quality and Safety Commission – all NDIS related. Also specific training such as Supported Decision Making.*

Another wrote:

> *My work has provided on-site training in a number of areas including the NDIS Quality and Safeguards Commission and our reporting responsibilities.*

10 Online platforms

The survey asked about online platforms, which offer a matching platform through which support workers can connect with people who need their services. In most cases, online platforms enable people with disabilities or their family members or carers to directly hire and manage workers, operating as independent contractors (e.g. Mable, Airtasker). Platforms manage the financial transfer from care purchaser to care worker and may provide discounted indemnity insurance to workers. In the case of Hireup, workers are engaged as casual employees. There are concerns that, where workers are hired as independent contractors, platforms place pressure on pay rates and reduce employment security, while they exert considerable control over employment without taking any of the responsibilities and risks of an employer, which are devolved to workers (Minter, 2007; Stewart and Stanford 2017).

10.1 Use of online platforms

In the survey, 114 respondents (5%) said they had used one of the listed platforms. Over half 55% of those who had used a platform had used Hireup and a further third (32%) had used Mable (see Figure 10.1).

Figure 10.1 Respondents who had used online platforms

Online Platform	n	%
Hireup	63	55%
Mable	36	32%
Careseekers	7	6%
Care.com	3	3%
Airtasker	2	2%
Carer Solutions	2	2%
Findacarer	1	1%
Total	114	100%

Figure 10.2 shows that among those who had used an online platform, there were disproportionately high numbers of workers who were casual, self-employed or on fixed term contracts in their main role. Among those who had used online platforms there were also higher proportions of workers who were newer to work in disability services. Among those who had used an online platform, 42% had less than 5 years of experience in disability services whereas among those who had not, only 24% had less than 5 years of experience (Figure 10.2).

Few who reported using platforms (6%) said they were self-employed or freelance in their main role (Figure 10.2). This suggests that platforms using independent contracting models are more likely to be supplementary to other employment, at least for this group of workers. However, 27%

of workers using platforms were employed casually in their main job. While it is unclear from the data, this could reflect that their main employer was either Hireup or another employer.

Further information about the importance of platforms to employees came from a question about how much disability work comes through the platforms. Although many workers had used the platforms, they were not a major source of employment for many survey respondents. Indeed, when asked how much of their disability work comes through an online platform at present, 42% said none, and a further 39% said only a small amount. Seven percent said about half their work came through an online platform, and the same proportion (7%) said most, but not all their work came through a platform. Four percent said all their work currently came through a platform.

Figure 10.2 Respondents who had used online platforms, by employment status in main job, and total years working in disability services

		Had used an online platform (n=100)	**Had not (n=2233)**
Employment status in main job	Permanent / ongoing	51%	77%
	Fixed-term contract	16%	8%
	Casual	27%	14%
	Self-employed / freelance	6%	1%
	Total	100%	100%
Total number of years worked in disability services	Less than 1 year	5%	2%
	1 to <2 years	8%	5%
	2 to <5 years	29%	17%
	5 to <10 years	32%	21%
	10 to <20 years	19%	30%
	20 years or more	7%	26%
	Total	100%	100%

Figure 10.3 About how much disability work comes through an online platform at present

	n	**%**
None	42	42
Only a small amount	39	39
About half	7	7
Most, but not all	7	7
All of my work	4	4
Total	99	100

10.2 Comments on online platforms

A few commented on the benefits of online platforms for clients, for example:

> *Good flexibility and freedom to choose work. Great option for clients to choose support staff.*
>
> *Much cheaper and great for families who want direct involvement with staff. Also great as they do not charge TTP*[7]*.*

Others saw mutual benefits for example

> *My choice of clients... and customers love it they control their staff of choice.*
>
> *Both parties can look at profiles like a dating site. Equal choices.*
>
> *If you want work, it's there. You can make a full time wage out of it 100%. If you want to work 1 shift a month, that is also supported. I enjoy being able to choose my clients and shifts. I enjoy the flexibility, and my clients do too.*

However, most comments focused on the risks that workers saw associated with platforms. These comments noted the platforms didn't seem to operate as a professional service, for example:

> *It's like an odd jobs service... seems to be mainly people seeking transport, home maintenance and even relationships! Not professional disability support workers. It's the Wild West!!!*

In some cases, lengthy processes did not lead to work, reflected in the comment that:

> *You feel like you are constantly going for interviews.*

Others found it only led to short hours or required short notice:

> *I tried HireUp. Looks really attractive. Once in, I realize its nothing I expected. The hours are 3 to 5 hours. The notice is too short. It did not just work for me, perhaps because [of the location I work in].*

Several comments focused on the risks of obtaining work where there was limited information provided regarding clients and the nature of work required or expected, which could limit capacity for workers to provide services at the standards of quality they wished to. For example:

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[7] TTP refers to the Temporary Transformation Payment, introduced from July 2019 to assist NDIS providers of attendant care and community and centre based activities with costs associated in transitioning to the NDIS. It was a 7.5 percent loading in 2019–20. See NDIS Price Guide 2019-20 https://www.ndis.gov.au/media/2213/download

> *There is no information regarding the participant and you need to accept the shift and meet them.*
>
> *There is no background information on clients, they rely on the information the client chooses to disclose.*
>
> *Very difficult when families/participants don't upload all support documents to their profile.*
>
> *I was not given any introduction about the client. The client was smoking marijuana when I arrived. Whilst driving him to an appointment he started vaping in my car. I felt I couldn't say anything or I wouldn't have the job again.*

Others noted lack of opportunity to obtain information from the platforms or discuss issues, commenting that they were often difficult to contact and unhelpful, for example:

> *When contacting them for information they often don't have answers. Phone staff not knowledgeable or helpful. Little support given.*
>
> *Also no one to support me if I think a client is inappropriate, platforms only have a business hours phone line.*
>
> *These platforms are so hard to get work through, people don't get back to you or they have unreasonable expectations of you. The hours are so unpredictable and hard to get anyone to respond that all 3 people I know [who have tried to use them] have given up*.

