
Joint Standing Committee on the National Disability Insurance Scheme

NDIS Workforce Final Report

© Commonwealth of Australia

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List of Recommendations

Recommendation 1

- 4.47 The committee recommends that the Australian Government facilitate the collection of data to support better understanding about new working models being employed in the National Disability Insurance Scheme, including online and platform-based services.

Recommendation 2

- 4.51 The committee recommends that the Australian Government ensure that workers in the National Disability Insurance Scheme and their representatives, as well as other stakeholders, are consulted in all regular pricing review processes and processes to review the Cost Model for Disability Support Workers.

Recommendation 3

- 5.63 The committee recommends that the Australian Government, through co-design with Aboriginal and Torres Strait Islander peoples and organisations, develop and report on specific outcomes for initiatives in the *NDIS National Workforce Plan 2021-2025* to support the growth and development of the Aboriginal and Torres Strait Islander NDIS workforce.

Recommendation 4

- 6.41 The committee recommends the Australian Government implement a targeted strategy to improve employment opportunities for people with disability within the NDIS workforce specifically, that is co-designed by people with disability and peak bodies.

Recommendation 5

- 7.78 The committee recommends that the Australian Government address the funding and resource implications of any new training and upskilling initiatives, in relation to NDIS service providers and individual disability support workers within the sector.

Recommendation 6

- 7.82 The committee recommends the Australian Government develop and implement a robust strategy to increase and improve opportunities for student placements in the NDIS workforce. The strategy should include strong partnerships with NDIS service providers, universities, TAFEs and other training institutions, and be co-designed by people with disability and peak bodies.

Recommendation 7

- 8.68** The committee recommends that the Australian Government, in consultation with NDIS participants and their advocates, the disability and allied health sectors, and NDIS workers and their representatives, develop and publish clear and measurable outcomes for each of the initiatives in the *NDIS National Workforce Plan 2021-2025*.

Recommendation 8

- 8.71** The committee recommends that the Australian Government develop and publish a comprehensive consultation strategy for the implementation of measures under the *NDIS National Workforce Plan 2021-2025*.

Executive Summary

The National Disability Insurance Scheme (NDIS) is one of Australia's most ambitious public policy initiatives.

Critical to the sustainability of the NDIS, is a workforce of sufficient size to meet demand, and which has the appropriate skills, qualifications and expertise to deliver safe, quality supports to participants.

It is estimated that the NDIS workforce will need to grow by an additional 83 000 full time equivalent staff to support participants at the scheme's projected peak. However, attracting and retaining a suitably skilled, qualified workforce continues to prove a significant challenge, with the sector increasingly seen as overworked, underpaid, undervalued and poorly trained.

On 9 December 2020, the committee tabled an interim report for this inquiry. Aware that the Australian Government was, at the time, developing a national workforce plan for the NDIS, the report examined the range of issues facing the NDIS workforce, made 14 recommendations on how such matters should be addressed and outlined what the content, scope and focus of the forthcoming NDIS workforce plan should be.

The committee welcomed the release of the *NDIS National Workforce Plan: 2021-2025* (Workforce Plan; the Plan) in June 2021, along with other measures identified by the Australian Government in response to the committee's interim report. However, evidence provided to this inquiry has demonstrated that ambitious action is needed to adequately address issues within the NDIS workforce and to safeguard the availability of safe and quality supports for NDIS participants into the future.

This second and final report for this inquiry makes eight recommendations to further address such matters. The recommendations relate to:

- increasing NDIS workforce data collection
- consulting NDIS workers and other key stakeholders in all NDIS pricing review processes
- improving employment opportunities for people with disability and Aboriginal and Torres Strait Islander people within the workforce
- addressing the funding and resourcing implications of new training and upskilling initiatives
- increasing student placement opportunities within the workforce
- developing clear and measurable outcomes for the initiatives in the NDIS National Workforce Plan 2021-2025; and

- developing a comprehensive consultation strategy for the implementation of measures under the Workforce Plan.

Workforce conditions

Outside of training measures, working conditions remain largely unaddressed in the Workforce Plan. The committee acknowledges that the impacts of an increasingly casualised, contract-based workforce are not well understood, and considers that more information is required to understand these impacts. The Australian Government should ensure that data collected about the NDIS workforce includes data about new employment models, including platform-based services.

Further, the committee remains concerned that the current NDIS price guide and the Cost Model for disability support workers may not reflect the value and complexity of disability support work. The Australian Government should ensure that NDIS workers are specifically consulted throughout all regular pricing review processes.

Thin markets

Whilst the challenge posed by thin markets was not a core focus of this inquiry, it was a consistent theme in evidence. The committee is concerned that significant thin markets remain this far into the life of the scheme. Workforce planning for the NDIS must address thin market issues through more detailed, measurable strategies and outcomes, including specific measures to address allied health maldistribution and increasing the representation of Aboriginal and Torres Strait Islander people in the NDIS workforce.

Employment opportunities for people with disability

The committee welcomes government initiatives to increase employment opportunities of people with disability. However, the Workforce Plan lacks targeted measures to specifically increase the number of workers with lived experience of disability within the NDIS workforce.

The committee encourages the Australian Government to develop, through co-design, further initiatives which increase and improve employment opportunities for people with disability in the NDIS workforce.

Education, training and professional development

The committee welcomes initiatives in the Workforce Plan aimed at training and supporting the NDIS workforce and reminds the government to engage appropriately with the higher and further education sector throughout the implementation of these measures. The Australian Government should also consider the funding and resource implications of any new training and upskilling initiatives for the NDIS workforce.

In addition, the Australian Government, through co-design and strong partnerships with NDIS service providers, universities, TAFEs and other training institutions,

should develop and implement a robust strategy to increase and improve student placement opportunities in the NDIS workforce, in recognition of the significant role that such traineeships have in future workforce development.

Workforce Planning

The committee recognises the Workforce Plan as an important document setting out the government's vision for growing both the NDIS and the broader care and support workforce. The committee is pleased that a number of the initiatives in the Workforce Plan have received widespread support from the sector.

However, it is disappointing that key approaches to workforce planning identified in the committee's interim report do not appear to have been adopted in this plan – in particular, clarification of Commonwealth responsibilities for NDIS market stewardship.

Further, noting the persistence of concerns about the lack of reliable data about the NDIS workforce raised in evidence, the committee maintains that there needs to be a carefully designed and implemented data strategy to complement workforce planning.

The Australian Government should also prioritise developing and publishing:

- clear and measurable outcomes for each of the initiatives under the Workforce Plan; and
- a comprehensive consultation strategy for the implementation of measures under the Plan.

Conclusion

The committee thanks everyone who participated in the inquiry by lodging submissions, providing testimony or expressing views via correspondence.

The committee will continue to monitor the implementation of the Workforce Plan and other matters related to the NDIS workforce and may take up particular issues in future inquiries.

Chapter 1

Overview

- 1.1 The Joint Standing Committee on the National Disability Scheme (the committee) was established by resolution of the House of Representatives on 4 July 2019¹ and by the Senate on 22 July 2019.² The committee is composed of five members and five senators, and is tasked with reviewing:
 - (a) The implementation, performance and governance of the National Disability Insurance Scheme (NDIS);
 - (b) The administration and expenditure of the NDIS; and
 - (c) Such other matters in relation to the NDIS as may be referred to it by either House of Parliament.
- 1.2 The committee is required to present a report to the Parliament on the activities of the committee after 30 June each year, in addition to reporting on any other matters it considers relevant.
- 1.3 The committee is also able to inquire into specific aspects of the scheme. On 6 February 2020, the committee decided to undertake an inquiry into the NDIS Workforce, with particular reference to:
 - (a) the current size and composition of the NDIS workforce and projections at the full scheme;
 - (b) challenges in attracting and retaining the NDIS workforce, particularly in regional and remote communities;
 - (c) the role of Commonwealth Government policy in influencing the remuneration, conditions, working environment (including Workplace Health and Safety), career mobility and training needs of the NDIS workforce;
 - (d) the role of State, Territory and Commonwealth Governments in providing and implementing a coordinated strategic workforce development plan for the NDIS workforce;
 - (e) the interaction of NDIS workforce needs with employment in adjacent sectors including health and aged care;
 - (f) the opportunities available to, and challenges experience by, people with disability currently employed, or wanting to be employed, within the NDIS workforce; and
 - (g) any other matters.

¹ *House of Representatives Votes and Proceedings*, No. 3, 4 July 2019, pp. 55–56.

² *Journals of the Senate*, No. 4, 22 July 2019, pp. 134–135.

Conduct of the inquiry

- 1.4 This is the committee's second and final report in the 46th Parliament for this inquiry. It examines new evidence provided to this inquiry since the tabling of the NDIS Workforce Interim Report (interim report) in December 2020, particularly in relation to the Australian Government's *NDIS National Workforce Plan: 2021–2025* (Workforce Plan), released by the Department of Social Services (DSS) on 10 June 2021.
- 1.5 The committee received a total of 58 submissions, including 6 submissions (in addition to 23 supplementary submissions) which were provided to the inquiry after the interim report was tabled in December 2020. All submissions are listed at Appendix 1 and are available on the committee's webpage.³
- 1.6 Since the tabling of the interim report in December 2020, the committee held two public hearings:
 - 12 October 2021
 - 14 October 2021
- 1.7 Hearings were conducted via teleconference and videoconference in accordance with arrangements for physical distancing during the COVID-19 pandemic. Transcripts for the hearings, together with answers to questions on notice, are available on the committee's webpage.⁴ Witnesses who appeared at the hearings are listed in Appendix 2.

Purpose of this report

- 1.8 This report seeks to examine how adequately the Government's Workforce Plan, and other relevant initiatives, address the issues canvased in the committee's interim report. It also considers a number of other matters relating to the NDIS workforce that were raised in the additional evidence.

Structure of the report

- 1.9 The report is divided into eight chapters:
 - Chapter 1 (this chapter) provides general information about the inquiry.
 - Chapter 2 provides background on the NDIS and the NDIS workforce.
 - Chapter 3 discusses the committee's work and other key updates since the tabling of the NDIS Workforce interim report in December 2020.

³ Joint Standing Committee on the NDIS, *Inquiry into NDIS Workforce*, https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/workforce (accessed 1 December 2021).

⁴ Joint Standing Committee on the NDIS, *Inquiry into NDIS Workforce*, https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/workforce (accessed 1 December 2021).

- Chapter 4 considers the current conditions facing the NDIS workforce and the adequacy of Government strategies to address such issues.
- Chapter 5 looks at the issue of thin markets.
- Chapter 6 considers employment opportunities for people with disability and evidence regarding the lived experience workforce.
- Chapter 7 considers matters regarding education, training and professional development of the NDIS workforce.
- Chapter 8 discusses other matters raised in relation to the inquiry, including promoting work in the NDIS, data about the NDIS workforce, workforce planning, and market stewardship.

Note on terminology and references

- 1.10 References to submissions are to individual submissions provided to the committee's inquiry into NDIS Workforce, unless otherwise indicated. References to Committee Hansard are proof transcripts, unless otherwise indicated.
- 1.11 The committee acknowledges that there are a variety of terms used to reflect the diversity of Aboriginal and Torres Strait Islander cultures and identities.⁵ In this report, the term 'Aboriginal and Torres Strait Islander peoples' is used, with respect.
- 1.12 The committee also notes that some submitters and witnesses may refer to NDIS participants and other people with disability as 'clients' of particular services. This report may use the term 'client' when quoting from a submission or a hearing transcript. Otherwise, the report uses the terms 'participant', 'person with disability' and 'people with disability', with respect.

Acknowledgements

- 1.13 The committee thanks all those who contributed to the inquiry by lodging submissions, providing additional information or expressing their views via correspondence. The committee would also like to thank those who gave their time to attend the committee's public hearings.
- 1.14 In particular, the committee acknowledges the people with disability, their families and carers who shared their experiences. The testimony of people with lived experience is crucial to identifying issues with the NDIS and improving the operation of the scheme.

⁵ Reconciliation Australia, *RAP good practice guide: Demonstrating inclusive and respectful language*, <https://www.reconciliation.org.au/wp-content/uploads/2021/10/inclusive-and-respectful-language.pdf> (accessed 1 December 2021).

Chapter 2

Background

- 2.1 This chapter provides background on the National Disability Insurance Scheme (NDIS) and briefly examines the state of the NDIS workforce and its future growth needs.
- 2.2 This chapter also provides an overview of relevant work conducted by this committee, as well as various Senate committees. Finally, it briefly examines the publications and work of other relevant bodies and initiatives, including the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability; Disability Reform Ministers' Meetings; Australia's Disability Strategy 2021-2031; and Employ My Ability, the Disability Employment Strategy.

National Disability Insurance Scheme

- 2.3 The NDIS is an insurance-based model for funding and supports for people with disability, families and carers. It replaces the previous state-based system of block funding with a 'fee-for-service', market-based approach.
- 2.4 The main component of the NDIS is individualised packages of supports for eligible people with disability. The scheme is based on the premise that people with disability each have different support needs and should be able to exercise choice and control in relation to their supports.

National Disability Insurance Scheme Act 2013

- 2.5 The NDIS is established under the *National Disability Insurance Scheme Act 2013* (NDIS Act). The Act sets out the objectives of the NDIS, which include:
- supporting the independence and social and economic participation of people with disability
 - providing reasonable and necessary supports, including early intervention supports, for NDIS participants
 - enabling people with disability to exercise choice and control in the pursuit of their goals and in the planning and delivery of their supports
 - facilitating the development of a nationally consistent approach to accessing, planning and funding of supports for people with disability; and
 - promoting the provision of high quality and innovative supports.¹

¹ *National Disability Insurance Scheme Act 2013*, section 3. Other relevant objectives include protecting people with disability from harm and giving effect to Australia's human rights obligations relating to people with disability.

- 2.6 The NDIS Act further provides for how a person may become a participant in the NDIS; how plans are prepared and reviewed; how the NDIS approves funding; how an entity can become a registered provider of supports; and the process for reviewing decisions.²

National Disability Insurance Agency

- 2.7 The National Disability Insurance Agency (NDIA) is the independent statutory agency responsible for the governance and administration of the NDIS. Its core functions include delivering the NDIS in a way that maximises choice and control for participants and promotes access to high quality supports, and managing, advising and reporting on the financial sustainability of the NDIS.³

National rollout of the NDIS

- 2.8 The NDIS became operational on 1 July 2013 with the commencement of trial sites. National rollout of the scheme began on a geographic and age basis from July 2014, with the majority of jurisdictions beginning transition on 1 July 2016. The transition to full scheme was guided by bilateral agreements between Commonwealth, state and territory governments.
- 2.9 National geographical rollout of the NDIS was completed on 1 July 2020, with Christmas Island and the Cocos (Keeling) Islands joining the scheme. As at 30 September 2021, the NDIS was providing services to 484 700 participants across Australia.⁴

The NDIS workforce and its future growth needs

- 2.10 A workforce of sufficient size to meet demand, and that has the appropriate skills, qualifications, and expertise is critical to the sustainability of the NDIS and the delivery of safe, quality supports.
- 2.11 As set out in the committee's interim report, attracting and retaining a suitably skilled, qualified workforce is proving challenging for the NDIS, as the sector

² *National Disability Insurance Scheme Act 2013*, Chapters 3 and 4.

³ *National Disability Insurance Scheme Act 2013*, section 118. See also Chapter 6, Parts 1, 2, 3, and 4. These provisions relate to the Chief Executive Officer of the NDIA, the NDIA's Board, the Independent Advisory Council and Actuaries.

⁴ National Disability Insurance Agency (NDIA), *Delivering the NDIS: roll-out complete across Australia as Christmas and Cocos Islands join world-leading scheme*, 1 July 2020, www.ndis.gov.au/news/4889-delivering-ndis-roll-out-complete-across-australia-christmas-and-cocos-islands-join-world-leading-scheme (accessed 14 January 2022). Western Australia's transition to the NDIS is due to be completed by 30 June 2023. See NDIA, *Bilateral Agreement between the Commonwealth and Western Australia for the transition to National Disability Insurance Scheme in Western Australia*, 1 September 2021, p. 6.

is increasingly seen as overworked, underpaid, undervalued, and poorly trained.⁵

- 2.12 Analysis from the Department of Social Services (DSS) indicated that in 2020, there were around 270 000 workers in the NDIS workforce.⁶ This comprised approximately 178 000 home-based support workers, 63 000 community-based support workers, 19 900 allied health professionals and 8 000 workers in other occupations.⁷
- 2.13 It is estimated that the workforce will need to grow by 31 per cent (an additional 83 000 full time equivalent staff) to support 500 000 NDIS participants by June 2024, when full transition to the scheme is projected to be complete.⁸
- 2.14 This analysis suggests the NDIS workforce is required to grow to a total of 353 000 workers, which would include:
- 60 900 additional home-based support workers;
 - 10 000 additional community-based supported workers; and
 - 8 000 additional allied health workers.⁹

Relevant parliamentary inquiries

Work of this committee

NDIS Workforce Interim Report

- 2.15 On 9 December 2020, the Joint Standing Committee on the NDIS (the committee) tabled an interim report for its inquiry into the NDIS Workforce. The interim report is available on the committee's webpage,¹⁰ and is discussed further in Chapter 3.

Inquiry into General issues around the implementation and performance of the NDIS

- 2.16 On 30 November 2021, the committee tabled its 2021 General Issues report, its second progress report in the 46th Parliament, considering the general

⁵ Joint Standing Committee on the National Disability Insurance Scheme (NDIS), *NDIS Workforce Interim Report*, December 2020, p. xv.

⁶ Australian Government, Department of Social Services (DSS), *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 8. See also DSS, *Submission 48.1*, p. 3.

⁷ DSS, *Submission 48.1*, p. 3.

⁸ DSS, *Submission 48.1*, p. 3. See also DSS, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 8.

⁹ DSS, *Submission 48.1*, p. 3.