Lack of support from the platforms was seen to underpin some very serious risks, for example:

> *There is no supervision, no safeguarding, minimal training. 'Support available' to staff but an effort to access, not a delegated manager etc. Support or management of [the platform] have no idea about service users when approaching for support. Accounts of the service users can have little to no or inaccurate, uninformed information. It's a regular practice for employees to spend an hour to meet a potential participant unpaid. Worst of all in the case of after hours support there is NO ONE to contact. I once saw a job that a woman had posted saying she was suicidal and needed help and aside from attempting to contact the service user there was no way to contact [the platform] staff to ensure the safety of this participant.*

Other comments focused on remuneration, seeing work offered through platforms involved low rates of remuneration. A key issue was that the fees charged by the platforms were high:

> *The platform charges it's clients an extreme amount and takes a large chunk of our payment.*
>
> *Fees on [the platform] are excessive. I don't earn super as my hours are below the minimum.*

As well as fees, having to pay for insurance was a significant expense:

> *They make workers use their own insurance for their vehicles which is a pain*

A further source or risk related to processes for getting paid:

> *After submitting hours worked clients can take a long time to approve which can cause delays in payment. Clients can also cancel shifts without notice at any time. This causes us to not get paid for the time we were rostered on even if they do It on the same day.*

11 Safety and reporting

Safety issues relating to COVID-19 are documented in a separate report.[8] In addition, the survey captured information about safety at work, including supervisory and training support for safety, incident reporting, and awareness of client and worker exposure to harms such as bullying, harassment, violence, or abuse.

11.1 Support for safe work environments

Figure 11.1 provides information about organisational supports for safe working. Around half of respondents either agreed (41%) or strongly agreed (10%) that they receive the training they need to do their work safely. However, 27% disagreed or strongly disagreed. This was very similar for the measure of supervisory support, which captured workers' perceptions of whether they felt their supervisor supported their safety, wellbeing and development. On this measure, half of respondents either agreed or strongly agreed, while 28% disagreed or strongly disagreed.

Figure 11.1 also shows that around three in five (61%) disability workers agreed or strongly agreed that their organisation has effective processes in place to minimise risks of violence, abuse and neglect against people with a disability. Concerningly, 21% disagreed or strongly disagreed that this was the case for their organisation. There were no notable differences in patterns of agreement and disagreement across disability settings, locations or organisation types. However, workers with better quality supervision were more positive about their organisation's processes to minimise risks of violence, abuse and neglect, and were more likely to feel confident to report it (shown in Appendix Table A. 20 and Table A. 21, and discussed in Section 11.3).

11.2 Incident reporting

Figure 11.2 shows most respondents (71%) agreed or strongly agreed that they felt confident about reporting safety issues and risks. However, 16% disagreed or strongly disagreed. A high proportion of respondents (70%) reported that it would be easy to report unsafe treatment of a client (Figure 11.3). However, almost a quarter (23%) said it would be somewhat difficult, and 6% perceived reporting unsafe treatment to be 'very difficult'. No notable variation was found across organization types, or by permanent, fixed term and casual staff. However, workers' confidence in reporting safety issues, and perceptions of the ease of reporting, were linked to measures of supervision, shown in Section 11.3.

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[8] 8 http://handle.unsw.edu.au/1959.4/unsworks_66998

Figure 11.1 Organisational supports for safe working

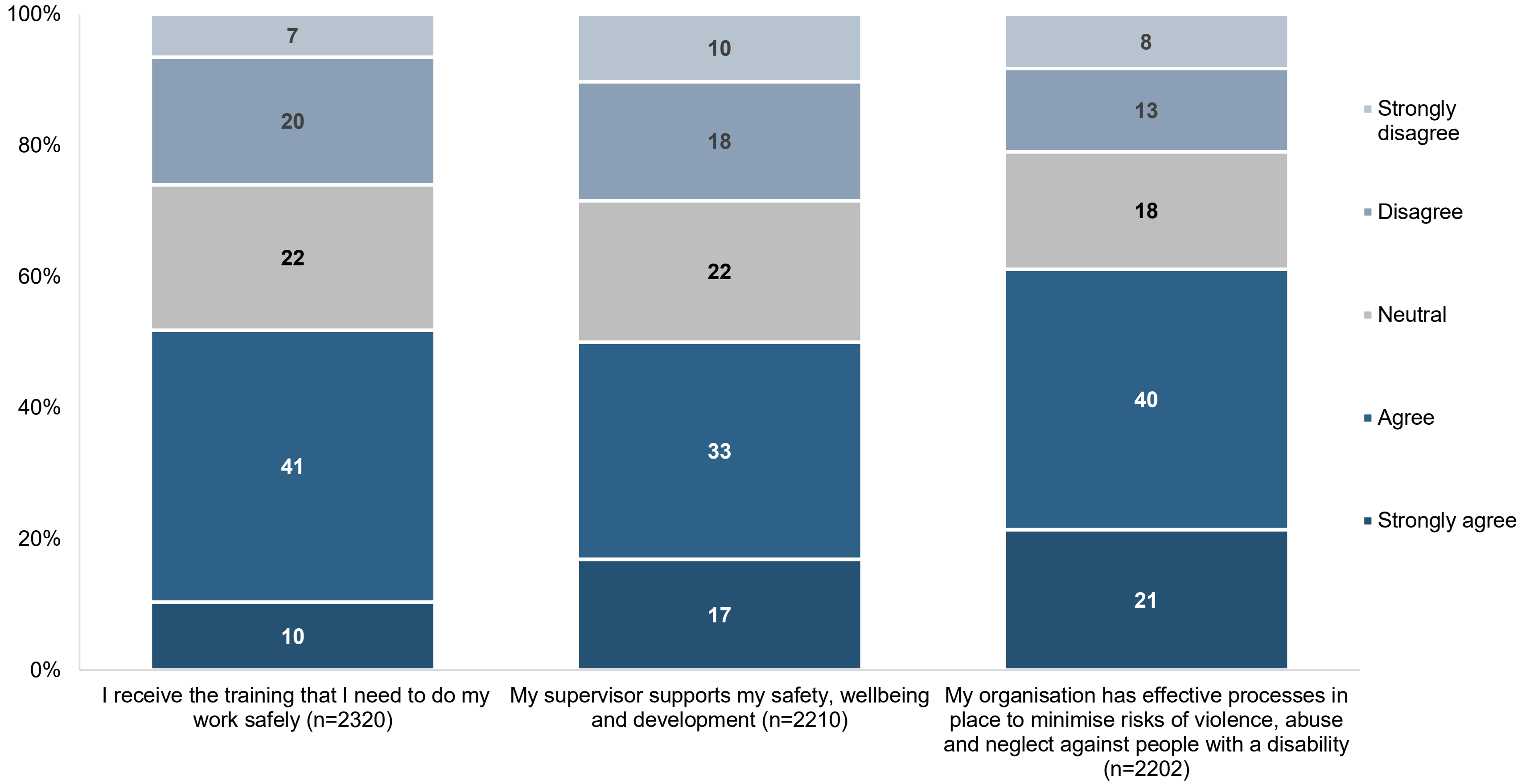


Figure 11.2 Agreement with the statement 'I feel confident about reporting any safety issues and risks' (%)

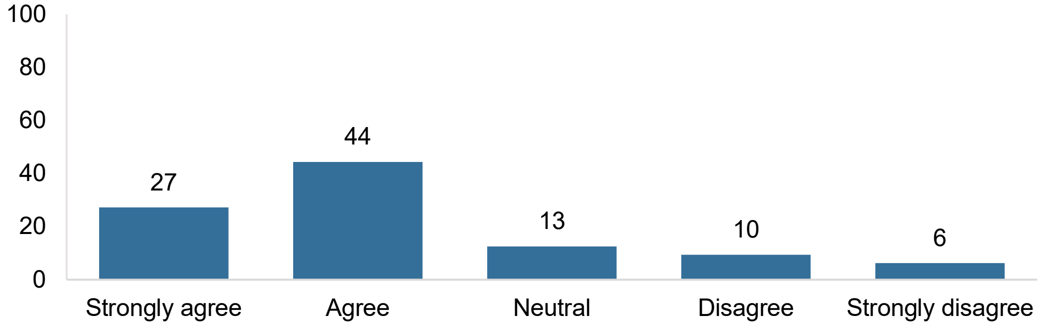
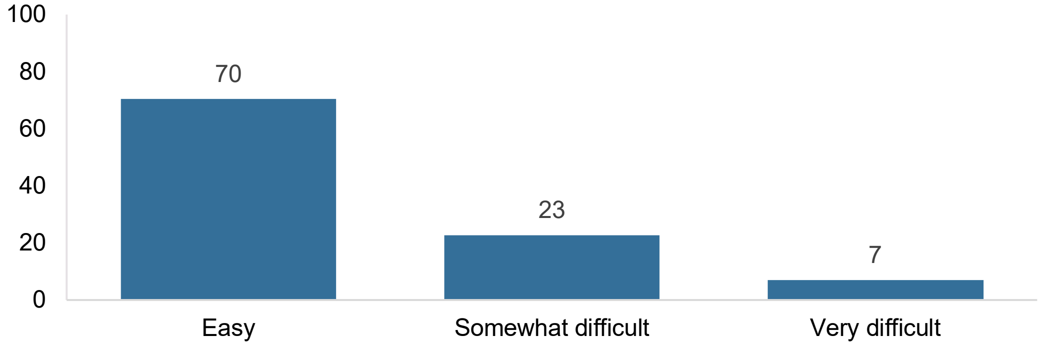


Figure 11.3 Responses to the question 'If you saw a client being unsafely treated or were aware of something happening that was not right, how easy do you think it would be to report it?' (%)

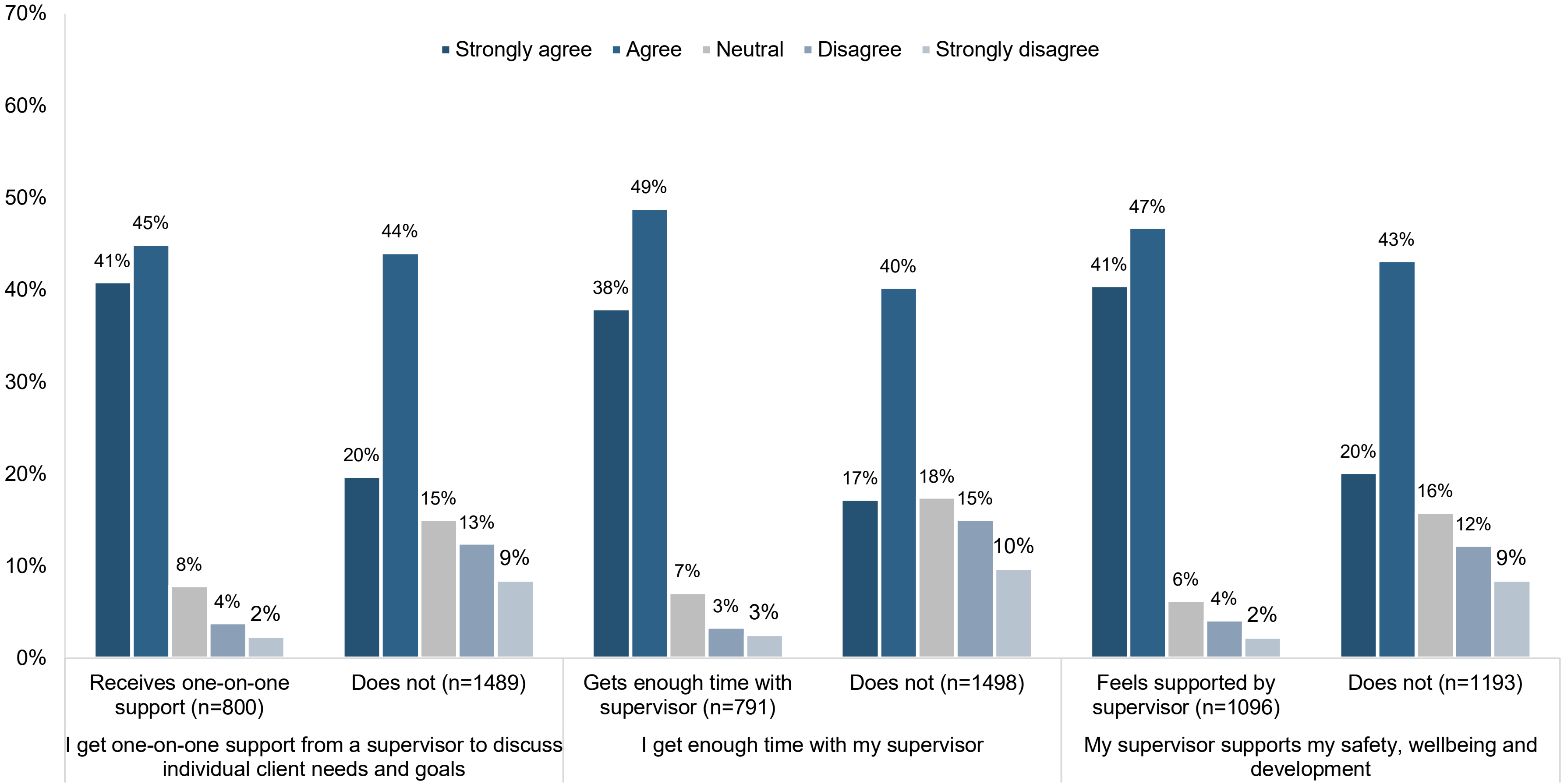


11.3 The importance of supervision

While agreement with statements about workplace safety did not vary substantially according to employment status, setting, or organisation type, access to quality supervision was found to be associated with confidence in reporting safety issues and risks. Figure 11.4 shows that those workers who agreed with statements about quality supervision were more likely to say they felt confident reporting any safety issues and risks, compared with those who did not receive quality supervision. Among those who received one-on-one support from a supervisor, 86% agreed or strongly agreed that they felt confident reporting safety issues and risks, compared with 64% of those who did not receive one-on-one support.