¹⁰ See Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020.

implementation and performance of the NDIS. The report is available on the committee's webpage.¹¹

2.17 The 2021 General Issues report covered the period of December 2020 to November 2021 and discusses a number of issues relevant to this inquiry, including:

- the qualifications of NDIS planners
- thin markets in rural, regional and remote areas
- the complementary workforce, namely, how nurses could contribute to and support the NDIS workforce; and
- data about the NDIS.¹²

Inquiry into NDIS Quality and Safeguards Commission

2.18 On 30 November 2021, the committee tabled its NDIS Quality and Safeguards Commission report. The report contained 30 recommendations in relation to the NDIS Quality and Safeguards Commission's (the Commission's) approach to quality and safeguarding for NDIS participants, as well as other quality and safeguarding matters.¹³

2.19 The NDIS Quality and Safeguards Commission report considered a range of matters relevant to this inquiry, including the Commission's:

- registration and worker screening processes;¹⁴
- staffing and resources;¹⁵ and
- data collection and reporting on workforce matters.¹⁶

Inquiry into market readiness for provision of services under the NDIS

2.20 From December 2017 to September 2018, the committee undertook an inquiry into market readiness for provision of services under the NDIS (Market Readiness inquiry). Among other matters, the inquiry considered workforce demand and shortage; policies and initiatives to grow the workforce; and

¹¹ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020.

¹² Joint Standing Committee on the NDIS, *General Issues 2021*, November 2021, pp. 44–49, 56, 57.

¹³ Joint Standing Committee on the NDIS, *NDIS Quality and Safeguards Commission*, www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/QS_Commission (accessed 16 December 2021).

¹⁴ Joint Standing Committee on the NDIS, *NDIS Quality and Safeguards Commission*, November 2021, pp. 83–111.

¹⁵ Joint Standing Committee on the NDIS, *NDIS Quality and Safeguards Commission*, November 2021, pp. 163–175.

¹⁶ Joint Standing Committee on the NDIS, *NDIS Quality and Safeguards Commission*, November 2021, pp. 188, 200–201.

barriers to workforce growth. The full report was tabled on 20 September 2018 and is available on the committee's webpage.¹⁷

- 2.21 More detail on the Market Readiness inquiry, including issues raised, recommendations and government responses that are relevant to the present inquiry, is also discussed in the NDIS Workforce interim report.¹⁸

Work of other committees

Senate inquiry into the current capability of the Australian Public Service

- 2.22 On 1 December 2020, the Senate referred an inquiry on the current capability of the Australian Public Service (APS) (APS inquiry) to the Senate Finance and Public Administration References Committee. The inquiry reported on 25 November 2021.¹⁹
- 2.23 Relevantly, the APS inquiry heard concerns about labour hire within the NDIA and the NDIS Quality and Safeguards Commission, including: ongoing reliance on labour hire for core, ongoing work; diminished quality of services; stressful and insecure conditions for staff; and a lack of information on expenditure, particularly in regard to the wages paid to workers.²⁰
- 2.24 The majority report proposed a series of recommendations to address these concerns. Government senators on the committee provided a dissenting report that argued the majority report did not give weight to the evidence provided by APS agencies.²¹ The report (including the Coalition Senators' dissenting report and additional comments from the Australian Greens) is available on

¹⁷ Joint Standing Committee on the NDIS, *Market Readiness*, www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MarketReadiness (accessed December 2021).

¹⁸ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, pp. 10–11. See also, Joint Standing Committee on the NDIS, *Market Readiness Report*, www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MarketReadiness/Report (accessed 16 December 2021).

¹⁹ *Journals of the Senate*, No. 129, 25 November 2021, p. 4324.

²⁰ Senate Finance and Public Administration References Committee, *APS Inc: undermining public sector capability and performance*, November 2021, pp. 34, 38, 41, 147–151. www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/CurrentAPSCapabilities/Report (accessed 16 December 2021).

²¹ The majority report was tabled by Labor Chair, Senator the Hon Tim Ayres on 25 November 2021. See, Senate Finance and Public Administration References Committee, *APS Inc: undermining public sector capability and performance*, November 2021, p. 136. www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/CurrentAPSCapabilities/Report (accessed 16 December 2021).

the Senate Finance and Public Administration References Committee's webpage.²²

Senate Select Committee on Job Security – First Interim Report

- 2.25 The Senate Select Committee on Job Security (Job Security Committee) tabled its first interim report into on-demand platform work in June 2021. The majority report considered a number of matters in relation to the prevalence and operation of on-demand platform work.²³
- 2.26 The report explored the emergence of on-demand platform providers in the disability and care sector and highlighted the demographics and workforce models of the main platforms operating in the disability and care services space.²⁴ The report considered the projected growth of contracting arrangements in the disability sector, as well as the associated risks this could present to the sector for both workers and NDIS participants who are seeking disability and care services including:
- lack of entitlements for workers employed through on-demand platform providers; and
 - attribution of liability and other Work Health and Safety implications.²⁵
- 2.27 The Job Security Committee in that report made a recommendation that the Joint Standing Committee for the National Disability Insurance Scheme, as part of the current inquiry into the NDIS Workforce, give consideration to a number of matters relating to the provision and operation of platform-based work within the disability sector.²⁶
- 2.28 The Job Security Committee has since tabled second and third interim reports,²⁷ and is expected to table a final report in February 2022.²⁸

²² Senate Finance and Public Administration References Committee, *APS Inc: undermining public sector capability and performance* www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/CurrentAPSCapabilities/Report (accessed December 2021).

²³ Senate Select Committee on Job Security, *First Interim Report: on-demand platform work in Australia*, June 2021.

²⁴ Senate Select Committee on Job Security, *First Interim Report: on-demand platform work in Australia*, June 2021, pp. 116-126.

²⁵ Senate Select Committee on Job Security, *First Interim Report: on-demand platform work in Australia*, June 2021, pp. 126-130.

²⁶ Senate Select Committee on Job Security, *First Interim Report: on-demand platform work in Australia*, June 2021, p. 173.

²⁷ Both the second and third interim reports were majority reports, containing dissenting reports from Liberal and National Senators. The second interim report also contained additional comments by the Australian Greens. Senate Select Committee on Job Security, *Second Interim Report: insecurity in publicly-funded jobs*, October 2021; Senate Select Committee on Job Security, *Second Interim Report: insecurity in publicly-funded jobs*, November 2021.

Senate inquiry into violence, abuse and neglect of people with disability

2.29 In February 2015, the Senate referred an inquiry into violence, abuse and neglect of people with disability (2015 inquiry) to the Senate Community Affairs References Committee. The inquiry reported on 25 November 2015.

2.30 Relevantly, the 2015 inquiry identified several systematic and workforce-related issues that may cause or exacerbate violence, abuse or neglect towards people with disability and recommended that a Royal Commission into violence, abuse and neglect of people with disability be called. Issues identified by the inquiry included:

- the institutional nature of disability service provision
- low pay rates, contributing to high levels of staff turnover
- high rates of casualisation
- lack of career development and training
- lack of appropriate pre-employment and ongoing worker regulation
- poor workplace culture; and
- lack of appropriate risk management and reporting processes.²⁹

Work of other relevant bodies

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

2.31 The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission) was established on 4 April 2019, to inquire into all forms of violence against, and abuse, neglect and exploitation of, people with disability in all settings and contexts.

2.32 Evidence before the Royal Commission routinely touches on issues affecting the NDIS workforce and the capacity of the workforce to deliver safe, quality supports. Several key issues related to this inquiry have been raised at recent public hearings of the Royal Commission, namely:

- Public hearing 9: Pathways and barriers to open employment for people with disability.³⁰

²⁸ The Senate Select Committee on Job Security was initially due to report on 30 November 2021. But on 19 October 2021, the Senate agreed to extend the presentation of the report until the last sitting day in February 2022 – scheduled to be 10 February 2022. See Senate Select Committee on Job Security, *Select Committee on Job Security*, www.aph.gov.au/Parliamentary_Business/Committees/Senate/Job_Security/JobSecurity (accessed 12 January 2022).

²⁹ Senate Community Affairs References Committee, *Violence, abuse and neglect against people with disability in institutionalised and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability*, November 2015, pp. 215–216.

- Public hearing 10: Education and training of health professionals in relation to people with cognitive disability.³¹
- Public hearing 19: Measures taken by employers and regulators to respond to the systemic barriers to open employment for people with disability.³²

Royal Commission into Aged Care Quality and Safety

2.33 The Royal Commission into Aged Care, Quality and Safety (Aged Care Royal Commission) was established on 8 October 2018³³ to deal with matters relating to the provision, quality and delivery of aged care services in Australia.³⁴ Among other factors, the work of the Aged Care Royal Commission is relevant to this inquiry, due to similar structural workforce challenges identified both the aged care and NDIS sectors, and young people with disability living in residential aged care homes.

2.34 The Aged Care Royal Commission tabled its final report, titled 'Care, Dignity and Respect', on 1 March 2021. The report included a number of recommendations, several of which related to the aged care workforce, including:

- changes to education, training and labour conditions to professionalise the aged care workforce
- registration of personal care workers
- ensuring independence, accountability and transparency through strengthening provider governance arrangements
- enabling a stronger quality regulator; and

³⁰ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Public hearing 9: Pathways and barriers to open employment for people with disability*, December 2020, <https://disability.royalcommission.gov.au/public-hearings/public-hearing-9> (accessed 17 December 2021).

³¹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Public hearing 10: Education and training of health professionals in relation to people with cognitive disability*, March 2021, <https://disability.royalcommission.gov.au/public-hearings/public-hearing-10> (accessed 17 December 2021).

³² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Public hearing 19: Measures taken by employers and regulators to respond to the systemic barriers to open employment for people with disability*, November 2021, <https://disability.royalcommission.gov.au/rounds/public-hearing-19-measures-taken-employers-and-regulators-respond-systemic-barriers-open-employment-people-disability> (accessed 17 December 2021).

³³ Royal Commission into Aged Care Quality and Safety, *About us*, <https://agedcare.royalcommission.gov.au/about> (accessed 4 January 2022).

³⁴ Royal Commission into Aged Care Quality and Safety, *Terms of Reference*, <https://agedcare.royalcommission.gov.au/about/terms-reference> (accessed 4 January 2022).

- development of a plan to ‘deliver, measure and report on high quality aged care’ that will place a general duty on aged care providers to ensure quality and safety of care.³⁵

2.35 In the government response to the final report, the government accepted or accepted in-principle, a number of recommendations relating to the aged care workforce.³⁶ Other responses to recommendations relating to the aged care workforce included that:

- Recommendation 78 relating to establishing a mandatory minimum qualification for personal care workers was subject to further consideration.³⁷
- Recommendation 84, would be noted (that there be an increase in award wages for aged care employees);³⁸ and
- Recommendations 101 and 102 relating to penalties for breaches of legislation were subject to further consideration.³⁹

Disability Reform Ministers’ Meetings

2.36 Disability Reform Minister’s Meetings are held several times a year, to provide a forum for all Commonwealth, state and territory Ministers responsible for disability policy to drive national reform, including through the National Disability Strategy and the NDIS.

2.37 Since the NDIS Workforce interim report was tabled on 9 December 2020, five Disability Reform Minister’s Meetings have been held. Matters raised in these meetings that relate to this inquiry include:

- the NDIS National Workforce Plan 2021-25⁴⁰

³⁵ Royal Commission into Aged Care Quality and Safety, *Final Report calls for fundamental and systemic aged care reform*, Media Release, 1 March 2021, <https://agedcare.royalcommission.gov.au/news-and-media/final-report-calls-fundamental-and-systemic-aged-care-reform> (accessed 4 January 2022).

³⁶ Australian Government, *Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety*, 11 May 2021.

³⁷ Australian Government, *Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety*, 11 May 2021, p.52.

³⁸ Australian Government, *Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety*, 11 May 2021, p.56.

³⁹ Australian Government, *Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety*, 11 May 2021, p. 65. The government introduced the *Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021* in response to a number of recommendations in the Aged Care Royal Commission final report.

⁴⁰ Disability Reform Ministers’ Meeting, Communique, 15 October 2021, [p. 2]; Disability Reform Ministers’ Meeting, Communique, 10 December 2021, [p. 1] <https://www.dss.gov.au/our-responsibilities/disability-and-carers/programmes-services/government-international/disability-reform-council> (accessed 10 January 2022).

- the Australian Government's the *A Life Changing Life* campaign⁴¹
- thin markets
- work underway to align regulation to improve quality and safety and reduce red tape across the care and support sectors; and
- the COVID-19 vaccination roll-out to people with disability and disability support workers.⁴²

Australia's Disability Strategy 2021–2031

- 2.38 On 3 December 2021, marking the International Day of People with Disability, the Australian Government launched Australia's Disability Strategy 2021–2031 (the Strategy), Australia's national disability policy framework for all people with disability (not just NDIS participants).⁴³
- 2.39 The new Strategy builds on its predecessor (the National Disability Strategy 2010–2021) and sets out a plan for continuing to improve the lives of people with disability in Australia over the next 10 years. The Strategy was signed and agreed to by all jurisdictions and levels of government, and was developed in close consultation with the disability community.
- 2.40 Relevant to this inquiry, the committee particularly notes the Strategy's following policy priorities:
- Increase employment of people with disability.⁴⁴
 - Improve the transition of young people with disability from education to employment.⁴⁵
 - Improve pathways and accessibility to further education and training for people with disability.⁴⁶

⁴¹ Disability Reform Ministers' Meeting, Communique, 15 October 2021, [p. 2]. The Australian Government launched the *A Life Changing Life* national care and support workforce campaign on 15 August 2021, as an early deliverable of the *NDIS National Workforce Plan: 2021–2025*. See, Senator the Hon Linda Reynolds CSC, Minister for the National Disability Insurance Scheme, 'A Life Changing Life in the Care and Support Sector', [Media Release](https://ministers.dss.gov.au/media-releases/7441), 15 August 2021, <https://ministers.dss.gov.au/media-releases/7441>, (accessed 10 January 2022).

⁴² Disability Reform Ministers' Meeting, Communique, 9 July 2021; Disability Reform Ministers' Meeting, Communique, 10 December 2021, [p. 1, 2].

⁴³ Senator the Hon Anne Ruston, Minister for Families and Social Services, 'Landmark strategy to support Australians with disability', Media Release, 3 December 2021, <https://ministers.dss.gov.au/media-releases/7796> (accessed 10 January 2022); DSS, *Australia's Disability Strategy 2021 – 2031*, December 2021, p. 4, <https://www.disabilitygateway.gov.au/sites/default/files/documents/2021-11/1786-australias-disability.pdf> (accessed 10 January 2022).

⁴⁴ DSS, *Australia's Disability Strategy 2021 – 2031*, December 2021, pp. 7–8.

⁴⁵ DSS, *Australia's Disability Strategy 2021 – 2031*, December 2021, p. 8.

⁴⁶ DSS, *Australia's Disability Strategy 2021 – 2031*, December 2021, p. 24.

- People with disability have increased opportunities to participate in accessible and inclusive lifelong learning.⁴⁷
- Employers value the contribution people with disability make to the workforce, and recognise the benefits of employing people with disability.⁴⁸

Employ My Ability: Disability Employment Strategy

2.41 The Australian Government's new Disability Employment Strategy, 'Employ My Ability' was launched alongside the National Disability Strategy 2010–2021 on 3 December 2021.⁴⁹ It provides a 10-year guiding framework for improving employment opportunities for people with disability, with a vision to create 'inclusive workplace cultures where people with disability thrive in their careers'.⁵⁰

⁴⁷ DSS, *Australia's Disability Strategy 2021 – 2031*, December 2021, p. 25.

⁴⁸ DSS, *Australia's Disability Strategy 2021 – 2031*, December 2021, p. 31.

⁴⁹ Senator the Hon Anne Ruston, Minister for Families and Social Services, 'Landmark strategy to support Australians with disability', [Media Release](#), 3 December 2021; DSS, [Employ My Ability: Disability Employment Strategy](#), December 2021, https://www.dss.gov.au/sites/default/files/documents/12_2021/final-employ-my-ability.pdf (accessed 10 January 2022).

⁵⁰ DSS, *Employ My Ability: Disability Employment Strategy*, December 2021, pp. 2–4.

Chapter 3

Updates since the NDIS Workforce Interim Report

- 3.1 This chapter provides a brief overview of the committee's NDIS Workforce Interim Report (interim report) and outlines the measures identified by the government that respond to recommendations in that report, including the *NDIS National Workforce Plan: 2021-2025* and other measures outlined in the Australian Government response to the NDIS Workforce Interim Report.

NDIS Workforce Inquiry Interim Report

- 3.2 On 9 December 2020, the Joint Standing Committee on the NDIS tabled an interim report for its inquiry into the NDIS Workforce. The unanimous report outlined key issues related to the NDIS workforce, which were raised by participants, providers, support workers, allied health professionals, representative bodies and other key stakeholders.¹
- 3.3 Aware that the Australian Government was, at the time, developing a national plan for the NDIS workforce, the committee made 14 recommendations aimed at enhancing the NDIS' capacity to attract and retain a workforce with the skills, qualifications and experience to deliver safe, quality supports to NDIS participants.²
- 3.4 A table presenting the recommendations made in the interim report, the committee's reasons for the recommendations and the government response to each recommendation is available at Appendix 3.
- 3.5 The committee specifically outlined its views on what the content, scope and focus of the national plan should be, suggesting that the Workforce Plan should include measures to:
- Improve workforce conditions.
 - Review existing tertiary programs, support transitions from education to employment and consider increasing investment in the tertiary education sector.

¹ Joint Standing Committee on the National Disability Insurance Scheme (NDIS), *NDIS Workforce: Media Releases*, www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/workforce/Media_Releases (accessed 7 December 2021).

² Joint Standing Committee on the NDIS, *NDIS Workforce: Media Releases*, www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/workforce/Media_Releases (accessed 7 December 2021).

- Increase—and where appropriate, harmonise—the skills and qualifications of the workforce via national accreditation.
- Support the employment of people with disability in the workforce.
- Address thin markets for services – with a particular focus on regional, rural and remote areas and the needs of Aboriginal and Torres Strait Islander peoples.
- Ensure the workforce is equipped to meet the specific needs of Aboriginal and Torres Strait Islander peoples.³

3.6 The committee also highlighted that the plan should:

- Consider the recommendations of the National Rural Health Commissioner.
- Consider the needs of other sectors such as health and education.
- Clarify responsibilities at the Commonwealth level for market stewardship within the NDIS.
- Deliver national consistency and leadership.⁴

3.7 A full copy of the interim report is available on the committee's webpage.⁵

Government responses

NDIS National Workforce Plan: 2021-2025

Overview

3.8 On 10 June 2021, the Department of Social Services (DSS) released the *NDIS National Workforce Plan: 2021-2025* (Workforce Plan; the plan).⁶ The Workforce Plan outlines the Australian Government's vision for the NDIS workforce, the context in which the plan was developed and the state of the care and support workforce. The Workforce Plan includes 16 actions, aimed at enabling the development of a responsive and capable workforce.