Similarly, among those who said they had enough time with their supervisor, 87% felt confident reporting issues and risks, whereas only 57% felt confident among those who were not able to spend sufficient time with their supervisor. Figure 11.4 shows similar association between a worker feeling supported by their supervisor and feeling confident reporting safety issues. Additional data is in Appendix Table A. 20 and Table A. 21.

Figure 11.4 Agreement with statement 'I feel confident about reporting any safety issues and risks' by supervisory supports



11.4 Bullying, harassment, violence and abuse

To explore workers' awareness of any harms to clients, the survey asked 'Have you been aware of a client being subject to bullying, harassment, violence, abuse or neglect in the last 12 months? This may be something you have seen or been aware of, even if you weren't directly involved.' The proportion who were and were not aware of these harms is shown for male and female workers, in Figure 11.5. This shows that 48% of women were aware of harm to a client in the last 12 months, as were 40% of men.

For those who were aware of harm, the sources of harm were captured, and respondents were able to report more than one (Figure 11.6):

- 24% of respondents aware of harm were aware of harm from another client,
- 23% were aware of harm perpetrated by a worker or volunteer (including staff in other agencies),
- 9% were aware of harm from a family member or friend, and
- 4% were aware of harm from a member of the public.

Similar questions were asked to capture awareness of harm to workers. Figure 11.7 shows two thirds (66%) of women were aware of a worker being subject to workplace bullying, harassment, violence or abuse in the last 12 months, as were 60% of men. Most often, this was from another worker (48%) while 27% of respondents were aware of harms to workers perpetrated by a client (see Figure 11.8). One in eight respondents (12%) said they were aware of it occurring from a family member or friend of a client, and 4% were aware of it perpetrated by a member of the public.

Figure 11.5 **Awareness of harm to a client in the last 12 months, by respondents' gender**

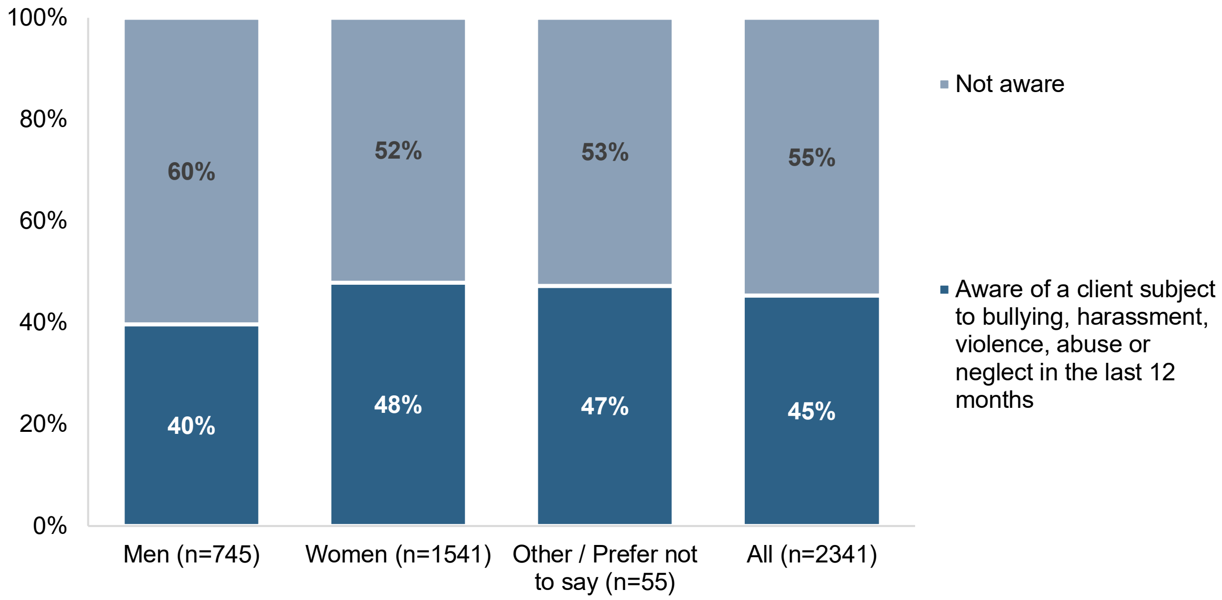


Figure 11.6 Responses to the question 'Have you been aware of a client being subject to bullying, harassment, violence, abuse or neglect in the last 12 months?'

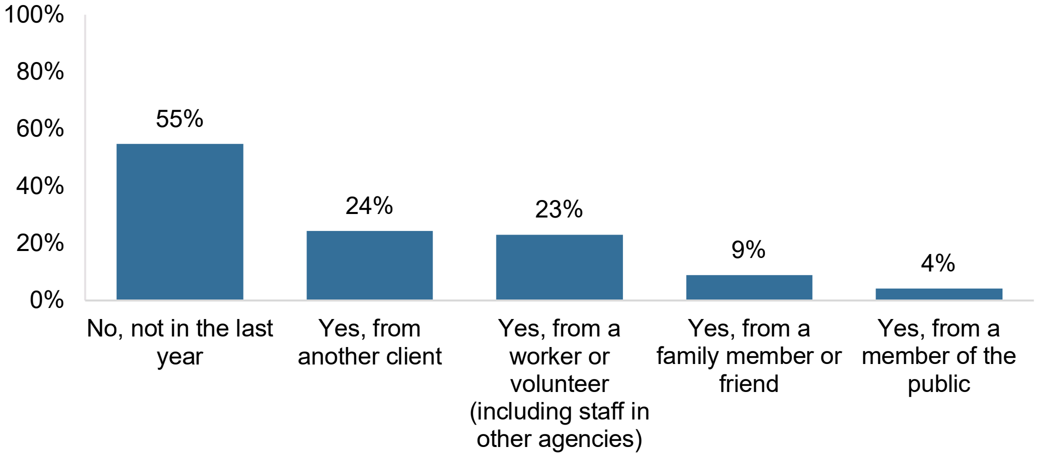


Figure 11.7 Awareness of harm to a worker in the last 12 months, by respondents' gender