3.9 The government stated that its vision for the plan is to 'build a responsive and capable workforce that supports NDIS participants to meet their needs and

³ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, pp. 156–157.

⁴ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 157.

⁵ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/workforce/Interim_Report (accessed 7 December 2021).

⁶ A full copy of the Workforce Plan, as well as an easy read version, is available on the Department of Social Services website. See Australian Government, Department of Social Services (DSS), *NDIS National Workforce Plan: 2021-2025*, 21 July 2021, www.dss.gov.au/disability-and-carers-publications-articles/ndis-national-workforce-plan-2021-2025 (accessed 13 December 2021).

achieve their goals'.⁷ The Workforce Plan notes that governments, peak bodies and workers need to work together to:

- support and retain existing workers
- grow the workforce
- maintain quality of participant supports delivered by workers; and
- support sector efficiency and innovation.⁸

3.10 The Workforce Plan also provides context on the current conditions and circumstances surrounding the plan, including information on the current state of the care and support workforce.

3.11 The Workforce Plan sets out three priority areas and within that, 16 initiatives aimed at driving better workforce outcome and growth:⁹

- Priority 1: Improve community understanding of the benefits of working in the care and support sector and strengthen entry pathways for suitable workers to enter the sector.
- Priority 2: Train and support the NDIS workforce.
- Priority 3: Reduce red tape, facilitate new service models and innovation, and provide more market information about business opportunities in the care and support sector.¹⁰

3.12 The below figure illustrates the Workforce Plan's priorities and actions:

⁷ DSS, [NDIS National Workforce Plan: 2021-2025](#), June 2021, p. 5.

⁸ DSS, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 5.

⁹ DSS, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 6.

¹⁰ DSS, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 6.

Figure 3.1 NDIS National Workforce Plan: 2021–2025, Priorities and Action Areas

Sixteen initiatives will be implemented by the Australian Government to support building a responsive and capable workforce

► Priority 1: Improve community understanding of the benefits of working in the care and support sector and strengthen entry pathways for suitable workers to enter the sector	► Priority 2: Train and support the NDIS workforce	► Priority 3: Reduce red tape, facilitate new service models and innovation, and provide more market information about business opportunities in the care and support sector
1. Promote opportunities in the care and support sector	6. Develop micro-credentials and update nationally recognised training to improve the quality of supports and enhance career pathways	10. Improve alignment of provider regulation and worker screening across the care and support sector
2. Develop a simple and accessible online tool for job seekers to self-assess their suitability for new roles based on values, attributes, skills and experience	7. Support the sector to develop a Care and Support Worker Professional Network	11. Continue to improve NDIS pricing approaches to ensure effective operation of the market, including in thin markets
3. Improve effectiveness of jobs boards to match job seekers to vacancies in the sector	8. Work with the sector to establish a skills passport	12. Provide market demand information across the care and support sector to help identify new business opportunities
4. Leverage employment programs to ensure suitable job seekers can find work in the sector	9. Support the sector to grow the number of traineeships and student placements, working closely with education institutions and professional bodies	13. Support participants to find more of the services and supports they need online
5. Better connect NDIS and care and support providers to employment and training providers and workers		14. Explore options to support allied health professionals to work alongside allied health assistants and support workers to increase capacity to respond to participants' needs
		15. Enable allied health professionals in rural and remote areas to access professional support via telehealth
		16. Help build the Aboriginal and Torres Strait Islander community controlled sector to enhance culturally safe NDIS services

Source: DSS, NDIS National Workforce Plan: 2021–2025, June 2021, p. 6.

- 3.13 The plan notes that the Australian Government will work with state and territory governments, industry, providers, participant groups and workers to design and deliver its initiatives.¹¹ The plan provides a brief outline of the Government's consultation and engagement strategy, which includes:
- Convening stakeholder briefing sessions shortly after publication of the plan, followed by regular updates.
 - Engagement sessions and working groups to support the co-design of the initiatives in the plan where appropriate, drawing on the experience of peak bodies, providers and participant groups.
 - Ongoing collaboration with states and territories on linkages between the Plan and related state and territory initiatives.¹²
- 3.14 According to the plan, DSS will monitor and evaluate the success of the plan through to 2025, using success indicators for each initiative and 'established stakeholder feedback mechanisms'.¹³ Further, the plan will be reviewed and adjusted over time to take account of feedback from stakeholders and findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability.¹⁴
- 3.15 In a supplementary submission, DSS told the committee that the plan was subject to extensive consultation, including a survey (which received 570 responses), workshops and meetings.¹⁵ Stakeholders engaged throughout these processes included:
- NDIS participants
 - NDIS providers
 - the disability sector
 - sector unions
 - disability peak bodies
 - Disability Reform Ministers
 - state and territory governments
 - Australian Government agencies.¹⁶

¹¹ DSS, *NDIS National Workforce Plan: 2021–2025*, June 2021, p. 34.

¹² DSS, *NDIS National Workforce Plan: 2021–2025*, June 2021, p. 34.

¹³ DSS, *NDIS National Workforce Plan: 2021–2025*, June 2021, p. 34.

¹⁴ DSS, *NDIS National Workforce Plan: 2021–2025*, June 2021, p. 34.

¹⁵ DSS, *Submission 48.2*, pp. 2–3; see also DSS, *Sector Briefing: NDIS National Workforce Plan*, June 2021, p. 3, www.dss.gov.au/sites/default/files/documents/08_2021/ndis-national-workforce-plan-sector-briefing-29-june-2021.pdf (accessed 13 December 2021).

¹⁶ DSS, *Submission 48.2*, pp. 2–3, 8–14; see also DSS, *Sector Briefing: NDIS National Workforce Plan*, June 2021, p. 3.

Workforce Plan Quarterly Update

- 3.16 A quarterly update on the workforce plan, released in October 2021, provides an implementation overview for the plan's 16 initiatives. It includes a 'planned implementation timeline' which illustrates the progress of each initiative as at October 2021.¹⁷ A copy of the timeline is provided at Appendix 4.
- 3.17 Initiative by initiative, the quarterly update also highlights key achievements so far, and discusses next steps for implementation. The update also outlines funding details for five of the 16 initiatives.¹⁸

Government response to the NDIS Workforce Interim Report

- 3.18 On 7 October 2021, the Australian Government tabled the government response to this inquiry's NDIS Workforce interim report. The government noted three, supported five and 'supported in principle' six recommendations made in the interim report.¹⁹ The government response to each recommendation will be discussed further throughout the remainder of this report.
- 3.19 A full copy of the government response can be viewed on the committee's webpage.²⁰

¹⁷ DSS, *NDIS National Workforce Plan: 2021- 2025 – Quarterly Update*, October 2021, p. 1, www.dss.gov.au/sites/default/files/documents/11_2021/ndis-national-workforce-plan-2021-2025-quarterly-update-october-2021.pdf (accessed 13 December 2021).

¹⁸ DSS, *NDIS National Workforce Plan: 2021-2025 – Quarterly Update*, October 2021, pp. 1–4.

¹⁹ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, pp. 3–10.

²⁰ See Joint Standing Committee on the NDIS, *Government Response*, www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/workforce/Government_Response (accessed 13 December 2021).

Chapter 4

Workforce conditions

- 4.1 This chapter reflects on the discussion in the committee's interim report on the current conditions facing the NDIS workforce and considers measures in the *NDIS National Workforce Plan 2021-2025* and otherwise outlined in the government's response to the committee's interim report.
- 4.2 The chapter also considers government policy responses to the impact of NDIS price settings on NDIS workforce issues.
- 4.3 Readers are encouraged to review chapters 4 and 5 of the committee's interim report for detailed discussion of NDIS workforce conditions and NDIS price settings.

Workforce conditions

Discussion in interim report

- 4.4 In its interim report, the committee expressed concern that current workforce conditions in the NDIS are a significant barrier to growing the workforce to meet demand, and to attracting and retaining workers with the skills and qualifications to deliver safe, quality supports.¹
- 4.5 Key issues regarding workforce conditions that were identified in evidence included:
- low pay, reduced working hours, and a lack of career advancement;
 - work intensification and job stress, with increased pressure to 'do more with less' to ensure that participants' needs are met;
 - increased casualisation, and a rise in insecure work;
 - the 'uberisation' of the workforce, with increased use of online platforms and direct engagement of workers by clients;
 - poor training, supervision, and professional support; and
 - bullying, harassment, and abuse, exacerbated by a lack of reporting mechanisms or avenues for redress.
- 4.6 The committee also noted that many of these issues appeared to be symptomatic of broader concerns with price settings and the consumer-directed funding model for the NDIS. Key issues considered by the committee in this respect included:
- price settings under the NDIS, including the Cost Model for disability support workers (Cost Model);

¹ Extensive background on these matters is contained in chapters 4 and 5 of the committee's interim report.

- consumer-directed care arrangements;
 - workforce concerns associated with NDIS funding, including specific concerns about elements of the Cost Model;
 - proposals to address concerns associated with NDIS funding; and
 - specific examples of other funding and entitlement schemes.
- 4.7 In consideration of evidence outlining these concerns, the committee observed that prices for NDIS services may not be set at a level that enables the sector to consistently offer stable employment or competitive wages that reflect the complexity and value of disability support work; or to invest in training, supervision, or professional development. The committee was also concerned that the current NDIS price settings also created particular challenges in regional, rural and remote locations, owing to the higher costs of operating in those locations and a need for incentives to attract suitably qualified staff.
- 4.8 While acknowledging ongoing work by the National Disability Insurance Agency (NDIA) to address the impacts of price settings on the market, the committee was concerned that pricing issues within the sector have persisted and appeared to have worsened as the NDIS has rolled out.
- 4.9 The committee was further concerned that the consumer-directed funding model incentivises casual work, reduced job security, lower pay and poor training practices, and is increasingly leading the sector to view highly skilled, relationship-driven work as a series of transactions between worker and client. The committee considered that there may be merit in exploring alternative funding arrangements to support workforce development. Submitters and witnesses suggested options in this regard, including a dedicated training and development fund.
- 4.10 Considering these matters, the committee recommended that the Government facilitate an independent review of the funding model for the NDIS, including current and future price arrangements for supports, to:
- understand the impacts of the funding model on work in the NDIS, on the workforce, and on the quality of care for participants;
 - explore solutions, including alternative funding arrangements, where negative impacts are identified; and
 - examine stewardship arrangements for the NDIS, to clarify the agencies that should have responsibility for different aspects of the scheme (recommendation 1).
- 4.11 In addition to broader concerns about NDIS funding, the committee heard specific concerns about the Cost Model for support workers that the NDIA uses to set price caps for certain supports and services, including that the model:
- sets base pay rates too low
 - limits providers' ability to recruit higher skilled staff

- makes incorrect assumptions about leave, utilisation, supervision, and allowances; and
- was developed without adequate consultation with people with disability, workers, or their representatives.

4.12 The committee recommended that:

- the NDIA consider the concerns raised in the interim report in relation to the Cost Model for disability support workers in its next Annual Pricing Review (recommendation 2); and
- all pricing reviews be undertaken in full consultation with people with disability, support workers and representative organisations (recommendation 3).

4.13 The committee also emphasised that the upcoming NDIS National Workforce Plan should have a core focus on improving workforce conditions in the NDIS.

Workforce plan

4.14 The *NDIS National Workforce Plan* (Workforce Plan; the plan) identifies three types of challenges for workforce development in the care and support sector:

- Poor perception of the sector and unsupported entry pathways hinder attraction.
- Variable and disconnected work conditions with limited training opportunities impact retention and quality.
- Red tape and difficulties in adapting service models of providers reduce the time that workers spend supporting participants.²

4.15 Initiatives under priority 1 of the plan are directed to changing perceptions of the care and support workforce and attracting workers. Initiatives under priority 2 focus on training and professional development for workers and providing professional support.

4.16 The plan does not include specific measures around other working conditions such as remuneration, insecure work, or working hours.

Government response to interim report

4.17 In its response to the committee's interim report, the government:

- noted recommendation 1
- supported in principle recommendation 2; and
- supported recommendation 3.

4.18 In relation to recommendation 1 (noted), the government emphasised the NDIA's statutory responsibility to have regard to financial sustainability in the context of determining prices of supports. The government also noted that it

² Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 15.

had previously commissioned an independent pricing review³ and stated that the recommendations arising from that review had been addressed and implemented by the NDIA. A project is also underway to 'consider approaches to improve the effective operation of the market for NDIS services', which will include 'exploring options for alternative approaches to price regulation, building market confidence, capacity and depth, as well as providing greater flexibility for the market to innovate and deliver greater consumer choice'.⁴

4.19 In relation to recommendations 2 and 3 (supported in principle and supported), the government noted the existing processes for reviewing the Cost Model and NDIS price guide, including consultation undertaken as part of these processes.⁵

4.20 In October 2021, the NDIA released a consultation paper for the 2021-22 Annual Pricing Review.⁶ As part of the review, the NDIA has sought feedback on about NDIS price limits and policy for the 2022-23 financial year through submissions and working groups. The terms of reference for the pricing review specify that, among other matters, the review is required to:

Review the pricing arrangements and price limits for core supports, by:

- (i) Examining the ongoing appropriateness of the methodology and parameters used in the *NDIS Cost Model for Disability Support Workers*, including through analysis of the most recent financial benchmarking data, paying particular regard to the outcomes of the Fair Work Commission's 4 yearly review of modern awards—Social, Community, Home Care and Disability Services Award 2010 (AM2018/26).⁷

4.21 The consultation paper notes that material changes to the Award (resulting from the review by the Fair Work Commission) that will be considered include:

³ See, McKinsey & Company, *Independent Pricing Review, National Disability Insurance Agency: Final Report*, February 2018; NDIA, *Pricing review archive*, November 2021, <https://www.ndis.gov.au/providers/pricing-arrangements/making-pricing-decisions/pricing-review-archive> (accessed 10 January 2021). This pricing review was also discussed in the committee's interim report.

⁴ Australian Government, *Australian Government Response to the Joint Standing Committee on the National Disability Insurance Scheme: NDIS Workforce Interim Report*, October 2021, p. 3.

⁵ Australian Government, *Australian Government Response to the Joint Standing Committee on the National Disability Insurance Scheme: NDIS Workforce Interim Report*, October 2021, pp. 3–4.

⁶ NDIA, *Annual Pricing Review 2021-22 Consultation Paper*, 8 October 2021, <https://www.ndis.gov.au/news/6937-annual-pricing-review-2021-22-consultation-paper> (accessed 15 December 2021).

⁷ NDIA, *Annual Pricing Review 2021-22 Terms of Reference*, September 2021, <https://www.ndis.gov.au/providers/pricing-arrangements/making-pricing-decisions/annual-pricing-review> (accessed 20 December 2021).

- a 2-hour minimum engagement for part-time employees (previously only for casuals)
- allowances for broken shifts; and
- payment for travel time between clients.⁸

Submitter and witness views about the Workforce Plan and government response to the interim report

Workforce conditions

- 4.22 Submitters reiterated that current working conditions continue to negatively impact worker retention and expressed concern that the plan did not include concrete measures to address these concerns.⁹
- 4.23 While acknowledging initiatives relating to attracting workers to the sector and improvements in training and professional development, submitters maintained that the plan should include further targeted measures to address working conditions for disability support workers and the broader NDIS workforce.¹⁰
- 4.24 Some submitters emphasised that measures raising awareness around disability support work or perceptions of the sector miss the mark when wages remain low and conditions are poor, compared to other sectors.¹¹ For example, Purpose at Work submitted that the measures in the plan to attract workers to the sector would be of little utility if the complex factors impacting retention are not addressed.¹² The Health Services Union reported that, based on payroll data from the Australian Bureau of Statistics (ABS), the expected remuneration for disability support workers set out in the Cost Model, using the Social, Community, Home Care and Disability Services Award 2010 (SCHADS Award) is 84% percent of the median hourly rate for all employees, and even less if the disability worker is engaged under the home care stream of the award (70%), as set out in the below table:

⁸ NDIA, *Annual Pricing Review 2021-22 Consultation Paper*, p. 25.

⁹ See, for example, Purpose at Work, *Submission 13.1*, [p. 5], National Disability Services, *Submission 25.1*, p. 4; Speech Pathology Australia, *Submission 12.1*, p. 6.

¹⁰ See, for example, Australian Services Union, *Submission 44.1*, [p. 3].

¹¹ See, National Disability Services, *Submission 25.1*, p. 3; Purpose at Work, *Submission 13.1*, [p. 2]; Speech Pathology Australia, *Submission 12.1*, p. 7; Health Services Union, *Submission 46.1*, p. 6.

¹² Purpose at Work, *Submission 13.1*, [p. 5].

Table 4.1 Comparison of disability support wages under the Social, Community, Home Care and Disability Services Award 2010 (SCHADS Award) and Australian Bureau of Statistics (ABS) median hourly earnings

	1 July 2020 SCHADS (Social and Community Services) 2.3	July 2020 SCHADS (Home Care) 4.1	August 2020 ABS Median Hourly Earnings
Hourly rate	\$30.17	\$25.18	\$36.00
% of Median Hourly Rate	84%	70%	100%

Source: Health Services Union, *Submission 46.1*, p. 6

- 4.25 The committee also heard that the plan should include measures to promote secure working arrangements, noting that casualisation and insecure employment impact on retention but remain largely unaddressed in the plan.¹³ National Disability Services, for example, submitted that the plan should include initiatives directed to supporting unions, employers and Fair Work Australia to work collaboratively to address industrial relations considerations.¹⁴
- 4.26 One union submitter advised caution in relation to the plan's intention to promote opportunities for providers to adopt innovative service models, remarking that innovative models:
- may be more cost effective for providers and deliver some benefit to service users but almost always result in a diminution of workforce conditions, including increased casualisation, increased job fragmentation and a decrease in autonomy for workers.¹⁵
- 4.27 The committee was informed that broader questions regarding the impact of new employment models and the gig economy still need to be explored. For example, Hireup told the committee that matters such as the nature of different contractual arrangements and the obligations of participants who

¹³ See, Australian Services Union, *Submission 44.1*, [p. 3]; United Workers Union, *Submission 45.1*, p. 5; Carers NSW, *Submission 19.1*, pp. 2–3.

¹⁴ National Disability Services, *Submission 25.1*, p. 4.

¹⁵ United Workers Union, *Submission 45.1*, p. 5; and DSS, *National Workforce Plan 2021-2025*, June 2021, p. 13.

directly engage support workers (including through platform-based services) remain poorly understood.¹⁶

NDIS Pricing and Cost model

- 4.28 As discussed in the interim report, one of the most direct policy influences on pay and conditions for the NDIS workforce is the NDIA price control framework. Under this framework, the NDIA sets price limits, which are the maximum prices that registered providers can charge NDIS participants for specific supports.¹⁷
- 4.29 Price limits are described by the NDIA as a regulatory intervention to support the NDIS market while it is still growing and experiencing inefficient supply coupled with growing demand.¹⁸ While price limits do not directly set wages for disability support or other NDIS workers, by determining the upper limit of the prices that may be charged by registered NDIS providers, the committee heard that price limits impact the ability of providers to offer competitive wages and conditions to workers across the workforce.¹⁹
- 4.30 Submitters over the course of the inquiry identified low wages and poor working conditions as core challenges to retaining a suitable NDIS workforce. Further, NDIS pricing approaches were identified as a key factor influencing the ability of providers to offer competitive wages that reflect the value and complexity of disability support work and working conditions that ensure that workers are appropriately supported, supervised and trained to provide safe and high quality care.²⁰
- 4.31 In discussing the workforce plan, submitters expressed disappointment that pricing measures in the plan were limited to a general commitment to 'continue to improve NDIS pricing approaches'.²¹ The committee heard that NDIS pricing should be given a higher profile in workforce planning and be a 'cornerstone' for other policies.²² Likewise, submitters were unhappy that the

¹⁶ Mr Jordan O'Reilly, Chief Executive Officer and Co-Founder, Hireup, *Committee Hansard*, 14 October 2021, pp. 11–13. These concerns were also raised in submissions considered in the committee's interim report: see, for example, Australian Lawyers Alliance, *Submission 5*, p. 5.

¹⁷ NDIA, *Pricing Arrangements*, 10 December 2021, <https://www.ndis.gov.au/providers/pricing-arrangements> (accessed 17 December 2021). A detailed explanation of NDIS pricing and the NDIS Cost Model for disability support workers is included in Chapter 5 of the committee's interim report.

¹⁸ See, for example, NDIA, *National Disability Insurance Scheme: 2021-22 Annual Pricing Review Consultation Paper*, October 2021, p. 6, 16-18.

¹⁹ National Disability Services, *Submission 25.1*, p. 3.

²⁰ See, for example, Professor Christine Bigby, *Submission 39.1*, p. 4; Cara Inc, *Submission 30*, p. 3.

²¹ See, Australian Services Union, *Submission 44.1*, [pp. 13–15]; Northern Territory Office of the Public Guardian, *Submission 3.1*, p. 2.

²² National Disability Services, *Submission 25.1*, p. 3.

plan did not include measures to address wages in the sector, or even identify appropriate remuneration as a key issue affecting worker retention.²³

- 4.32 Speech Pathology Australia (SPA) noted that the Department of Social Services (DSS) provided a sector briefing in June 2021, during which it was explained that the plan does not include measures affecting remuneration for workers because this is set through industrial agreements that are reviewed through existing processes.²⁴ DSS elaborated on this during one of the committee's public hearings:

Responsibility for setting award wages and conditions sits, as you'd be aware, with the independent industrial relations tribunal, the Fair Work Commission, not the Australian government. Of course, people can make applications to vary modern awards. Employers and employees can do that, as can organisations covered by the award and employee representative organisations.²⁵

- 4.33 DSS also maintained that employers are free to set pay rates above award wages and that NDIS price settings do not 'dictate the specific pay rates that are set by individual employers through their own business models'.²⁶
- 4.34 However, SPA considered that the government's position with respect to wage setting for NDIS workers ignores the current approach to setting price limits for NDIA services, and the role of the NDIA in setting these prices.²⁷ Unions, such as the United Workers Union also reiterated criticisms discussed in the interim report that award wages and conditions, which are minimum standards, are being used in the Cost Model to set 'ceilings' whereby providers may be unable to change prices that allow them to offer competitive wages above the minimum award rate when they wish to attract and retain more highly trained, skilled and experienced workers.²⁸
- 4.35 Submitters also took the opportunity to reiterate specific concerns with respect to NDIS pricing and the Cost Model that had not been considered in the Workforce Plan including that:
- the price guide assumes most supports will be offered at the rate of a level 1 disability support worker, which may reduce incentives for providers to

²³ Carers NSW, *Submission 19.1*, p. 3.

²⁴ Speech Pathology Australia, *Submission 12.1*, p. 6. See also Department of Social Services, *Sector Briefing - 29 June 2021*, p. 10, https://www.dss.gov.au/sites/default/files/documents/07_2021/ndis-national-workforce-plan-sector-briefing-transcript-29-june-2021.pdf (accessed 16 December 2021).

²⁵ Mr Luke Mansfield, Acting Deputy Secretary, Disability and Carers, Department of Social Services, *Committee Hansard*, 14 October 2021, pp. 28–29.

²⁶ Mr Luke Mansfield, Acting Deputy Secretary, Disability and Carers, Department of Social Services, *Committee Hansard*, 14 October 2021, pp. 28–29.

²⁷ Speech Pathology Australia, *Submission 12.1*, p. 6.

²⁸ Health Services Union, *Submission 46.1*, pp. 4, 6; Australian Services Union, *Submission 44.1*, [p. 13].

engage more experienced or better trained support workers to provide these supports²⁹

- some supports, particularly around mental health, may be misclassified under the cost model³⁰
- funding for some allied health services is lower than that received under other schemes³¹
- pricing should better accommodate costs associated with travel;³² and
- assumptions about the ratio of workers per supervisor (also referred to as 'span of control') lead to less support, coaching and fewer development opportunities for workers.³³

Royal Commission into Aged Care Quality and Safety

- 4.36 The approach taken by the Royal Commission into Aged Care Quality and Safety (Aged Care Royal Commission) in relation to concerns about low wages and poor working conditions in the aged care sector may be instructive for considering options to address working conditions for care and support workers in the NDIS.
- 4.37 The Aged Care Royal Commission considered working conditions and wages for aged care workers in its final report and made recommendations to support better working conditions and other improvements for the workforce in order to improve the quality of care in the aged care sector. These recommendations are discussed in Chapter 2.
- 4.38 Among a range of observations about the aged care workforce, the Commissioners concluded that aged care workers were poorly paid for their work. The Commissioners made two recommendations to facilitate collaboration between the Australian Government, aged care providers and unions to improve pay for aged care workers (relevantly, recommendations 84 and 85). As described in Volume 1 of the final report of the Commission:

²⁹ See, Anglicare Australia *Submission 8*, p. 6. Under the Cost Model, standard supports are generally provided by a disability support worker level 1, which is equivalent to a level 2.3 support worker in the relevant Award.

³⁰ Australian Services Union, *Submission 44.1*, p. 11; Mental Health Australia, Community Mental Health Australia and Mental Illness Fellowship of Australia, *Submission 34.1*, pp. 3–5. The committee also notes that the new Psychosocial Disability Recovery-Oriented Framework identifies that the recovery coach item will be reviewed and amended. See, NDIA, *National Disability Insurance Scheme Psychosocial Disability Recovery-Oriented Framework*, December 2021, <https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis#new-psychosocial-recovery-oriented-framework> (accessed 5 January 2022).

³¹ Exercise and Sports Science Australia, *Submission 33.1*, pp. 14–15.

³² Speech Pathology Australia, *Submission 12.1*, p. 12; The Australian Orthotic Prosthetic Association, *Submission 22.1*, p. 11; Dietitians Australia, *Submission 53*, p. 3.

³³ National Disability Services, *Submission 25.1*, p. 5.

First, we recommend that the Australian Government, providers and unions should collaborate on a work value case and equal remuneration application to the Fair Work Commission.

...Second, wage increases should be an explicit policy objective of aged care funding. As part of the new aged care funding system we propose, we are recommending the establishment of a Pricing Authority to set prices for high quality and safe aged care. We consider that an important part of that work will be to price aged care at a level that enables workers to be remunerated to reflect what similar workers are paid in similar sectors, such as health and disability. In setting prices for aged care, the Pricing Authority should take into account the need to attract sufficient staff with the appropriate skills to the sector, noting that relative remuneration levels are an important driver of employment choice.³⁴

- 4.39 In recommending collaboration on an application to the Fair Work Commission (FWC), the Commissioners emphasised that varying modern awards through FWC processes can be difficult. The FWC must be convinced that a variation is necessary and not merely desirable, and Awards are intended to operate as a safety net for workers and are therefore set at a low base.³⁵
- 4.40 However, the Commissioners also noted that that the chances of an application to the FWC being successful are significantly increased where the FWC 'is presented with an agreed position involving unions, employers and the principal funder, the Australian Government'.³⁶
- 4.41 The government responded to the Aged Care Royal Commission Final Report in May 2021. The government noted recommendation 84 in relation to supporting an application to the FWC, and, similar to its position in relation to wage setting for disability support workers, maintained that this is a function of the FWC, emphasising the importance of this body operating as an independent body for setting award wages. The government accepted recommendation 85, in relation to ensuring that wage increases should be an explicit policy objective of aged care funding. The government stated that it intends this to be achieved through the establishment of an independent pricing authority for aged care, which will 'consider the delivery of high quality care as a central pillar of its work'.³⁷

³⁴ Royal Commission into Aged Care Quality and Safety, *Final Report: Care, Dignity and Respect – Volume 1*, March 2021, p. 129. The relevant recommendations are recommendations 84 and 85. See p. 263.

³⁵ Royal Commission into Aged Care Quality and Safety, *Final Report: Care, Dignity and Respect – Volume 3A*, March 2021, p. 416.

³⁶ Royal Commission into Aged Care Quality and Safety, *Final Report: Care, Dignity and Respect – Volume 3A*, March 2021, p. 417.

³⁷ Australian Government, Department of Health, *Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety*, May 2021, p. 56,

- 4.42 At the time of drafting this report, the FWC was considering applications to vary the awards relating to aged care work, including to vary minimum wage rates in the Social, Community, Home Care and Disability Services Industry Award 2010 for workers who provide home care to older Australians.³⁸

Committee view

Workforce conditions

- 4.43 In its interim report, the committee stated its expectation that the forthcoming national workforce plan should have a core focus on improving working conditions in the NDIS workforce. The committee is therefore disappointed to see that working conditions remained largely unaddressed in the plan outside of training measures.
- 4.44 The Workforce Plan notes that the flexibility offered through casual and even platform-based work is preferred by some workers, while others seek more stability in their working arrangements. Likewise, some NDIS participants may value the stability and increased safeguards that come from being supported by a more permanent workforce. Meanwhile, some people with disability will prefer the convenience of app-based platforms to find support-workers and opportunities to access cheaper supports. The committee notes the value and desirability of innovation in the NDIS, including through leveraging technology to take advantage of models of working that promote choice and control for people with disability to choose how and from whom they receive support.
- 4.45 It is, however, clear that the broader impacts on the NDIS workforce of contract-based work, casualisation and platform-based work are not well understood, and that more information is required to understand some of these impacts, including how these factors impact on retaining workers in the sector, the types of obligations that arise between participants and workers, and the complexities of different contractual arrangements between workers, platforms and participants.

<https://www.health.gov.au/resources/publications/australian-government-response-to-the-final-report-of-the-royal-commission-into-aged-care-quality-and-safety> (accessed 20 December 2021).

The committee notes that this proposal is included in the Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021, which was being considered by the Senate at the time of drafting. See Rebecca Storen and Juli Tomaras, Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021, *Bills Digest No. 35*, 2021–22, Parliamentary Library, Canberra, 23 November 2021, p. 6.

³⁸ Fair Work Commission, *Work value case – Aged Care Industry*, 20 December 2021, <https://www.fwc.gov.au/cases-decisions-orders/major-cases/work-value-case-aged-care-industry> (accessed 22 December 2021).

- 4.46 Noting that there are still questions to be answered about these matters, the committee considers that, as a starting point, more information is needed about the prevalence of platform-based, and platform-like, arrangements in the sector, particularly with respect to the range of providers and individual workers who would be affected by any measures that may be directed at larger platform-based providers. Consequently, the committee considers that the government should ensure that data collected about the NDIS workforce, and the disability workforce more broadly, includes data about new employment models, including platform-based services.

Recommendation 1

- 4.47 The committee recommends that the Australian Government facilitate the collection of data to support better understanding about new working models being employed in the National Disability Insurance Scheme, including online and platform-based services.**

NDIS Pricing

- 4.48 While the committee acknowledges that initiative 11 of the plan makes a broad commitment to improve pricing approaches, at the time of drafting this report, the government has not offered concrete strategies or solutions to the pressing issue of how the NDIS funding model and pricing of supports impacts on wages and conditions for the NDIS workforce.
- 4.49 The committee therefore remains concerned that the current NDIS price guide and the Cost Model for disability support workers may not currently reflect the value and complexity of disability support work, and do not support growing and maintaining a suitably skilled, qualified and experienced NDIS workforce. The committee is further concerned that these issues also affect mental health related supports and therapeutic supports in the price guide.
- 4.50 The committee notes that the regular Annual Pricing Review is underway at the time of drafting this report. A range of information about consultation processes undertaken as part of the review have been released, and the committee is pleased to see that the NDIA is consulting with a range of providers and participant representative groups. However, in its interim report for this inquiry, the committee also emphasised the importance of ensuring that the voices of workers are included in consultation processes in these areas. From the material currently provided, the committee cannot see that the government has included any specific plans to consult with workers in the current pricing review.³⁹

³⁹ See NDIA, *Annual Pricing Review 2021-22 Consultation Paper*, 8 October 2021, <https://www.ndis.gov.au/news/6937-annual-pricing-review-2021-22-consultation-paper> (accessed 15 December 2021).

Recommendation 2

- 4.51 The committee recommends that the Australian Government ensure that workers in the National Disability Insurance Scheme and their representatives, as well as other stakeholders, are consulted in all regular pricing review processes and processes to review the Cost Model for Disability Support Workers.**

Wages for the care and support sector

- 4.52 Alignment between the disability and aged care workforces is a key focus of the Workforce Plan, and broader planning for the care and support workforce in Australia. It's also clear that the aged care and disability support workforces face many of the same challenges. Both sectors include workers whose wages are set under the Social, Community, Home Care and Disability Services Industry Award 2010, and workers across these sectors are classified under the same occupational codes.⁴⁰
- 4.53 Encouraging individual workers and providers to register as NDIS providers is also important in this space, and the committee has more to say about registration in Chapter 8.
- 4.54 While noting that there are also significant differences in the types of work undertaken in each of these sectors, it's notable that the Aged Care Royal Commission also considered workers in that sector to receive insufficient pay for the work that they do, similar to the arguments raised in this inquiry about disability support work. There may therefore be merit in the FWC reviewing an application in relation to wages for disability support workers similar to applications currently being considered regarding aged care workers, to ensure that wages in the sector reflect the value of the work.
- 4.55 The committee therefore encourages the government to reconsider its position with respect to supporting applications to the FWC for evaluation of wages in the care and support sector.

⁴⁰ See Australian Bureau of Statistics, *ANZSCO - Australian and New Zealand Standard Classification of Occupations – 2021 Update*, November 2021, www.abs.gov.au/statistics/classifications/anzsco-australian-and-new-zealand-standard-classification-occupations/latest-release (accessed 12 January 2021). This document includes a category for 'Aged and disabled care workers'.

Chapter 5

Thin markets

- 5.1 This chapter considers issues raised in the committee's NDIS Workforce Interim Report (the interim report) in relation to the effects of thin markets on the NDIS workforce and examines the *NDIS National Workforce Plan 2021-2025* and government responses to recommendations made by the committee in the interim report.
- 5.2 Key issues concerning thin markets that have been raised in evidence throughout the inquiry include:
- the effects of thin markets in regional, rural and remote areas
 - the maldistribution of allied health professionals across all areas of Australia; and
 - the availability of culturally safe support for Aboriginal and Torres Strait Islander participants.

Interim report

- 5.3 In its the interim report, the committee explored a number of issues relating to thin markets and the effects of thin markets on the NDIS workforce. The National Disability Insurance Agency explains that, in the context of the NDIS, 'thin markets exist where there is a gap between participant needs and their use of funded supports'.¹
- 5.4 Thin markets in the NDIS occur both by geography (i.e. regional, rural and remote Australia) and by service type (for example, allied health). In its interim report, the committee also considered the effects of thin markets on a number of different groups, which will be further discussed in this chapter.
- 5.5 The committee considered that limited progress had been made in addressing the issues associated with thin markets, noting that this issue had been raised consistently during the committee's previous inquiries, as well as other review processes. The committee was of the view that there should be a targeted intervention by the government to address the issue of thin markets.²

¹ NDIA, *Markets and innovations - our research*, 10 December 2021, www.ndis.gov.au/community/research-and-evaluation/markets-and-innovations-our-research (accessed 13 January 2021).

² Joint Standing Committee on the National Disability Insurance Scheme (NDIS), *NDIS Workforce Interim Report*, December 2020, p. 134.

Regional, rural and remote Australia

- 5.6 The committee in its interim report observed that regional, rural and remote communities experienced a number of challenges in establishing a suitable qualified workforce.³
- 5.7 Some contributing factors to these challenges, such as the time required to build trust and establish relationships with remote communities and issues arising from the higher costs of service delivery in regional, rural and remote areas, were more specific to regional, rural and remote areas. Other contributing factors, such as high staff turnover, high travel costs and an inadequate number of service providers, while not necessarily specific to regional, rural and remote areas, may be 'exacerbated by the additional cost and administrative burden associated with remoteness and professional isolation.'⁴
- 5.8 Evidence from several submitters considered in the interim report noted that strategies to combat some of these challenges should, in addition to developing initiatives to attract people to work in regional areas, place a focus on development and training to grow the capability of local workforces.⁵

Maldistribution of allied health professionals

- 5.9 A number of submitters told the committee that maldistribution of allied health professionals was a key issue affecting access to allied health services across Australia.
- 5.10 The committee heard that maldistribution of allied health professionals gave rise to a number of issues including challenges for supervision and providing effective professional support, limiting the quality of assessments and impacts on retention of workers in the regional and remote allied health sector.⁶

³ Within the NDIS, the NDIA uses a modification of the 'Modified Monash Model' to determine whether a support is being delivered in a 'regional remote or very remote area'. See NDIA, *Pricing Arrangements and Price Limits 2021-22*, September 2021, p. 26. The Modified Monash Model is a classification system used by the Department of Health to target programs by categorising metropolitan, regional, rural and remote areas according to geographical remoteness (as defined by the Australian Bureau of Statistics), and town size. See, Australian Government, Department of Health, *Modified Monash Model*, December 2021, www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm (accessed 13 January 2022), and Australian Government, data.com.au, *Modified Monash Model (MMM) 2019*, September 2019, <https://data.gov.au/dataset/ds-dga-a5cfc2c8-f0da-4aa1-8e19-7b5d7a9a5f56/details> (accessed 13 January 2022).