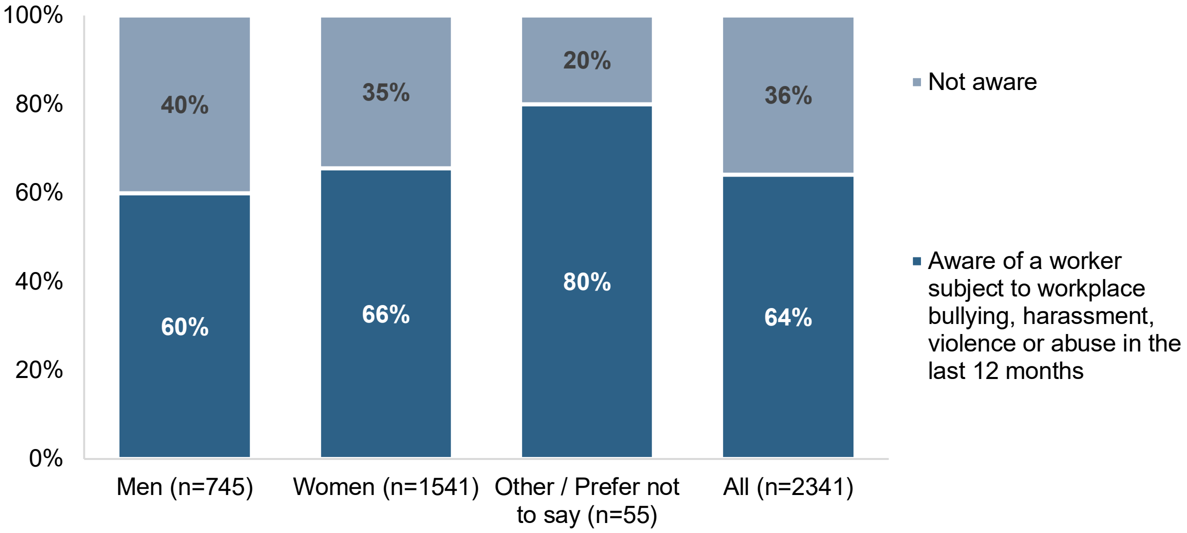
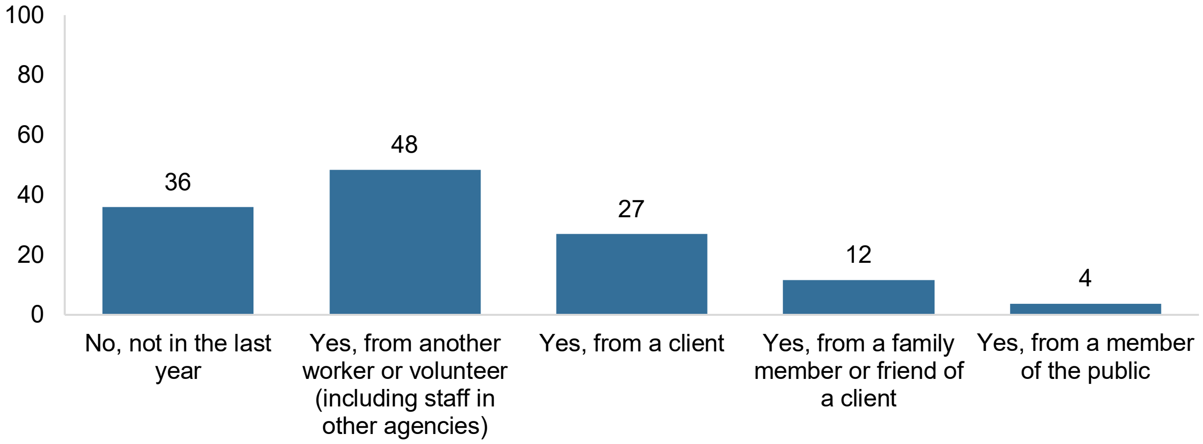


Figure 11.8 Responses to the question 'Have you been aware of a worker being subject to workplace bullying, harassment, violence or abuse in the last 12 months?' (%)



11.5 Comments on safety and reporting

Safety issues, including bullying, harassment and abuse in the workplace, and reporting of issues, were issues of serious concern for workers in both community and residential settings. While some commented that they felt confident and supported to report critical incidents, and that their employer took these matters seriously, a majority of comments reflected workers' concerns that the safety of staff was not adequately prioritised by employers. Workers identified employers' responses, or lack thereof, as a major barrier to reporting. Many commented that their reports were rarely followed up, despite persistent reporting.

> *I have reported such things both internally and externally and nothing changes.*
>
> *Never receive much follow up on incidents. But if it's something big maybe or obvious it might be dealt with.*
>
> *It feels like there is NO point reporting things. Nothing is ever done about it. Even if you're reporting an injury that happens again and again.*

In most cases, workers were aware of the policies and procedures in place to address workplace health and safety issues, but felt that these were not adequately implemented. For example, one worker supporting residents in a regional Victorian group home said,

> *My company does not even put into place safety standards that are in their own policy guidelines.*

Many described the reporting process as complex and onerous, and online reporting systems as especially difficult to navigate.

> *Occupational assault client to staff is real and ongoing. Reporting requirements are complicated and take so much time people don't bother.*
>
> *Computer incident reporting and procedures are making reporting difficult with staff unwilling to report as reporting is time consuming, etc.*
>
> *Our online system of reporting is both lengthy and confusing. If you are not computer literate or competent with English you are at a disadvantage. Incidents are not being reported as the system is too hard to navigate.*
>
> *Reporting this takes time and this time is not paid for.*
>
> *Our reporting system is through an app on our work phone. It is complicated and frustrating to navigate, therefore I rarely report anything unless it is critical.*

Some commented that clients faced a unique but related set of risks as a result of poor workplace cultures in which harassment and abuse perpetrated by staff and other clients is tolerated and at times even covered up.

> *We can complete incident reports, but that doesn't mean they are recorded to DHS or that family members are made aware of events that have occurred.*
>
> *Higher levels of management always appear more concerned protecting themselves & the organisations reputation than the safety & wellbeing of both residents & staff.*
>
> *Managers often ask staff to change incident reports and risk matrix.*
>
> *We have been told not to document. Manager [is] sick of paperwork.*

The personal toll on workers and their morale was made clear in comments such as:

> *The staff feel a lack of support and I do not feel as if I'm working in a safe working environment. Management are aware of this as well as the serious affects this is having on staff here*
>
> *I get assaulted just about every shift.*
>
> *Staff are hurt daily by clients and staff are expected to keep working with the same client day in day out.*

Yet many were hesitant to take matters further (i.e. to escalate matters to senior management or make a complaint external to their organisation) for fear of losing their job or work with particular clients and families. As one in-home care worker explained,

> *When you report this the client gets given to another worker.*
>
> *Workers are scared to report client assaults for fear of being put off that roster. We currently have a worker being disciplined and under investigation for being the victim of a client assault that led to police charging the client.*
>
> *I was a victim of sexual harassment at work. Once reported to my supervisor & operations manager at that time, they tried to 'sweep it under the carpet'. I was told if I didn't tell anyone else or make a formal complaint, I could be moved to another work site of my choice. The perpetrator kept his current job in a management role.*
>
> *The primary concern of management is to keep the disruptive clients at any cost and constantly move staff on.*
>
> *Reporting is easy… the issue will be swept under the carpet though as the company cannot fix the issue, eg, a difficult client who abuses people but has nowhere to go.. or abuses staff… does the staff go or the client? Usually the staff...*

Workers explained that job insecurity compounded issues surrounding the reporting of violence, harassment and abuse of both staff and clients.

> *Because I feel insecure about how my employment status I do not feel confident about reporting issues*

> *It’s hard for casuals, because if they report a permanent staff member, they run the risk of not being able to work in the house again. It is a real disincentive*

> *I did try to report bullying and negligence to NDIS but was not able to do it without being anonymous and could not risk losing my job as I have mortgage and bills to pay*

Many workers said they feared the repercussions from their employers and that this deterred them from reporting.

> *We need to change the culture for incident reporting. As the reasons why people refuse to do the correct thing is because of the repercussions.*

> *I know from the experience of other staff what the implications are for them if they report issues of concern towards clients. Not good.*

> *Bullying by management rife. Staff safety less important than fear of management.*

They also pointed to a broader societal and workplace culture in which staff are expected to tolerate abuse, and which normalises violence in spaces where disabled people live and receive support.

> *In health care there is a lot of advertising [saying] abuse of workers is unacceptable. Sad that you don’t see that for disability workers*

> *Staff are expected to put up with abuse and physical assault*

> *We are very vigilant about domestic violence in the family home but we are not good at recognising that domestic violence is also in group homes. Just because it is not a typical family, it is still a person’s home and still domestic violence when they are assaulted by clients they live with*

> *Staff are hurt daily by clients and staff are expected to keep working with the same client day in day out.*

12 Conclusion

This report has provided information about the disability workforce, drawing on the perspectives and experiences of 2,341 disability workers. The material gives a comprehensive account of the nature of disability work in early 2020 and the ways disability work is changing. It attests to the range of concerns among workers about delivering services in the context of the NDIS, including pay, service quality and safety, and the way the Scheme is impacting on participants.

Overall, the report serves as a reminder of the way Australia’s disability service system has been predicated on the undervaluation of support work, and on under-resourcing of frontline service delivery. Previous analysis has shown how cost-cutting has been built into the very thin resource model underpinning the NDIS (Cortis et al, 2017). Despite tweaks in unit prices, data from early 2020 shows undervaluation remains a defining feature of Australia’s disability service system, which continues to shift costs and risks onto frontline staff, including through low pay and unpaid work. Indeed, workers described completing many core service delivery tasks outside of their paid time, including recording case notes, and communicating with colleagues and supervisors. While the workforce in 2020 appears a little more positive about levels of remuneration than at previous points in the NDIS roll out, the majority are not satisfied with their take home pay, and few are confident their retirement savings will suffice.

A particular concern is that on several measures, highly experienced workers, who have more expansive overviews of the changing nature of service provision and work in disability services, expressed particularly critical perspectives. This was evident in their perspectives on the quality of services under the NDIS, and the ways the Scheme was impacting on the workforce. In addition, it is evident that new workers’ optimism about their pay and their prospects for career advancement fall in the initial years of their employment, and remain low throughout their careers. Further, the data shows gaps in provision of supervision, support and training, and that too many workers are left to make decisions about client care and support on their own, undermining safety behaviour and reporting.

Current circumstances in the disability sector risk undermining quality for people with disability; workers’ prospects for achieving financial security and satisfying careers; and the capacity of the industry to attract and retain a supply of workers. The report demonstrates how workers’ perspectives are essential sources of information about the operation of the service system. Continuing to engage workers in discussions about the future of disability services and the NDIS, including through large-scale research studies, will help ensure services are the best that they can be for people with disability, and that the sector is strong and sustainable.

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Appendix A Supplementary data

Supplementary Data , Section 2: About survey respondents

Table A. 1 Gender and location

	Male		Female		Other / Prefer not to say		Total	
	n	%	n	%	n	%	n	%
Works mainly in a capital city	435	38%	686	60%	29	3%	1150	100%
Works mainly in a regional town	282	27%	755	71%	20	2%	1057	100%
Works mainly in a rural or remote area	28	21%	100	75%	6	5%	134	100%
Total	745	32%	1541	66%	55	2%	2341	100%

Table A. 2 Age of respondents

	24 or under	25 to 34	35 to 44	45 to 54	55 to 64	65 or over	Age unknown	Total
n	46	286	376	666	787	123	57	2341
% of total (2020)	2%	12%	16%	28%	34%	5%	2%	100%
% of total (2017)	2%	11%	19%	33%	32%	3%	0%	100%

Note: 2017 data is sourced from Cortis, 2017.

Table A. 3 Respondent gender by age

	24 or under	25 to 34	35 to 44	45 to 54	55 to 64	65 or over	Age unknown	Total
Female (%)	78%	63%	61%	68%	70%	54%	43%	66%
Male (%)	20%	34%	37%	31%	29%	46%	15%	32%
Other / prefer not to say (%)	2%	3%	2%	2%	0%	0%	43%	2%

Table A. 4 Whether respondents identified as a member of group

	Aboriginal and / or Torres Strait Islander	Person who speaks a language other than English at home	Person on a temporary visa	Person with a disability	Person with lived experience of disadvantage and / or welfare service use
n	71	360	29	101	334
%	3%	15%	1%	4%	14%

Table A. 5 Numbers of respondents from each jurisdiction

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Total
n	430	1264	61	191	101	267	6	21	2341
%	18	54	3	8	4	11	0	1	100

Table A. 6 Number of service settings selected by respondents

Number of settings	1 setting	2 settings	3 settings	4 or more settings	Total
n	1443	465	283	146	2337
%	62%	20%	12%	6%	100%

Table A. 7 Total years of experience in disability services, 2017 and 2020

	Less than 1 year	1 to < 2 years	2 to <5 years	5 to <10 years	10 to <20 years	20 years or more
2017 (n=1462)	2%	6%	14%	25%	31%	23%
2020 (n=2326)	2%	5%	17%	22%	29%	25%

Table A. 8 Years of experience in disability services by employment status in main job

	Permanent / ongoing (n=1764)		Fixed-term (n=198)		Casual (n=342)		Self-employed / freelance (n=19)		Total (n=2323)	
	n	%	n	%	n	%	n	%	n	%
Less than 1 year	15	1%	4	2%	32	9%	1	5%	52	2%
1 to <2 years	57	3%	17	9%	35	10%	0	0%	109	5%
2 to <5 years	254	14%	50	25%	91	27%	2	11%	397	17%
5 to <10 years	376	21%	49	25%	71	21%	6	32%	502	22%
10 to <20 years	560	32%	50	25%	67	20%	5	26%	682	29%
20 years or more	502	29%	28	14%	46	14%	5	26%	581	25%
All	1764	100%	198	100%	342	100%	19	100%	2323	100%