⁴ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 115.

⁵ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, pp. 117–118.

⁶ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, pp. 122–123.

- 5.11 The committee heard that many practitioners in regional, rural and remote areas were unable to operate by solely offering NDIS-funded services, indicating an inability of practitioners to specialise in these areas.⁷
- 5.12 Evidence provided to the committee emphasised the utility of local workforce development strategies and initiatives, with a focus on individuals with existing skills in health and social services.⁸
- 5.13 Considering these matters, the committee made the following recommendation:
- Recommendation 11: the committee recommends that the Commonwealth, states and territories, through the appropriate inter-governmental forum, consider the matter of allied health workforce maldistribution and implications for service access for people in regional, rural and remote Australia, and develop strategies for enabling workforce distribution, sustainability and growth.⁹

Support for Aboriginal and Torres Strait Islander participants

- 5.14 Aboriginal and Torres Strait Islander participants in the NDIS faced significant difficulty in accessing services, which witnesses and submitters observed could be largely attributed to the lack of culturally appropriate and affordable services available, particularly in rural and remote areas.¹⁰
- 5.15 Submitters told the committee that initiatives to grow the workforce in regional, rural and remote areas should place an emphasis on engaging members of local communities to enter the workforce to ensure better cultural safety and increase capacity building of Aboriginal and Torres Strait Islander peoples.¹¹
- 5.16 Additionally, the committee heard that a key component of developing a local workforce was to ensure that local Aboriginal community-controlled health organisations were adequately resourced to deliver NDIS supports and to train and support the development of a local workforce.¹²

⁷ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, pp. 116–117.

⁸ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, pp. 116–117.

⁹ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 135.

¹⁰ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 119.

¹¹ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, pp. 119–121.

¹² Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, pp. 120–121.

- 5.17 The committee recommended that the Australian Government develop, publish and implement a national strategy for the Aboriginal and Torres Strait Islander workforce, co-designed with Aboriginal and Torres Strait Islander peoples and community leaders, Aboriginal Community Controlled Organisations and other key stakeholders (recommendation 12).¹³

Workforce plan and government response

Thin markets

- 5.18 The Workforce Plan recognises NDIS workforce issues are 'more acute and varied' in thin markets, with challenges including 'a lower supply of providers and workers already operating in these markets, difficult working conditions and barriers to accessing training and support'.¹⁴ The plan identifies issues for regional and remote communities and supporting participants with complex needs as areas of particular concern, noting that:

...attracting workers is particularly challenging in regional communities, with longer vacancy times and smaller applicant pools. It takes regional employers 22 per cent longer to fill vacancies in disability and aged care roles, with each vacancy attracting 55 per cent fewer suitable applicants. Remote and regional workers often have limited access to supervision, support and training in their communities, which can lead to talent drain to metropolitan areas.

NDIS providers also report having difficulty recruiting and retaining an adequately skilled and experienced workforce to support participants with high and complex needs. This includes a lack of workers with the ability to assist participants with psychosocial disability.¹⁵

- 5.19 Initiatives 11 and 12 of the Workforce Plan specifically reference issues of thin markets, and commit to improving pricing approaches in the context of thin markets, and to providing 'market demand information across the care and support sector to identify opportunities and make informed business decisions about market entry and growth, particularly in thin markets'.¹⁶
- 5.20 The plan also suggests that the adoption of 'innovative service models' to allow workers to move across different areas within the sector will assist in reducing the number of thin markets. The plan states that the government will

¹³ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 137.

¹⁴ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 20.

¹⁵ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 20.

¹⁶ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 30.

assist in facilitating these service models by taking 'actions to improve alignment of provider and worker regulation across the sector.'¹⁷

Allied health

5.21 The Workforce Plan also includes 2 initiatives intended to support the allied health workforce, and address workforce maldistribution, particularly in regional, rural and remote areas of Australia:

- Initiative 14: explore options, through co-design, to support allied health professionals to work alongside allied health assistants and support workers to increase capacity to respond to participants needs.
- Initiative 15: enable allied health professionals in rural and remote areas to access professional support and supervision via telehealth.¹⁸

5.22 However, while priority 2 of the plan recognises a 'lack of workers with the ability to assist participants with psychosocial disability', the plan does not set out specific initiatives to address this issue.¹⁹

5.23 The government supported in principle recommendation 11 in the committee's interim report. The government noted that it had created of the role of 'Chief Allied Health Officer' in July 2020. This officer would play a key role in 'supporting increased access to allied health services in the regions through Stronger Regional Health Strategy and other health workforce reforms.'²⁰

Support for Aboriginal and Torres Strait Islander participants

5.24 The Workforce Plan includes one specific initiative aimed at addressing workforce concerns regarding the specific needs of Aboriginal and Torres Strait Islander participants. Other initiatives in the plan also refer to these needs or have elements of their implementation that are directed to growing the Aboriginal and Torres Strait Islander NDIS workforce.

5.25 Initiative 16, under priority 3, commits to 'help build the Aboriginal and Torres Strait Islander community-controlled sector to enhance culturally safe NDIS services'. The government intends that this initiative will support Aboriginal Community Controlled Health Organisations to become registered to deliver NDIS services through the 'NDIS Ready' project. The government

¹⁷ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 13.

¹⁸ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 30.

¹⁹ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 20.

²⁰ Australian Government, *Australian Government Response to the Joint Standing Committee on the National Disability Insurance Scheme: NDIS Workforce Interim Report*, October 2021, p. 9.

further commits to engaging in continued efforts to explore options to attract Aboriginal and Torres Strait Islander workers in this space.²¹

- 5.26 Under initiative 6, under priority 2, the government intends to 'develop micro-credentials and update nationally recognised training' to both enhance career pathways for practitioners and improve the quality of care provided. As part of this initiative, the government plans to explore options to assist in the development of micro-credentials that will enhance culturally safe practices for Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) care recipients.²²
- 5.27 The implementation of initiative 1 (promote opportunities in the care and support sector) will also include 'targeted public relations activities for Aboriginal and Torres Strait Islander audiences'.²³
- 5.28 Recommendation 12 in the committee's interim report was supported by the government, who noted that there were 'several initiatives underway to build the Aboriginal and Torres Strait Islander care and support workforce', including:
- finalisation of a *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2023*, co-designed with the Aboriginal and Torres Strait Islander community controlled health sector
 - an allocation of \$5.9 million (from an overall Government investment of \$64.3 million into the NDIS jobs and market fund) to the National Aboriginal Community Controlled Health Organisation to strengthen disability support services within Aboriginal and Torres Strait islander communities; and
 - the implementation of the *NDIS Workforce Capability Framework* which includes a capability relating to working with Aboriginal and Torres Strait Islander people with disability.²⁴

Submitter and witness views

Thin markets for allied health

- 5.29 Submitters outlined specific areas of continuing allied health shortages in the NDIS workforce including orthotists/prosthetists²⁵, behavioural support

²¹ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 30.

²² Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, June 2021, pp. 26–27.

²³ Department of Social Services, *Submission 48.2*, p. 5.

²⁴ Australian Government, *Australian Government Response to the Joint Standing Committee on the National Disability Insurance Scheme: NDIS Workforce Interim Report*, October 2021, p. 9.

²⁵ The Australian Orthotic Prosthetic Association, *Submission 22.1*, p. 4.

practitioners, support coordinators²⁶ and the psychosocial workforce.²⁷ These shortages arise from a number of factors including poor geographic dispersion of practitioners²⁸, increasing demand the competitive nature of the market in relation to finding, recruiting and retaining qualified workers.²⁹

Insufficient focus in the Workforce Plan

- 5.30 The committee heard that the Workforce Plan largely focuses on disability support workers,³⁰ with several submitters suggesting that the plan should make further efforts to address gaps which exist for specific sections of the allied health workforce.³¹ Allied Health Professions Australia (AHPA), for example, considered that allied health has been 'treated as an afterthought' in the Plan, and that the proposed strategies for allied health are 'thin and do not address the fundamental issues for our workforce'.³² Ms Catherine Maloney, Chief Executive Officer, SARAH, argued that the plan should not view allied health and disability support workers 'a unified workforce' when there are 'significantly different levels of qualifications and expertise' across workers who support NDIS participants.³³
- 5.31 AHPA further cautioned against a 'flawed conflation of thin markets with rural, regional and remote' and noted that allied health services were also distributed unevenly in metropolitan and regional areas.³⁴ AHPA called for 'full... resourcing of new and diverse service models so we can overcome the problem of thin markets, and not only in rural and remote areas'.³⁵

Allied health assistants

- 5.32 Submitters to the inquiry expressed a range of views about measures to increase the use of allied health assistants (AHAs) under initiative 14. A

²⁶ National Disability Services, *Submission 25.1*, pp. 6–7.

²⁷ Mental Health Victoria, *Submission 41.1*, pp. 3–4.

²⁸ The Australian Orthotic Prosthetic Association, *Submission 22.1*, p. 4.

²⁹ National Disability Services, *Submission 25.1*, pp. 6–7.

³⁰ Allied Health Professions Australia, *Submission 35.1*, p. 3.

³¹ The Australian Orthotic Prosthetic Association, *Submission 22.1*, pp. 15–16. See also National Disability Services, *Submission 25.1*, pp. 6–7; Mental Health Australia, *Submission 34.1*, [p. 6]; Allied Health Professions Australia, *Submission 35.1*, pp. 3–4.

³² Mrs Clare Hewat, Chief Executive Officer, Allied Health Professions Australia, *Committee Hansard*, 12 October 2021, pp. 22–23.

³³ Ms Catherine Maloney, Chief Executive Officer, Services for Australian Rural and Remote Allied Health, *Committee Hansard*, 12 October 2021, p. 25.

³⁴ Allied Health Professions Australia, *Submission 35.1*, p. 5.

³⁵ Mrs Clare Hewat, Chief Executive Officer, Allied Health Professions Australia, *Committee Hansard*, 12 October 2021, p. 23.

number of allied health submitters saw benefits from increasing the capacity of allied health practitioners in this way, by allowing practitioner to work at 'top of scope'.³⁶ SARRAH observed that:

Allied Health Assistants are a key potential workforce that is increasingly proving its capacity and value across and between the NDIS, aged care, health and other service systems, but has yet to be recognised and supported at the system level to deliver participant/client/patient impacts and/or the service reach and sustainability benefits their training and skills are tailored to achieve. AHA skills sets and capability are extremely well designed to meet the needs of communities trying to meet disability related service demands, shifts in the burden of disease toward lifestyle related illness and reduced independence, management of chronic conditions, rehabilitation, restorative care and healthy ageing.³⁷

- 5.33 However, submitters also cautioned against the overuse of AHAs, and emphasised the need for supervision and the use of an appropriate delegation framework within which to support the use of AHAs.³⁸ Allied Health Professions Australia (AHPA), for example, reflected that:

The establishment of a nationally consistent supervision and delegation framework was a feature of the Overview, but is absent from the Plan which makes no reference to the current and real dangers of inappropriate use of this workforce without appropriate supervision and delegation. Instead, the Plan simply refers to exploring options through co-design and in future stages exploring additional training and regulatory requirements for allied health assistants and support workers.

AHPA recommends the development of uniform entry level qualifications and a national supervision and delegation framework for allied health assistant practice, and refers the Committee to the Victorian Supervision and Delegation Framework as a resource for this process.³⁹

- 5.34 These views were shared by Speech Pathology Australia (SPA), who were mindful that funding of allied health assistants should not be to the exclusion of ensuring that practitioners have a role in determining what level of service provision is clinically appropriate. SPA further emphasised that assistants do not have an official code of conduct, regulatory body, mandated training or qualifications, and that the responsibility and insurance liability for actions of an AHA remain with the supervising professional.⁴⁰

³⁶ The Australian Orthotic Prosthetic Association, *Submission 22.1*, pp. 15–16. See also Dietitians Australia, *Submission 53*, p. 5; Allied Health Professions Australia, *Submission 35.1*, p. 9; Services for Australian Rural and Remote Allied Health, *Submission 50.1 – Attachment*, pp. 35–36.

³⁷ Services for Australian Rural and Remote Allied Health, *Submission 50.1 – Attachment*, p. 35.

³⁸ See, for example, Exercise and Sports Science Australia, *Submission 33.1*, pp. 8–9.

³⁹ Allied Health Professions Australia, *Submission 35.1*, p. 10.

⁴⁰ Speech Pathology Australia, *Submission 12.1*, p. 12–13.

- 5.35 National Disability Services (NDS) observed that the training for AHAs is currently 'very health setting focused' and hoped that current reviews of training for these positions would provide pathways to ensure that training packages 'will better skill these roles for the disability and other care sectors'. NDS further recommended that implementation of the Plan should consider increasing training offerings of allied health assistant training packages by education providers, particularly in regional areas, as well as the promotion of allied health assistant work to school leavers and job seekers.⁴¹

Allied health workforce data

- 5.36 Submitters expressed concerns regarding the lack of reliable data with respect to the allied health workforce,⁴² particularly in relation to specific services, and that this lack of reliable data creates difficulties for accurately measuring the needs of participants in relation to allied health.⁴³ AHPA suggested that data which is reflective of both current providers as well as broader private and community-based allied health services would be better able to 'inform a full understanding of the local workforce' and allow 'a meaningful picture of the Australian allied health workforce at national, regional and local levels.'⁴⁴

Existing initiatives

- 5.37 Submitters and witnesses made several comments regarding the appointment and effectiveness of the Chief Allied Health Officer role, created in July 2020.⁴⁵ The committee heard that, while the appointment was a 'good step', the capacity of a person holding that position to achieve change may be limited, given the level of power and influence currently attached to the position, which is at an assistant secretary level within the Commonwealth Department of Health.⁴⁶ Ms Catherine Maloney, Chief Executive Officer, Services for Australian Rural and Remote Allied Health (SARRAH), suggested that the position 'must be enabled with resources and have sufficient clout to influence policy and funding decisions'.⁴⁷

⁴¹ National Disability Services, *Submission 25.1*, p. 6.

⁴² Mental Health Australia, *Submission 34.1*, pp. 1-2. See also Allied Health Professionals Australia, *Submission 35.1*, pp. 3-4.

⁴³ Allied Health Professions Australia, *Submission 35.1*, pp. 3-4.

⁴⁴ Allied Health Professions Australia, *Submission 35.1*, p. 4. For further discussion with respect to data about the NDIS workforce, see Chapter 8.

⁴⁵ Australian Government, *Australian Government Response to the Joint Standing Committee on the National Disability Insurance Scheme: NDIS Workforce Interim Report*, October 2021, p. 9.

⁴⁶ See, Prof. Christine Bigby, Director, Living with Disability Research Centre Latrobe University, *Committee Hansard*, 12 October 2021, p. 18; and Mrs Claire Hewat, Chief Executive Officer, Allied Health Professions Australia, *Committee Hansard*, 12 October 2021, p. 25.

⁴⁷ Ms Catherine Maloney, Chief Executive Officer, Services for Australian Rural and Remote Allied Health, *Committee Hansard*, 12 October 2021, p. 21.

- 5.38 The committee also heard that other initiatives referenced in the government response to the committee's interim report, including the Stronger Regional Health Strategy and Workforce incentives program, have to date not provided direct support or funding for increased allied health services.⁴⁸

Proposed solutions

- 5.39 Representatives from AHPA and SARRAH expressed support for measures that improve the 'training pipeline' for allied health, including increasing the number of disability placements for trainees, and increasing the number of students undertaking training in allied health, particularly from rural backgrounds.⁴⁹
- 5.40 SPA also put forward a range of potential pricing incentives that may increase the numbers of NDIS allied health providers including 'free training, paid administration time, paid time for professional development in registration groups who have less providers, and a surcharge for expertise in certain skillsets'. SPA however noted that contracting arrangements with organisations or sole traders outside the NDIS may be needed for services that are not provided by the market, and to ensure that participants have access to culturally appropriate services.⁵⁰

Regional, rural and remote Australia

- 5.41 The prevalence of thin markets in regional, rural and remote areas continued to be a significant concern for submitters, and the committee heard that these issues may in part be attributed to smaller candidate pools,⁵¹ and the ability of providers to attract and retain workers in regional, rural, and remote areas.⁵² While some submitters referenced general concerns about the availability of NDIS workers to provide support in rural and remote areas,⁵³ the bulk of evidence on this topic was received in relation to allied health shortages in regional, rural and remote Australia.

⁴⁸ Ms Catherine Maloney, Chief Executive Officer, Services for Australian Rural and Remote Allied Health, *Committee Hansard*, 12 October 2021, pp. 21–22.

⁴⁹ See, Mrs Claire Hewat, Chief Executive Officer, Allied Health Professions Australia, *Committee Hansard*, 12 October 2021, p. 26; and Ms Catherine Maloney, Chief Executive Officer, Services for Australian Rural and Remote Allied Health, *Committee Hansard*, 12 October 2021, p. 27.

⁵⁰ Speech Pathology Australia, *Submission 12.1*, p. 11.

⁵¹ Mental Health Victoria, *Submission 41.1*, p. 2. See also The Australian Orthotic Prosthetic Association, *Submission 22.1*, p. 6.

⁵² National Disability Services, *Submission 34.1*, p. 7. See also Mental Health Australia, *Submission 34.1*, pp. 1–3; The Australian Orthotic Prosthetic Association, *Submission 22.1*, pp. 6–7; Allied Health Professions Australia, *Submission 35.1*, p. 7.

⁵³ National Disability Services, *Submission 25.1*, p. 7.