Supplementary data, Section 3: Working time

Table A. 9 Average paid and unpaid hours, by contract type in main job

	n	Mean paid hours	n	Mean unpaid hours
Permanent / ongoing	1744	34.8	1665	2.5
Fixed-term contract	200	34.8	194	3.3
Casual	343	29.0	325	2.4
Self-employed / freelance	19	22.9	18	7.1
All	2306	33.8	2202	2.6

Table A. 10 Agreement with statements about working time, by setting (%)

		Supported accommodation settings	Home-based care and support settings	Community and day program settings	Coordination, case management, employment and advocacy setting	Mental and allied health	All
I get enough notice of my shift times (n=2157)	Strongly agree	36	25	25	36	35	35
	Agree	44	38	43	36	37	43
	Neutral	11	17	17	13	16	12
	Disagree	6	14	10	9	6	7
	Strongly disagree	3	7	5	6	5	4
I can change my shifts when I need to (n=2101)	Strongly agree	11	12	11	20	18	12
	Agree	35	32	34	29	30	35
	Neutral	23	20	21	22	22	22
	Disagree	20	22	21	17	22	20
	Strongly disagree	11	13	13	12	9	11
I work the same number of hours each week (n=2249)	Strongly agree	20	15	20	37	28	23
	Agree	31	28	33	28	32	31
	Neutral	13	11	12	13	12	12
	Disagree	26	31	24	13	18	24
	Strongly disagree	11	16	12	9	10	10
I worry about rosters (n=2044)	Strongly agree	23	28	27	21	23	23
	Agree	29	29	28	25	24	28
	Neutral	23	22	24	24	27	23
	Disagree	18	14	15	20	19	18
	Strongly disagree	7	7	6	11	6	8
I spend too long waiting between paid shifts (n=1748)	Strongly agree	5	11	8	2	7	5
	Agree	8	20	16	9	15	10
	Neutral	24	23	25	26	23	24
	Disagree	44	34	40	46	40	43

		Supported accommodation settings	Home-based care and support settings	Community and day program settings	Coordination, case management, employment and advocacy setting	Mental and allied health	All
	Strongly disagree	18	12	12	18	15	18
	Total	100	100	100	100	100	100
My shifts can change unexpectedly (n=1925)	Strongly agree	14	28	22	14	18	15
	Agree	28	37	37	32	28	30
	Neutral	18	11	15	16	22	17
	Disagree	29	18	19	20	20	27
	Strongly disagree	12	6	8	18	12	12
My hours are spread across too many day (n=1976)s	Strongly agree	11	21	16	15	15	12
	Agree	20	22	20	13	20	19
	Neutral	27	26	26	24	24	26
	Disagree	33	24	30	36	30	33
	Strongly disagree	9	7	7	13	11	10
I am often called in to work at inconvenient times (n=1927)	Strongly agree	9	16	12	15	9	9
	Agree	21	25	20	23	22	20
	Neutral	25	23	26	17	23	25
	Disagree	33	27	32	30	33	33
	Strongly disagree	12	8	10	16	13	13
	Total	100	100	100	100	100	100
My time is closely monitored by my employer/s (n=2128)	Strongly agree	21	20	22	21	24	21
	Agree	35	33	35	31	36	35
	Neutral	24	24	22	23	22	23
	Disagree	15	15	14	14	13	15
	Strongly disagree	6	8	7	11	6	6

Table A. 11 Agreement with statements about rostering, by employment status in main job (%)

		Permanent / ongoing (n=1556)	Fixed term contract (n= 156)	Casual (n=321)	Self-employed (n=10)	Total (n=2043)
I worry about rosters	Strongly agree	22%	20%	26%	--	22%
	Agree	26%	26%	35%	20%	28%
	Neutral	24%	20%	20%	40%	23%
	Disagree	19%	24%	13%	30%	18%
	Strongly disagree	8%	10%	6%	10%	8%
Total		100%	100%	100%	100%	100%
		Permanent / ongoing (n=1442)	**Fixed term contract (n= 153)**	**Casual (n=320)**	**Self-employed (n=10)**	**Total (n=1925)**
I am often called in to work at inconvenient times	Strongly agree	9%	10%	12%	10%	9%
	Agree	18%	21%	26%	20%	20%
	Neutral	25%	19%	27%	20%	25%
	Disagree	35%	34%	26%	40%	33%
	Strongly disagree	13%	16%	10%	10%	13%
	Total	100%	100%	100%	100%	100%

Supplementary data , Section 4: Staffing levels and service quality

Table A. 12 Agreement with statements about service resourcing and workload pressures by gender.

		Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
There are enough staff in my service to get the work done	Male (n=745)	10%	36%	16%	26%	12%	100%
	Female (n=1535)	9%	29%	16%	30%	15%	100%
	Other / Prefer not to say (n=54)	4%	24%	22%	26%	24%	100%
	All (n=2334)	9%	31%	16%	29%	15%	100%
I feel under pressure to do more in less time	Male (n=738)	25%	32%	24%	17%	2%	100%
	Female (n=1527)	34%	33%	18%	13%	2%	100%
	Other / Prefer not to say (n=53)	42%	21%	30%	4%	4%	100%
	All (n=2318)	32%	32%	20%	14%	2%	100%

Table A. 13 Agreement with statements about service resourcing and workload pressures by setting.

		Strongly agree	Agree	Neutral	Disagree	Strongly disagree
There are enough staff in my service to get the work done	Supported accommodation settings (n=1746)	9%	33%	16%	28%	14%
	Home-based care and support settings (n=462)	11%	29%	18%	27%	14%
	Community and day program settings (n=789)	10%	30%	16%	30%	14%
	Coordination, employment, advocacy and peaks (n=184)	4%	19%	14%	40%	24%
	Mental and allied health (n=267)	9%	32%	18%	29%	12%
	All (n=2334)	9%	31%	16%	29%	15%
I feel under pressure to do more in less time	Supported accommodation settings (n=1731)	30%	34%	20%	15%	2%
	Home-based care and support settings (n=460)	33%	28%	21%	15%	3%
	Community and day program settings (n=785)	34%	30%	20%	15%	1%
	Coordination, employment, advocacy and peaks (n=183)	48%	30%	14%	8%	1%
	Mental and allied health (n=264)	33%	27%	24%	14%	2%
	All (n=2318)	32%	32%	20%	14%	2%

Supplementary data , Section 5: Perceptions of the NDIS

Table A. 14 Agreement with statements about employer support for quality regulation, by setting

My employer supports staff to comply with the NDIS Code of Conduct		Supported accommodation settings (n=1708)	Home-based care and support settings (n=451)	Community and day program settings (n=773)	Coordination, employment, advocacy and peaks (n=176)	Mental and allied health (n=255)	All (n=2277)
	Strongly agree	18%	26%	24%	31%	24%	20%
	Agree	46%	45%	45%	44%	46%	46%
	Neutral	25%	20%	19%	14%	16%	23%
	Disagree	6%	5%	7%	6%	9%	6%
	Strongly disagree	4%	5%	5%	6%	6%	4%

My employer ensures staff are familiar with the NDIS Quality and Safeguards Commission and its role		Supported accommodation settings (n=1709)	Home-based care and support settings (n=455)	Community and day program settings (n=774)	Coordination, employment, advocacy and peaks (n=174)	Mental and allied health (n=253)	All (n=2277)
	Strongly agree	16%	22%	22%	29%	24%	18%
	Agree	38%	39%	41%	36%	44%	39%
	Neutral	25%	21%	20%	17%	14%	24%
	Disagree	14%	11%	11%	12%	13%	14%
	Strongly disagree	7%	7%	7%	7%	6%	7%

Table A. 15 Agreement with statements about employer support for NDIS quality regulation, by jurisdiction

My employer supports staff to comply with the NDIS Code of Conduct		NSW (n=424)	VIC (n=1230)	SA (n=180)	WA (n=100)	TAS (n=260)	QLD/NT/ACT (n=83)	Total (n=2277)
	Strongly agree	21%	18%%	21%%	21%	23%	30%	20%
	Agree	42%	48%	45%	43%	48%	36%	46%
	Neutral	22%	25%	19%	27%	20%	19%	23%
	Disagree	9%	5%	8%	5%	6%	7%	6%
	Strongly disagree	5%	4%	7%	4%	3%	7%	4%
My employer ensures staff are familiar with the NDIS Quality and Safeguards Commission and its role		NSW (n=423)	VIC (n=1229)	SA (n=180)	WA (n=100)	TAS (n=262)	QLD/NT/ACT (n=83)	Total (n=2277)
	Strongly agree	18%	15%	18%	20%	24%	27%	18%
	Agree	35%	38%	40%	35%	45%	40%	39%
	Neutral	22%	26%	23%	25%	17%	18%	24%
	Disagree	18%	13%	13%	9%	11%	8%	13%
	Strongly disagree	7%	7%	6%	11%	4%	7%	7%

Supplementary data , Section 6: Remuneration

Table A. 16 Agreement with statement 'I am satisfied with my overall level of take-home pay', by setting

	Supported accommodation settings (n=1726)	**Home-based care and support settings (n=461)**	**Community and day program settings (n=781)**	**Coordination, employment, advocacy and peaks (n=183)**	**Mental and allied health (n=260)**	**All (n=2308)**
Strongly agree	6%	7%	5%	12%	6%	7%
Agree	31%	24%	25%	38%	30%	30%
Neutral	25%	24%	26%	14%	24%	24%
Disagree	26%	26%	30%	22%	24%	26%
Strongly disagree	12%	19%	15%	14%	16%	13%
Total	100%	100%	100%	100%	100%	100%

Supplementary data , Section 8: Supervision and support

Table A. 17 Agreement with statements about supervision and support by gender

I always get a good introduction and information about a new client

	Male (n=708)	Female (n=1464)	Other / Prefer not to say (n=51)	Total (n=2223)
Strongly agree	10%	9%	6%	9%
Agree	33%	28%	18%	29%
Neutral	23%	24%	39%	24%
Disagree	25%	27%	22%	26%
Strongly disagree	9%	12%	16%	11%
Total	100%	100%	100%	100%

I get one-on-one support from a supervisor to discuss individual client needs and goals

	Male (n=701)	Female (n=1455)	Other / Prefer not to say (n=50)	Total (n=2206)
Strongly agree	13%	9%	8%	10%
Agree	32%	25%	24%	27%
Neutral	20%	22%	22%	21%
Disagree	25%	29%	24%	28%
Strongly disagree	10%	16%	22%	15%
Total	100%	100%	100%	100%

Table A. 18 Agreement with the statement 'I get one-on-one support from a supervisor to discuss individual client needs and goals' by type of employment in main job

	Permanent / ongoing (n=1673)	Fixed-term contract (n=178)	Casual (n=338)	Self-employed / freelance (n=15)	Total (n=2204)
Strongly agree	11%	8%	8%	0%	10%
Agree	29%	25%	18%	20%	27%
Neutral	21%	20%	21%	33%	21%
Disagree	26%	35%	35%	13%	28%
Strongly disagree	14%	12%	18%	33%	14%
Total	100%	100%	100%	100%	100%

Table A. 19 Agreement with the statement 'I have to make important decisions about client safety, care and support on my own' by education^

	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
High school, Cert 1-3	81	18	151	34	112	25	86	20	11	3	441	100
Cert IV	153	19	311	38	190	23	137	17	25	3	816	100
Diploma	153	27	223	40	98	17	76	14	13	2	563	100
Degree or above	102	28	130	35	59	16	71	19	8	2	370	100
Total	489	22	815	37	459	21	370	17	57	3	2190	100

^Note: Education is respondents' highest level of education relevant to work in disability services.

Supplementary data , Section 11: Safety and reporting

Table A. 20 Agreement with the statement 'I feel confident about reporting any safety issues and risks' by supervisory support

I feel confident about reporting any safety issues and risks		**I get one-on-one support from a supervisor to discuss individual client needs and goals**		**I get enough time with my supervisor**		**My supervisor supports my safety, wellbeing and development**	
		Receives one-on-one support (n=800)	**Does not (n=1489)**	**Gets enough time with supervisor (n=791)**	**Does not (n=1498)**	**Feels supported by supervisor (n=1096)**	**Does not (n=1193)**
	Strongly agree	41%	20%	38%	17%	41%	20%
	Agree	45%	44%	49%	40%	47%	43%
	Neutral	8%	15%	7%	18%	6%	16%
	Disagree	4%	13%	3%	15%	4%	12%
	Strongly disagree	2%	9%	3%	10%	2%	9%
	Total	100%	100%	100%	100%	100%	100%

Table A. 21 Agreement with the statement 'My organisation has effective processes in place to minimise risks of violence, abuse and neglect against people with a disability' by supervisory support

		I get one-on-one support from a supervisor to discuss individual client needs and goals		I get enough time with my supervisor		My supervisor supports my safety, wellbeing and development	
My organisation has effective processes in place to minimise risks of violence, abuse and neglect against people with a disability		Receives one-on-one support (n=802)	Does not (n=1400)	Gets enough time with supervisor (n=795)	Does not (n=1407)	Feels supported by supervisor (n=1100)	Does not (n=1102)
	Strongly agree	35%	13%	35%	14%	33%	10%
	Agree	46%	36%	46%	36%	46%	33%
	Neutral	12%	21%	10%	22%	12%	24%
	Disagree	5%	17%	7%	16%	7%	19%
	Strongly disagree	2%	12%	2%	12%	2%	14%
	Total	100%	100%	100%	100%	100%	100%