5.42 For example, Ms Catherine Maloney, Chief Executive Officer, SARRAH, told the committee that individuals in rural and remote areas experienced ‘persistent disparity’ in accessing allied health services, evidenced by ‘consistently lower NDIS utilisation rates’ and ‘lower use of allied health items on the Medicare Benefits Schedule in rural and remote areas.’⁵⁴ Ms Maloney also explained that some of these issues had compounded during the COVID-19 pandemic:

Maldistribution of the allied health workforce in Australia is a severe and longstanding issue. Unfortunately, most of the allied health workforce and service access issues being raised with the committee in July last year remain unchanged and may have worsened in that time. We believe that limited workforce mobility, stemming from prolonged border closures as a result of the COVID-19 pandemic, has exacerbated this longstanding problem over the past 18 months. SARRAH has seen an increase in the number of inquiries to our office from NDIS providers requesting assistance with workforce recruitment and retention, with some providers disclosing vacancy rates of up to 50 per cent of their workforce and others describing significant unmet need in their communities that they are unable to meet due to lack of capacity.⁵⁵

5.43 Ms Catherine Maloney, concluded that ‘coordinated action and commitment across the board in health, aged care, education and across...sectors is required.’⁵⁶

5.44 In this vein, some submitters expressed support for the plan’s proposal under initiative 10 of priority 3 to achieve better regulatory alignment between various areas of the care sector including veteran’s affairs and aged care.⁵⁷ National Disability Services (NDS) stated that streamlining of services across the sector would be useful in areas that experience thin markets.⁵⁸

5.45 Mr Allan Groth, Director of Policy and Strategy, SARRAH, also observed that in some areas a thin market may not actually be a thin market where the market is examined on the basis of community need, where there may be ‘desperate need’ for services. Describing systemic barriers, including costs and other impediments relating to registration, time frames and access to service supports, Mr Groth stated that a thin market may not necessarily be an issue of

⁵⁴ Ms Catherine Maloney, Chief Executive Officer, Services for Australian Rural and Remote Allied Health, *Committee Hansard*, 12 October 2021, p. 21.

⁵⁵ Ms Catherine Maloney, Chief Executive Officer, Services for Australian Rural and Remote Allied Health, *Committee Hansard*, 12 October 2021, p. 21.

⁵⁶ Ms Catherine Maloney, Chief Executive Officer, Services for Australian Rural and Remote Allied Health, *Committee Hansard*, 12 October 2021, p. 22.

⁵⁷ Services for Australian Rural and Remote Allied Health, *Submission 50.1*, p. 2. See also Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 30.

⁵⁸ National Disability Services, *Submission 25.1*, p. 7.

cost effectiveness, but rather the consequence of 'a particular mechanism that doesn't work in those environments'. Mr Groth advocated for mechanisms to allow practitioners to derive income from a range of sources across service systems which are 'coordinated and able to be accessed to support a strong service base'.⁵⁹

- 5.46 The committee also heard that a lack of mentorship and professional development opportunities played a significant role in contributing to the issue of thin markets in regional, rural, and remote areas. The Australian Orthotic Prosthetic Association (AOPA) explained that low practitioner prevalence in the workforce in these areas contributed to professional isolation as well as a lack of mentorship opportunities which disadvantages junior practitioners who in turn are unable to benefit from 'practical and context-specific knowledge and support'.⁶⁰
- 5.47 With reference to initiative 15 of the Workforce Plan, AHPA observed that while telehealth can be useful in rural and remote areas,⁶¹ it should not be viewed as a solution to workforce development or the provision of treatment.⁶² Speech Pathology Australia added that the initiative failed to address currently existing issues experienced by practitioners in the space, including issues with consistent internet access and lack of remuneration for professional supports.⁶³ Audiology Australia contended that an essential component of conducting successful telehealth appointments is ensuring that practitioners have an appropriate level of digital literacy, noting that not every practitioner currently has these skills.⁶⁴

Support for Aboriginal and Torres Strait Islander participants

- 5.48 National Aboriginal Community Controlled Health Organisation (NACCHO) told the committee that Aboriginal and Torres Strait Islander peoples were under-represented in the NDIS and faced limitations in participating effectively in the NDIS, owing in part to the development of the NDIS which did not take into account the 'needs, situation and culture of Aboriginal and Torres Strait Islander people'.⁶⁵ NACCHO emphasised that there are 'thin

⁵⁹ Mr Alan Groth, Director of Policy and Strategy, Services for Australian Rural and Remote Allied Health, *Committee Hansard*, 12 October 2021, p. 27.

⁶⁰ The Australian Orthotic Prosthetic Association, *Submission 22.1*, p. 7.

⁶¹ Allied Health Professions Australia, *Submission 35.1*, p. 10.

⁶² Allied Health Professions Australia, *Submission 35.1*, p. 10.

⁶³ Speech Pathology Australia, *Submission 12.1*, p. 13.

⁶⁴ Audiology Australia, *Submission 18.1*, p. 4.

⁶⁵ National Aboriginal Community Controlled Health Organisation, *Submission 57*, p. 5.

markets issues in accessing culturally appropriate NDIS supports across all regions in Australia'.⁶⁶

- 5.49 NACCHO submitted that the Aboriginal Community Controlled Health Organisation (ACCHO) sector would be the most effective sector to deliver an integrated care service delivery model as its workforce are 'best placed to deliver culturally competent care' for Aboriginal and Torres Strait Islander people and communities.⁶⁷
- 5.50 To enable ACCHOs to provide comprehensive care, NACCHO recommended a streamlining process of integration between various services and embedding a 'strong multidisciplinary care workforce' to provide these services to communities.⁶⁸ ACCHOs largely operate as primary health services, and NACCHO contends that structural reform is required in the care space, as the current separate of health, disability and aged care has 'created barriers and access issues which has a flow-on effect to the workforce and the number (and competency) of employees available to support some of the most disadvantaged people in Australia'.⁶⁹
- 5.51 NACCHO described the workforce challenges experienced by ACCHOs, estimating that the Aboriginal and Torres Strait Islander care workforce (across the broader health care and social assistance sectors) needs to grow by an additional 8,223 Aboriginal and Torres Strait Islander workers by 2025.⁷⁰ NACCHO submitted that this expansion of the Aboriginal and Torres Strait Islander workforce is needed to improve access to services and 'support the provision of culturally appropriate care and service provision.'⁷¹ Ms Patricia Turner, NACCHO CEO, further explained to the committee:

By employing trained Aboriginal staff, we can break down a lot of the barriers that they encounter with non-Indigenous service providers. They will feel culturally safe and respected. It's having the relationship with the people, building the communications and the trust, understanding their individual and family circumstances, and being able to respond in a holistic way to meet that person's and that family's needs.⁷²

⁶⁶ National Aboriginal Community Controlled Health Organisation, answers to questions on notice 12 October 2021 (received 10 December 2021), p. 1.

⁶⁷ National Aboriginal Community Controlled Health Organisation, *Submission 57*, p. 6.

⁶⁸ National Aboriginal Community Controlled Health Organisation, *Submission 57*, p. 6.

⁶⁹ National Aboriginal Community Controlled Health Organisation, *Submission 57*, p. 7.

⁷⁰ National Aboriginal Community Controlled Health Organisation, answers to questions on notice 12 October 2021 (received 10 December 2021), p. 2.

⁷¹ National Aboriginal Community Controlled Health Organisation, *Submission 57*, pp. 4-5.

⁷² Ms Patricia Turner, Chief Executive Officer, National Aboriginal Community Controlled Health Organisation, *Committee Hansard*, 12 October 2021, p. 4.

- 5.52 Ms Turner expressed support for the proposals to improve alignment across the care and support sector, and confirmed that there is not adequate flexibility for the development of the type of multiskilled workforce to work across different special needs groups that is currently being considered by NACCHO.⁷³ Ms Turner also informed the committee that NACCHO was working with the Minister for the NDIS, Senator the Hon Linda Reynolds CSC, to develop a separate plan for care services and care workers required for Aboriginal and Torres Strait Islander peoples across Australia, including a plan for building a more integrated workforce. At the time of drafting, the committee understands that this plan is being considered by the Minister.⁷⁴
- 5.53 NACCHO stressed that 'the ultimate aim of branching into NDIS service provision for ACCHOs is to ensure all Aboriginal and Torres Strait Islander people can access culturally appropriate services and supports no matter where they live in Australia'.⁷⁵ Additional matters raised for consideration by NACCHO to achieve this included:
- fully funding a workforce mapping exercise to understand NDIS workforce numbers and capacity of current ACCHOs
 - establishing links with culturally appropriate mainstream organisations for ACCHOs for whom NDIS service provision is not economically viable, and exploring 'regional consortium models'; and
 - continuation of block funding for workforce support to ensure appropriate delivery of wrap-around care and support.⁷⁶

Committee view

- 5.54 While the challenge posed by thin markets was not a core focus of this inquiry, it was a consistent theme in evidence. Thin markets are a central and persisting issue within the NDIS, and the impacts for participants and the disability sector have been discussed in a number of the committee's previous reports. The NDIS has been designed as a market-based scheme with the expectation that individualised funding would catalyse the development of an appropriate workforce to provide these services. Given the history of moving from charitable and state-based support, some fostering of the market is required to ensure that appropriate supports are available to NDIS participants. It is the

⁷³ Ms Patricia Turner, Chief Executive Officer, National Aboriginal Community Controlled Health Organisation, *Committee Hansard*, 12 October 2021, pp. 2–3. See also Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, June 2021, p. 30.

⁷⁴ Ms Patricia Turner, Chief Executive Officer, National Aboriginal Community Controlled Health Organisation, *Committee Hansard*, 12 October 2021, p. 4.

⁷⁵ National Aboriginal Community Controlled Health Organisation, answers to questions on notice 12 October 2021 (received 10 December 2021), p. 2.

⁷⁶ National Aboriginal Community Controlled Health Organisation, answers to questions on notice 12 October 2021 (received 10 December 2021), pp. 2–4.

committee's view that developing and maintaining an appropriately skilled and qualified workforce is essential to the success of the scheme if it is to meet the demand that exists now and into the future. Given significant thin markets remain this far into the life of the scheme, it is critical that workforce planning for the NDIS seeks to address thin market issues.

- 5.55 The *NDIS National Workforce Plan 2021-2025* recognises that thin markets have a significant impact on the ability to grow and sustain an appropriate NDIS workforce. Unfortunately, the plan lacks detailed strategies, actions or proposed outcomes that would assist the committee to evaluate the likely success of the various initiatives that seek to address thin market concerns. For example, the plan's focus on streamlining regulatory requirements has been welcomed by many submitters and witnesses, but there is very little detail on how this is expected to impact specific thin markets, apart from potentially making it easier to support a practice servicing disability, aged care and other clients in regional, rural or remote areas. Meanwhile, there is only limited attention given to allied health in the broader plan.
- 5.56 A particular shortcoming in the plan is the focus on measures to grow the disability support worker cohort, without a similar focus on increasing more specialised practitioners. Evidence to the committee cautioned against viewing the workforce as a single, unified workforce. It is apparent that measures that may be effective to attract disability support workers, while important, will not necessarily be effective to grow the allied health workforce, particularly at the professional practitioner level, or, of themselves, support appropriate development of an Aboriginal and Torres Strait Islander NDIS workforce.
- 5.57 As a demonstration of the government's commitment to address thin markets through the workforce plan, the committee considers that the utility of the plan would be improved if a clear, measurable set of outcomes were attached to initiatives in the plan to deal with thin markets, and associated reporting of progress towards these outcomes. The committee considers these outcomes should be developed through consultation or co-design processes with the allied health and wider disability sector, as well as participants and their representatives, and workers and their representatives. The committee makes a recommendation with respect to developing measurable outcomes for all initiatives in the Workforce Plan in Chapter 8 of this report.

Allied health maldistribution

- 5.58 It is further unclear how measures in the plan that are directed to allied health will be effective to assist in addressing concerns about allied health maldistribution. As discussed in the committee's interim report, the factors which contribute to this are varied and complex, including the proportion of Commonwealth funding allocated to workforce development, distribution and sustainability, a lack of stakeholder input and allied health expertise in

workforce planning processes, and the allocation of funding between service sectors. These factors are accompanied by cross-jurisdictional issues, including coordination of priorities and actions across ministerial councils, and considerations of the benefits and risks of cost-shifting between governments.

- 5.59 The committee also notes that the government response to recommendation 11 of the committee's interim report highlighted the creation of the position of Chief Allied Health Officer in the Commonwealth Department of Health, and this positions support for increased access to allied health in regional Australia through the Stronger Regional Health Strategy and other health workforce reforms. The government did not, however, commit to escalating the issue of allied health maldistribution to an intergovernmental forum such as that of national cabinet. Noting the concerns raised in evidence about the ability of the Chief Allied Health Officer to influence policy or decision-making, and ongoing concerns about allied health maldistribution in the NDIS, the committee also encourages the government to reconsider its response to recommendation 11 in the committee's interim report.

Support for Aboriginal and Torres Strait Islander participants

- 5.60 The committee welcomes the government's response to recommendation 12 in the interim report for this inquiry, and particularly notes the advice that the government is finalising a *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* (Health Workforce Plan) to strengthen and grow the Aboriginal and Torres Strait Islander health workforce across health roles and locations across Australia, including in the aged care and disability sector.
- 5.61 The committee is persuaded by evidence received from NACCHO arguing that a plan that prioritises an integrated, multi-skilled, and culturally competent workforce is needed to ensure that Aboriginal and Torres Strait Islander participants are able to receive holistic and effective support. The committee therefore considers that, once the Health Workforce Plan is finalised, the implementation of the NDIS Workforce Plan should be carefully aligned to this broader plan.
- 5.62 It will also be important to continue to monitor and evaluate how the Workforce Plan can support growth in the Aboriginal and Torres Strait Islander NDIS workforce. In addition to the specific measures contemplated in item 16 of the plan, other broader initiatives in the plan should be implemented in a manner that supports the specific needs of the Aboriginal and Torres Strait Islander NDIS workforce as well as supporting growth in the broader NDIS workforce. The committee therefore considers that implementation of the plan should include development of specific outcomes, co-designed with Aboriginal and Torres Strait Islander peoples and organisations and other key stakeholders, for developing and supporting the

Aboriginal and Torres Strait Islander NDIS workforce and regular reporting on these outcomes.

Recommendation 3

- 5.63 The committee recommends that the Australian Government, through co-design with Aboriginal and Torres Strait Islander peoples and organisations, develop and report on specific outcomes for initiatives in the *NDIS National Workforce Plan 2021-2025* to support the growth and development of the Aboriginal and Torres Strait Islander NDIS workforce.**

Chapter 6

Employment opportunities for people with disability

- 6.1 Building on the evidence canvased in the committee's NDIS Workforce Interim Report (interim report), this chapter considers employment opportunities for people with disability – particularly National Disability Insurance Scheme (NDIS) participants – in the NDIS workforce.
- 6.2 The chapter outlines:
- Evidence regarding employment opportunities for people with disability in the NDIS workforce, as discussed in the committee's interim report.
 - The government responses to relevant recommendations made in the interim report.
 - New evidence from witnesses and submitters regarding the peer workforce, which examines the adequacy of relevant government initiatives addressing such issues.

Employment opportunities for people with disability

Discussion in interim report

- 6.3 In its interim report, the committee expressed concern about the barriers people with disability face in employment, and while seeking employment. The committee also noted concerns around employment opportunities for people with disability within the NDIS workforce, and the need to support enhanced education outcomes for scheme participants.¹
- 6.4 Key issues regarding employment opportunities for people with disability that were identified in evidence included:
- opportunities for people with disability to be employed in the NDIS workforce, including as peer workers and in training and capacity-building roles;
 - barriers to employment that people with disability may face;
 - educational outcomes for people with disability – with a particular focus on the training needed for particular roles and support transitions through education to employment; and
 - employment of people with disability by the National Disability Insurance Agency (NDIA; the Agency).

¹ Extensive background on these matters is canvased in Chapter 7 of the committee's interim report. See Joint Standing Committee on the National Disability Insurance Scheme (NDIS), *NDIS Workforce Interim Report*, December 2020, pp. 101–40.

- 6.5 The committee suggested that such issues should be addressed in the national plan for the NDIS workforce.

Developing the lived experience workforce

- 6.6 As detailed the interim report, the committee considered it vital that people with disability are part of the NDIS workforce, reflecting that peer workers are able to relate to and connect with participants; establish crucial relationships of trust; and identify the supports best suited to meet participants needs.²
- 6.7 The committee supported calls for the NDIA to develop a strategy to increase the representation of people with disability in the NDIS workforce, co-designed by people with disability and peak bodies such as the Australian Federation of Disability Organisations and People with Disability Australia. The committee emphasised that measures to improve employment outcomes for people with disability and grow a lived experience workforce must ensure that opportunities are matched to the capabilities of prospective employees and must encourage people with disability to aspire to roles at all levels—including technical, managerial and leadership roles—on an equal basis to colleagues without disability.³
- 6.8 The committee also considered that the strategy should be adapted to address the needs of particular cohorts of participants – for example, participants with psychosocial disability who often have unique or complex support needs. It should also create new roles and line items suitable for and attractive to people with lived experience; and outline how organisations could support the peer workforce to carry out their roles.⁴
- 6.9 In addition, noting that many people with disability may benefit from having a planner or Local Area Coordinator (LAC) with lived experience, the committee considered that a peer workforce strategy should include measures to increase the number of planners and LACs with lived experience.⁵
- 6.10 Whilst acknowledging existing initiatives to increase the employment of people with disability in the NDIA, and initiatives at the individual provider level to support a lived experience workforce, the committee noted that there did not appear to be a specific strategy of this nature.⁶
- 6.11 The committee suggested that a peer workforce strategy could sit alongside or be incorporated into existing strategies to increase participants employment. It

² Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 112.

³ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 112.

⁴ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 112.

⁵ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 112.

⁶ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, pp. 112–113.

considered that initiatives to grow the peer workforce should also be captured in a national plan, noting that such initiatives may require coordination across jurisdictions and sectors and partnerships with training providers.⁷

Improving education outcomes for NDIS participants

- 6.12 As outlined the interim report, the committee was strongly of the view that quality education and training is crucial to securing meaningful employment. Consequently, the committee was concerned that the education needs of participants – particularly tertiary education – seem to have been neglected in workforce planning.⁸
- 6.13 The committee therefore considered that the NDIS should develop, publish and implement a national education strategy for participants, co-designed by people with disability, peak bodies and training providers.⁹
- 6.14 The committee suggested that a focus of the strategy should be supporting participants to clarify the training needed for particular roles; identifying opportunities for further education; and supporting academic success. In addition the committee added that the strategy should consider initiatives to support the transition from education to employment, including facilitating welcoming student placements; enhancing graduate recruitment; and enabling pre-employment opportunities.¹⁰

Employment with the NDIA

- 6.15 In the interim report, the committee recognised the steps the NDIA has taken to improve the representation of people with disability within the Agency, but considered that the NDIA could do more to increase its employment of people with disability, with the agency's 2019–20 annual report indicating 11.1 per cent of its employees identified as having a disability, which was below its target of 15 per cent.¹¹
- 6.16 To increase employment of people with disability, the committee heard that the NDIA could expand the reach of its graduate program and address gaps in its application and recruitment processes. Further, the committee encouraged the NDIA to develop and implement measures to increase the number of planners and LACs with lived experience of disability employed by the NDIA and its partners in the community.¹²

⁷ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 113.

⁸ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 113.

⁹ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 113.

¹⁰ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 113.

¹¹ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 114.

¹² Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 114.

- 6.17 The committee agreed with the view expressed by some submitters that it is important for the NDIA to be a leader in employing and supporting the career development of people with disability, to encourage good practice across the NDIS.¹³
- 6.18 Considering the matters highlighted above, the committee made the following recommendations in its interim report:
- **Recommendation 7:** that the NDIA develop, publish and implement a peer workforce strategy, co-designed by people with disability and peak bodies.
 - **Recommendation 8:** that the NDIA develop, publish and implement an education strategy for participants, co-designed with people with disability, peak bodies and training providers.
 - **Recommendation 9:** that the NDIA consider expanding its existing graduate program to include graduates of Vocational Education and Training (VET) programs.
 - **Recommendation 10:** that the NDIA review its recruitment and application processes, with a view to identifying and removing barriers to applications from people with disability.

Workforce Plan

- 6.19 Priority 1, initiative 5 of the Australian Government's NDIS National Workforce Plan: 2021–2025 (Workforce Plan; the Plan) is directed at supporting job seekers, including people with disability, to find employment opportunities in the NDIS workforce, by better connecting NDIS and care and support providers to workers and other employment and training organisations through the Boosting the Local Care Workforce program.¹⁴ The Plan notes an expectation that jobs growth forecast with the growth of the NDIS and aged care workforce will 'support the Participant Employment Strategy 2019-2022, targeting a 30 per cent employment rate for working-age NDIS participants by June 2023'.¹⁵
- 6.20 The Workforce Plan does not include any other specific measures to grow the peer workforce; to develop an education strategy for participants, or to expand the NDIA graduate program to include graduates of VET courses.

Government response

- 6.21 In its response to the committee's interim report, the Commonwealth:
- supported Recommendation 7 in principle;

¹³ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 114.

¹⁴ Australian Government, Department of Social Services (DSS) *NDIS National Workforce Plan: 2021-2025*, June 2021, pp. 23, 25, <https://www.dss.gov.au/disability-and-carers-publications-articles/ndis-national-workforce-plan-2021-2025> (accessed 22 December 2021).

¹⁵ DSS, *NDIS National Workforce Plan: 2021–2025*, June 2021, p. 34.

- noted Recommendations 8 and 9; and
 - supported Recommendation 10.
- 6.22 In relation to Recommendation 7 (supported in principle), the government emphasised the NDIS Participant Employment Strategy 2019–23, which sets out the NDIA’s vision, commitment and action plan for supporting NDIS participants to find and maintain meaningful employment and includes a goal to enable 30 per cent of NDIS participants of working age to be in paid work by 30 June 2023.¹⁶ The government also noted activities under the new National Disability Employment Strategy, which was in development at the time its response was tabled, could ‘improve employment opportunities of people with disability in the NDIS workforce’.¹⁷
- 6.23 In relation to Recommendation 8 (noted) the government stated that the education system is a joint responsibility between Commonwealth, state and territory governments. The government indicated that it ‘supports a strategic approach to the education of people with disability, recognising that education supports people with disability to transition into long-term, stable employment’ and emphasised that a priority in the development of Australia’s Disability Strategy 2021-2031 is ‘learning and skills and a commitment from all governments to improve education and training outcomes for people with disability throughout their lives’.¹⁸ The government noted that it already funds supports which enable participants to attend school education, including specialist transport and equipment. Further, it added that for post-school study, the NDIS can fund supports for transport and personal care, including any additional study aids that are not the responsibility of tertiary institutions.¹⁹ The government also indicated that had it reviewed the Disability Standards for Education 2005 (the Standards) in 2020, stating it would work closely with state and territory governments to implement the 13 recommendations made in the final report.
- 6.24 The government noted Recommendation 9, stating that the NDIA does not currently offer a graduate program that is specific to VET graduates.
- 6.25 With regard to Recommendation 10 (supported) the government highlighted its commitment to a workforce comprised of people from diverse backgrounds and experiences, demonstrated by the NDIA having the highest percentage of

¹⁶ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, pp. 6–7.

¹⁷ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, p. 7.

¹⁸ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, p. 7.

¹⁹ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, p. 7.

employees with disability in the Australian Public Service (APS).²⁰ Updating the committee with its latest figures, the government response indicated that 18.2 per cent of the NDIA's workforce have a disability, exceeding its goal of 15 per cent.²¹

Submitter and witness view about the Workforce Plan

Developing the lived experience workforce

6.26 Several witnesses and submitters expressed concerns about the lack of measures in the Workforce Plan focused on growing the lived experience workforce. For example, the Australian Tertiary Education Network on Disability (ATEND) submitted that growing the peer workforce would both improve employment outcomes for people with disability and enhance the quality of the NDIS workforce by harnessing the untapped potential of lived experience:

[T]he NDIS National Workforce Plan should be focussed on increasing the representation of people with disability in the NDIS workforce, not just in NDIA but in all agencies that work with and represent people with disability. It is time to shift expectations and change the rhetoric from people with disability being only consumers of service to people with disability being actively involved in the provision of service from a perspective enhanced by their lived experience. Consumers as providers.²²

6.27 ATEND observed that while some initiatives exist to support the employment of people with disability, there does not appear to be a strategy with a specific focus on the lived experience workforce within the NDIS or affiliated agencies.²³

6.28 The Northern Territory Office of the Public Guardian (NT OPG) expressed a similar view, submitting that the Workforce Plan 'includes minimal initiatives to promote and develop employment opportunities for people with disability in the NDIS workforce',²⁴ adding that 'employment opportunities for people with disability in the NDIS workforce should be a targeted priority for the NDIS Workforce Plan'.²⁵

²⁰ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, p. 8.

²¹ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, p. 8. See also, National Disability Insurance Agency (NDIA), *Annual Report 2020-21*, October 2021, p. 129.

²² Australian Tertiary Education Network on Disability, *Submission 28.1*, p. 1.

²³ Australian Tertiary Education Network on Disability, *Submission 28.1*, p. 1.

²⁴ Northern Territory Office of the Public Guardian, *Submission 3.1*, pp. 2, 3.

²⁵ Northern Territory Office of the Public Guardian, *Submission 3.1*, p. 3.

- 6.29 Services for Australian Rural and Remote Allied Health (SARRAH) submitted that ‘as the fastest growing employment sector, with opportunities and/or demand in every Australian community, the disability support and services sector presents employment opportunities for many people with disability’.²⁶ SARRAH also importantly recognised that ‘many people [with disability] will have other workforce ambitions and no interest in working in the sector, however others will and have the capability as well as valuable lived experience, adding to the attributes they bring to the job’.²⁷
- 6.30 The committee also heard evidence regarding the importance of staff with lived experience within the psychosocial workforce. Mental Health Victoria recommended that in collaboration with the mental health sector, the NDIA should ‘develop and implement specific strategies to attract, develop and grow the NDIS psychosocial workforce, including strategies that respond to the specific needs of the lived experience workforce’.²⁸
- 6.31 Mental Health Australia, Community Mental Health Australia and Mental Illness Fellowship of Australia expressed similar views in a joint submission, contending that ‘a core focus of the psychosocial disability workforce development should be further development of the peer workforce... [t]he NDIS National Workforce Plan does not address the development of the psychosocial disability peer workforce specifically’.²⁹
- 6.32 At a public hearing, Dr Leanne Beagley, Chief Executive Officer of Mental Health Australia added that ‘the growth of lived experience, or a peer workforce, is an exciting and essential aspect of psychosocial workforce development’.³⁰ Dr Beagley welcomed the government’s initial investment in the lived experience workforce development in the 2021-22 Budget, but encouraged the government to further implement the recommendation of the Productivity Commission to establish a professional association for peer workers to support the ongoing professional development of this unique workforce.³¹

²⁶ Services for Australian Rural and Remote Allied Health, *Submission 50.1*, Attachment 1, p. 17.

²⁷ Services for Australian Rural and Remote Allied Health, *Submission 50.1*, Attachment 1, p. 17.

²⁸ Mental Health Victoria, *Submission 41.1*, pp. 3, 5.

²⁹ Mental Health Australia, Community Mental Health Australia and Mental Illness Fellowship of Australia, *Submission 34.1*, p. 7.

³⁰ Dr Leanne Beagley, Chief Executive Officer (CEO) of Mental Health Australia, *Committee Hansard*, 12 October 2021, p. 8.

³¹ Dr Leanne Beagley, CEO of Mental Health Australia, *Committee Hansard*, 12 October 2021, p. 8. See, Recommendation 16 and Action 16.5 of the Productivity Commission’s Mental Health Inquiry Report. Productivity Commission, *Mental Health Inquiry Report*, June 2020, p. 75, www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf (accessed 6 January 2022).

Improving education outcomes for people with disability

- 6.33 The committee also heard some evidence regarding improving education outcomes for people with disability. ATEND submitted that the NDIS lacks ‘an articulated education strategy that embeds the idea of lifelong learning at the core of the scheme and encourages or provides credible pathways for people with disability to learn and grow in a professional context’.³²
- 6.34 Further, the NT OPG observed that that the government’s Workforce Plan did not reflect that four of the fourteen recommendations in the committee’s NDIS Workforce Interim Report relate to strategies to address education outcomes and employment for people with disability.³³

Employment with the NDIA

- 6.35 The committee heard from the Community and Public Sector Union (CPSU) that its members have reported ‘unsustainable workloads, driven by unrealistic Key Performance Indicators’ at the NDIA. The CPSU argued, and provided some evidence to suggest, that such conditions have a disproportionate impact on staff with a disability.³⁴ CPSU noted that this is particularly concerning given the NDIA’s aim to be an employer of choice for people with disability.³⁵
- 6.36 Ms Lee Papworth, Vice-President of ATEND suggested that the NDIA should provide ‘a direct, identified intake’ for people with disability entering its workforce.³⁶ Ms Papworth added that there ‘need[s] to be a clear encouragement of people with disability, graduates and students to make those applications and to be sure that there’s also clarity on any adjustments within their recruitment process and that the agency is an inclusive employer’.³⁷

Committee view

- 6.37 The committee reiterates the importance of increasing and improving employment opportunities for people with disability within the NDIS workforce, in recognition of the added insights and contributions that those with lived experience of disability bring to the sector.

³² Australian Tertiary Education Network on Disability, *Submission 28.1*, p. 2.

³³ Northern Territory Office of the Public Guardian, *Submission 3.1*, pp. 3, 4.

³⁴ Community and Public Sector Union, *Submission 55*, pp. [1, 5].

³⁵ Community and Public Sector Union, *Submission 55*, p. [5].

³⁶ Ms Lee Papworth, Vice-President, Australian Tertiary Education Network on Disability, *Committee Hansard*, 12 October 2021, p. 29.

³⁷ Ms Lee Papworth, Vice-President, Australian Tertiary Education Network on Disability, *Committee Hansard*, 12 October 2021, p. 29. See also, Exercise and Sports Science Australia, *Submission 33.1*, p. 9.

- 6.38 Whilst the committee considers it vital that people with disability are part of the NDIS workforce, it also recognises that the scheme's fundamental principles of participant choice and control remain paramount. The committee recognises that many people with disability will have other workforce ambitions and no interest in working in the sector – and stresses that this choice must always remain at the prerogative of each individual participant. However, where people with disability are interested in joining the NDIS workforce, the committee maintains that this should be encouraged and supported.
- 6.39 The committee welcomes the Australian Government's in principle support for the NDIA to develop, publish and implement a peer workforce strategy that is co-designed by people with disability and peak bodies. The committee notes the existing NDIS Participant Employment Strategy 2019-23, and welcomes the recent launch of Employ My Ability, Australia's Disability Employment Strategy. The committee recognises the importance of such initiatives in increasing and improving meaningful employment opportunities for people with disability in Australia.
- 6.40 However, the committee is concerned that neither of these initiatives seem to address the need to grow the lived experience workforce, within the NDIS workforce specifically. The committee therefore encourages the government to consider implementing further initiatives which target increasing participation of people with disability in the NDIS workforce, either alongside or within its existing initiatives.

Recommendation 4

- 6.41 **The committee recommends the Australian Government implement a targeted strategy to improve employment opportunities for people with disability within the NDIS workforce specifically, that is co-designed by people with disability and peak bodies.**
- 6.42 The committee is pleased to hear the NDIA's commitment to review its recruitment and application processes, with a view to identify and remove barriers to applications from people with disability. The committee also welcomes the news that 18.2 per cent of the NDIA's workforce identify as having a disability, now exceeding the Agency's target of 15 per cent. The committee encourages the NDIA to continue efforts to grow its peer workforce beyond these targets.
- 6.43 The committee also acknowledges the work the NDIA already has underway to support and include people with disability in its workforce, such as the introduction of Disability Support Officers in 2020, and the ongoing

development of the NDIA Disability Inclusion Plan 2021.³⁸ However, in consideration of evidence which suggests that workload issues within the NDIA are felt disproportionately by staff with a disability, the committee reminds the government to consider not only the proportion of people with disability in its workforce, but the experiences of these staff as well.

³⁸ NDIA, answers to written questions on notice, 4 September 2020, p. [25]; NDIA, *Inclusion and diversity*, 24 June 2021, www.ndis.gov.au/about-us/careers-ndia/inclusion-and-diversity (accessed 14 January 2022).

Chapter 7

Education, training and professional development

- 7.1 Building on the evidence captured in the committee’s NDIS Workforce Interim Report (interim report), this chapter examines issues associated with education, training and development of the National Disability Insurance Scheme (NDIS) workforce.
- 7.2 This chapter considers:
- evidence regarding the education, training, and professional development for the NDIS as discussed in the committee’s interim report
 - the Australian Government response to the committee’s interim report
 - relevant measures in the government’s the *NDIS National Workforce Plan: 2021–2025*; and
 - new evidence from witnesses and submitters regarding the adequacy of government initiatives to address education, training, professional development issues within the workforce.

Education, training and professional development for the NDIS workforce

Discussion in interim report

- 7.3 In its interim report, the committee considered evidence regarding the education, training and professional development needs of the NDIS workforce.¹
- 7.4 Key areas, included:
- the required training, skills and attributes of the disability workforce
 - the adequacy of existing training programs, including university and Vocational Education and Training (VET) courses
 - the transition from education to employment—including placements, graduate opportunities and early-career mentoring; and
 - national registration and accreditation for disability support workers.
- 7.5 The committee considered that these matters should be captured in the national plan for the NDIS workforce.

¹ Extensive background on these matters is canvased in Chapter 6 of the committee’s interim report. See Joint Standing Committee on the National Disability Insurance Scheme (NDIS), *NDIS Workforce Interim Report*, December 2020, pp. 75–99.

National registration and accreditation

- 7.6 As canvased in the interim report, the committee heard of widespread concern as to a lack of consistent, nationally recognised skills and qualifications within the NDIS—particularly for disability support workers. The committee heard that this may lead to considerable variation in the quality of supports provided for NDIS participants. The committee noted that this is a particular concern for participants with higher or more complex needs, who may require workers with a correspondingly high level of skill and specialised training.²
- 7.7 In addition, the committee considered that a lack of nationally accredited training is increasing costs for providers, who feel obliged to ‘retrain’ support workers to meet their own quality standards. The committee heard that this training is often duplicative—despite being necessary to ensure participants receive safe, quality supports.³
- 7.8 The committee noted widespread support for the development of a national scheme for accreditation, registration and regulation of support workers as a means of ‘professionalising’ the sector; increasing the portability of skills; and providing assurance to participants that services will be delivered by workers with the necessary skills to ensure quality and safety.⁴
- 7.9 The committee supported the implementation of a national accreditation scheme as a means of enhancing the skills and qualifications of the workforce, and supporting future workforce growth, and considered that the government should explore options to develop a national scheme—noting that a scheme of this nature exists in Victoria.⁵
- 7.10 The committee agreed with views of a number of submitters and witnesses, that national benchmarks should be developed for the skills needed to support specific cohorts, in recognition that participants have diverse needs, grounded in factors such as their disability type; person circumstances; and the availability of informal supports. The committee considered that these should be developed by appropriate industry associations, and co-designed by people with disability, support workers, their representatives organisations, and other relevant stakeholders.⁶
- 7.11 For this reason, the committee thought that the use of ‘micro-credentials’ should be explored—as a means of ensuring the workforce possess

² Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 96.

³ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 96.

⁴ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 96.

⁵ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, pp. 96–97.

⁶ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 97.

appropriate skills and qualifications—including to ‘upskill’ the workforce as required.⁷

- 7.12 The committee was also conscious that obtaining relevant qualifications can be costly, and possibly not within the economic reach of some existing disability support workers, or prospective entrants to the NDIS workforce—particularly under current NDIS price settings. The committee also understood that current prices limit providers’ ability to fund professional qualifications or to deliver in-house training.⁸
- 7.13 The committee was of the view that any national accreditation scheme should include transitional arrangements, to ensure the existing workforce is not disadvantaged.⁹

Existing education and training programs

- 7.14 The committee also heard from a number of submitters and witnesses about the skills and qualifications needed to deliver safe, quality supports and services. The committee was of the view that disability support workers require an understanding of disability and its manifestations, grounded in core skills such as communication, rights and ethics, and an appreciation for the social model of disability.¹⁰
- 7.15 The committee was concerned to hear that existing VET programs may not adequately teach the competencies needed for effective disability support, and that some view the curriculum as poorly taught and not always reflective of best practice. The committee was also concerned to hear that while university courses in allied health may equip students with clinical competencies, some may lack a specific focus on disability practice.¹¹
- 7.16 Therefore, the committee considered that there would be merit in reviewing and, as appropriate, updating curricula for tertiary courses relating to disability—including relevant certificate-level programs and degree programs for allied health professions. The committee agreed that the appropriate first step would be a thorough analysis of the skills and training needs of the NDIS workforce, support by consultation with relevant sectoral stakeholders, noting that this may form part of the develop of a national accreditation scheme.¹²
- 7.17 Considering the matters highlighted above, the committee made the following recommendations:

⁷ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 97.

⁸ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 96.

⁹ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 98.

¹⁰ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 98.

¹¹ Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, p. 98.

¹² Joint Standing Committee on the NDIS, *NDIS Workforce Interim Report*, December 2020, pp. 98–99.

- **Recommendation 4:** that the Australian Government review options to develop a national registration and accreditation scheme for disability support workers, as the product of a co-design process with relevant appropriate people. This should include developing national benchmarks for skills, qualifications and competencies which reflect the diversity of people with disability, and which are co-designed by appropriate industry bodies, people with disability and representative organisations, support workers and unions, and other key stakeholders.
- **Recommendation 5:** that the Australian Government, through the Tertiary Education Quality and Standards Agency and the National Skills Commission, conduct a thorough analysis of the skills and qualifications required in the disability workforce, informed by extensive consultation with people with disability, support workers, representative organisations and tertiary education providers.
- **Recommendation 6:** that—following the needs analysis to which Recommendation 5 refers—the Australian Government facilitate a review of current vocational education and training programs and university courses in disability care and allied health, to ensure that such programs capture the training needs of the National Disability Insurance Scheme workforce and reflect current best practice.

Workforce Plan and Government Response to interim report

Interim report recommendation 4

- 7.18 In its NDIS National Workforce Plan: 2021–2025 (Workforce Plan; the Plan) the Australian Government does not include measures that directly respond to recommendation 4 of the committee’s interim report—which calls on the government to review options to develop a national registration and accreditation scheme for disability support workers.
- 7.19 Relevant to this recommendation however, the committee notes priority 2, initiative 6 of the Workforce Plan, in which the government commits to developing micro-credentials and updating nationally recognised training to improve the quality of supports and to enhance career pathways.¹³
- 7.20 Further, the committee welcomes priority 2, initiative 8 of the Workforce Plan, which notes the government’s commitment to work with the care and support sector to establish a skills passport to allow workers to record training they have undertaken.¹⁴

¹³ Australian Government, Department of Social Services (DSS), *NDIS National Workforce Plan: 2021-2025*, June 2021, pp. 26–27, www.dss.gov.au/sites/default/files/documents/06_2021/ndis-national-workforce-plan-2021-2025.pdf (accessed 22 December 2021).

¹⁴ DSS, *NDIS National Workforce Plan: 2021-2025*, June 2021, pp. 26, 28.

7.21 In the government's formal response to the committee's interim report, the Commonwealth supported recommendation 4 in principle, noting existing measures including:

- the NDIS Practice Standards which specify the quality standards to be met by registered NDIS providers to provide supports and services to participants; and
- the NDIS Quality and Safeguards Commission (NDIS Commission) Workforce Orientation Module 'Quality, Safety and You' which aims to assist workers to understand their responsibilities in relation to the NDIS Code of Conduct and support people with disability to achieve the vision of the NDIS.¹⁵

7.22 The government also highlighted that the NDIS Commission is leading the implementation of the national NDIS Workforce Capability Framework (Capability Framework) to support consistency in practice and delivery of quality disability services across the country.¹⁶ Relevantly, the Capability Framework translates the NDIS Principles, Practice Standards and Code of Conduct into observable behaviours that service providers and workers should demonstrate when delivering services to people with disability.¹⁷

Interim report recommendation 5

7.23 Priority 2, initiative 6 of the Workforce Plan to 'develop micro-credentials and update nationally recognised training to improve the quality of supports and enhance career pathways' is also relevant in relation to recommendation 5 of the committee's interim report—which calls for the Government to conduct a thorough needs analysis of skills and qualifications needed in the disability workforce through the Tertiary Education Quality and Standards Agency and the National Skills Commission.

7.24 The Government notes that under this initiative, the Department of Education, Skills and Employment will work with Human Services Skills Organisation (HSSO) and relevant Industry Reference Committees (IRCs) to 'provide support, build engagement and explore the innovative models to advance this initiative'.¹⁸

7.25 In the government's formal response, the Commonwealth supported recommendation 5, noting that work to conduct an analysis on the skills and

¹⁵ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, p. 5.

¹⁶ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, p. 4.

¹⁷ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, p. 4.

¹⁸ DSS, *NDIS National Workforce Plan: 2021-2025*, June 2021, pp. 26, 27.

qualifications needed in the disability workforce is already underway. It also reported that the National Skills Commission has undertaken a study of the factors affecting the supply and demand of care and support workers, across disability, aged, veteran and mental health care.¹⁹

7.26 The government also referenced other existing measures, including:

- The NDIS Commission's implementation of the Capability Framework.
- The establishment of a Disability Support IRC to enable the education and training sector to better respond to the increasing demand for disability support workers.
- Projects by the HSSO and the Disability Support IRC to update national training package products for the disability support sector.
- The National Skills Commission's study on the factors affecting supply and demand of care and support workers across disability, aged, veteran and mental health care.
- A \$149.2 million commitment in the 2021-22 Budget to support industry engagement arrangements for the Vocational Education and Training sector to 'drive collaborations across sectors, address workforce challenges and improve the speed to market of qualifications to meet evolving industry needs'.²⁰

Interim report recommendation 6

7.27 In its Workforce Plan, the government does not provide any measures which address recommendation 6 of the interim report—which calls on government to facilitate a review of the current VET programs and university courses in disability care and allied health.

7.28 In its formal response to the interim report, the Government supported this recommendation in principle. Similar to its response to recommendations 4 and 5, the government response to recommendation 6 outlines existing initiatives, such a Disability Support IRC and HSSO project to update the qualifications and relevant units of competency within the following courses:

- Certificate III in Individual Support
- Certificate IV in Disability
- Certificate IV in Ageing Support²¹

¹⁹ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, p. 5.

²⁰ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, pp. 5, 6.

²¹ Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, p. 6.

Submitter and witness views about the Workforce Plan

- 7.29 Evidence to the committee continued to emphasise that training, education and professional development are key in retaining and building a workforce that can adapt and meet the changing needs of NDIS participants.²²
- 7.30 As canvased below, the committee heard varied evidence from submitters and witnesses on how adequately the Government's Workforce Plan and other initiatives address these issues.

Consultation and engagement throughout the development and delivery of training initiatives

- 7.31 The committee received persuasive evidence from submitters and witnesses regarding the importance of appropriately involving and consulting with people with disability, diverse groups and the higher education sector throughout the development and implementation of any training or professional development strategies for the NDIS workforce.
- 7.32 The Australian Tertiary Education Network on Disability (ATEND) observed that it is unclear from the Workforce Plan, how people with lived experience of disability would be included in the co-design of national training packages and emphasised:
- A workforce which can respond to the diverse needs of people with disability is only possible through purposeful consultation with, and inclusion of, people with disability. The Plan needs to specify the measure to be taken to achieve this.²³
- 7.33 Other submitters including Purpose at Work and the Australian Services Union (ASU) provided similar reflections.²⁴ The ASU considered it 'vital' that people with disability are actively involved in the development and delivery of the accredited micro-credentials initiative and other training measures.²⁵
- 7.34 Further, the committee heard it was important to engage Aboriginal and Torres Strait Islander people and those from culturally and linguistically diverse backgrounds in the development of new training initiatives. For example, the Northern Territory Office of the Public Guardian observed that:

The development of these micro-credentials must be done in consultation with Aboriginal people and their representative organisations and likewise

²² National Disability Services, *Submission 25.1*, p. 5.

²³ Australian Tertiary Education Network on Disability, *Submission 28.1*, p. 2.

²⁴ See, for example, Purpose at Work, *Submission 13.1*, pp. [4, 5]; Australian Services Union, *Submission 44.1*, p. [8].

²⁵ Australian Services Union, *Submission 44.1*, p. [8].

with people from culturally and linguistically diverse backgrounds and their representative organisations.²⁶

7.35 In its submission to the inquiry, the National Aboriginal Community Controlled Health Organisation (NACCHO) advised that ‘the Aboriginal and Torres Strait Islander community-controlled RTO [registered training organisation] Sector are best placed to provide accredited and non-accredited training to ensure a well-qualified and expert workforce is built’.²⁷

7.36 Ms Patricia Turner, Chief Executive Officer (CEO) of NACCHO reiterated this point to the committee at a public hearing, stating:

We have a lot of registered training organisations in our sector, and they can easily develop the programs for accredited training of local Aboriginal people from the regions to take part in the training and, therefore, the workforce.²⁸

7.37 In relation to engagement of the higher education sector, the committee heard evidence from Professor Christine Bigby, Director of the Living with Disability Research Centre at La Trobe University. Professor Bigby emphasised the importance of consulting with higher and further education institutions when developing training for the NDIS workforce.

7.38 Professor Bigby observed a ‘limited and inconsistent’ recognition of the role of universities, TAFEs and other training organisations as key partners in developing evidence-based training for support workers.²⁹

7.39 Professor Bigby reiterated these points at a public hearing, adding that the Workforce Plan seems to ‘miss higher education in many ways’ and tends to have ‘a fairly inconsistent recognition of the role of higher and further education in training and furthering strategies for improving the quality of the workforce’.³⁰

Training initiatives including micro-credentials and skills passport

7.40 Some submitters expressed general support for the micro-credential and skills passport initiatives detailed in the Government’s Workforce Plan, however many offered caveats on how proposed approaches could be improved or strengthened.

²⁶ Northern Territory Office of the Public Guardian, *Submission 3.1*, p. 3.

²⁷ National Aboriginal Community Controlled Health Organisation, *Submission 57*, p. 7.

²⁸ Ms Patricia Turner, Chief Executive Officer (CEO), National Aboriginal Community Controlled Health Organisation, *Committee Hansard*, 12 October 2021, p. 4.

²⁹ Professor Christine Bigby, *Submission 39.1*, p. 2.

³⁰ Professor Christine Bigby, Director, Living with Disability Research Centre, La Trobe University, *Committee Hansard*, 12 October 2021, p. 15.

Funding and resources

7.41 Some submitters and witnesses noted concerns that the Workforce Plan did not include any additional funding for the new training initiatives it outlines.³¹ For example, Ms Laurie Leigh, Interim CEO of Australia's peak body for non-government disability service organisations, National Disability Services (NDS), highlighted to the committee that 'the plan has been released without any new funding attached to it or some of the initiatives proposed'.³²

7.42 Adding to this point, NDS further submitted:

Critical to the effective implementation of the Plan will be a commitment to partner with disability providers and the sector and adequately funding for the initiatives proposed.³³

7.43 Professor Bigby noted that training and micro-credential initiatives can play a 'commendable' role in upskilling the NDIS workforce, but pointed out it is 'not clear where the cost of training development, delivery or participation will lie' raising concern that micro-credentialling would come at a cost to workers.³⁴ Professor Bigby added the following at a public hearing:

There needs to be attention to the cost of training. At the moment there is quite a lot of free training out there, but if we're going to start to require staff to develop training then there needs to be assessments and evidence that people haven't just dipped in and out of training but have actually engaged with it and completed assessment tasks. That will involve costs to providers and also to disability support workers.³⁵

7.44 The United Worker's Union (UWU) submission offered similar reflections, highlighting concerns that the Workforce Plan's skills passport initiative would oblige workers to find and undertake training to add to their passport, potentially in their own time and at their own expense.³⁶ UWU added that the

³¹ See, for example, National Disability Services, *Submission 25.1*, pp. 1, 8; Ms Laurie Leigh, Interim CEO, National Disability Services, *Committee Hansard*, 14 October 2021, pp. 18, 19; Professor Christine Bigby, Director, Living with Disability Research Centre, La Trobe University, *Committee Hansard*, 12 October 2021, p. 20; Allied Health Professions Australia, *Submission 35.1*, pp. 7,8; Ms Natalie Lang, Branch Secretary Australian Services Union NSW/ACT Services Branch, *Committee Hansard*, 14 October 2021, p. 3.

³² Ms Laurie Leigh, Interim CEO, National Disability Services, *Committee Hansard*, 14 October 2021, p. 19.

³³ National Disability Services, *Submission 25.1*, p. 8.

³⁴ Professor Christine Bigby, *Submission 39.1*, p. 3.

³⁵ Professor Christine Bigby, Director, Living with Disability Research Centre, La Trobe University, *Committee Hansard*, 12 October 2021, p. 15.

³⁶ United Workers Union, *Submission 45.1*, p. 8.

skills passport measure itself 'does not address access to training, nor the quality of training'.³⁷

- 7.45 Ms Natalie Lang, a Branch Secretary at the ASU also called on the government to provide additional funding to enable workers to access training:

... it's going to be very important that workers are provided with the cost of the training but also paid time to be able to attend that training. And that can't come out of participants' packages. It really needs to be an additional source of funding...³⁸

- 7.46 NDS welcomed actions in the Workforce Plan to support workers to gain and record their training, but raised concerns regarding the potential costs to providers. NDS cautioned that the cost of paying and backfilling staff to attend training would be significant for providers. NDS indicated that 'the sector would support an approach that sees a portable training allowance or other measure that acknowledges the cost and reflects the importance of training and professional development,' and further suggested that there would be merit in considering such costs outside of an NDIS participant's plan budget.³⁹

Stacking qualifications

- 7.47 Other submitters were of the view that credentials should be 'stackable' and contribute towards clear pathways to accreditation or more formalised qualifications. For example, the Australian Services Union (ASU) noted its support of the micro-credential initiative, but added that 'stackable credentials should have a clear pathway and structure that allows students to enrol in a series of certificate courses, that can lead to a diploma, then a bachelor degree and finally a masters upon sufficient study'.⁴⁰

- 7.48 The ASU clarified it was not supportive of single, one-off credentials that were non-accredited, and that do not build in terms of ongoing professional development of workers.⁴¹

- 7.49 The Health Services Union (HSU) also offered similar, qualified support for the government's micro-credential initiative, emphasising that these should not come at the expense of full qualifications.⁴²

The HSU is supportive of micro-credentials/skill-sets as long as it does not come at the expense of full qualifications. These smaller components of

³⁷ United Workers Union, *Submission 45.1*, p. 8.

³⁸ Ms Natalie Lang, Branch Secretary Australian Services Union NSW/ACT Services Branch, *Committee Hansard*, 14 October 2021, p. 3.

³⁹ National Disability Services, *Submission 25.1*, p. 5.

⁴⁰ Australian Services Union, *Submission 44.1*, p. [2].

⁴¹ Australian Services Union, *Submission 44.1*, p. [2].

⁴² Health Services Union, *Submission 46.1*, p. 6.

training must be able to operate together to enable the completion of a full qualification...⁴³

- 7.50 A joint submission from Community Mental Health Australia Mental Illness Fellowship of Australia and Mental Health Australia echoed sentiments of other submitters, contending that credentials should be buildable and that workers should have to access paid time to undertake training.⁴⁴

Other concerns and proposed solutions

- 7.51 In terms of proposed solutions, the committee heard evidence from Professor Bigby that a scheme similar to the Victorian Disability Workers Registration scheme may be worth considering. Professor Bigby contended that such a model would 'enable annual professional development benchmarks to be established and workers with required minimum experience or qualifications to be easily recognised by potential employers'.⁴⁵
- 7.52 Referring to the same Victorian initiative, the HSU similarly submitted that 'a skills passport might be better embedded in the sector through a registration standard for continuing professional development like that proposed by the Victorian Disability Worker Commission'.⁴⁶
- 7.53 Submitters including Professor Bigby and Purpose at Work also mentioned the important role that the NDIS Quality and Safeguards Commission's *NDIS Workforce Capability Framework* could play, suggesting it provides a strong base or reference point, off which micro-credentials and other training programs could be developed.⁴⁷
- 7.54 Allied health organisations including Occupational Therapy Australia and Speech Pathology Australia advised the committee that the micro-credential and skills passport initiatives in the Workforce Plan have limited relevancy to the allied health workforce, given such workers are university level qualified.⁴⁸ Contrastingly, Services for Australia Rural and Remote Allied Health (SARRAH), the peak body representing rural and remote allied health

⁴³ Health Services Union, *Submission 46.1*, p.6.

⁴⁴ Community Mental Health Australia, Mental Illness Fellowship of Australia and Mental Health Australia, *Submission 34.1*, p. 6.

⁴⁵ Professor Christine Bigby, *Submission 39.1*, p. 3.

⁴⁶ Health Services Union, *Submission 46.1*, p. 6.

⁴⁷ See, for example, Professor Christine Bigby, *Submission 39.1*, p. 2; Purpose at Work, *Submission 13.1*, p. [4, 5].

⁴⁸ See, for example, Occupational Therapy Australia, *Submission 24.1*, p. 4 and Speech Pathology Australia, *Submission 12.1*, p. 7.

professionals expressed great support for the micro-credential and skills passport measures.⁴⁹

Workforce placements and traineeships

7.55 The committee heard a range of feedback regarding the adequacy of measures in the Workforce Plan to increase student placements opportunities within the workforce.

7.56 Ms Leigh told the committee that ‘reviewing the curriculum to support graduates to enter the sector and promoting traineeships and placements in allied health should be plan priorities’.⁵⁰

7.57 NDS’s submission to the inquiry added that cost, time and a lack of appropriate staff to support work placements were all barriers in facilitating placement opportunities, and offered potential solutions as outlined below:

Continued work with the sector to explore how traineeships and student placements can be used by employers to address workforce issues is a priority area. This could include consideration of the resources required to cover the cost of supervising trainees and students on work placement ... Further consideration of the role of technology such as immersive virtual reality experiences in supporting placements across a variety of roles would also be useful.⁵¹

7.58 Mrs Clare Hewat, CEO of Allied Health Professions Australia (AHPA) shared similar concerns with the committee, reflecting on the disability workforce’s lack of ‘pipeline’ and the need for ‘concrete, workable solutions’ to address the lack of coordinated and funded clinical disability placements for students:

It’s very difficult to get disability placements ... there is no coordinated support for disability placements, there’s no pipeline, and there’s nowhere to effectively and comprehensively train people to go into the disability workforce ... You cannot expect somebody who has had all their placements in an acute hospital to suddenly wander out and just be able to do disability, as if they learn it by osmosis.⁵²

7.59 The UWU and the HSU had similar observations and argued that to address issues with student placements and traineeships in the workforce, costs and resourcing would need to be considered.⁵³

⁴⁹ Services for Australian Rural and Remote Allied Health, *Submission 50.1 – Attachment*, pp. 24, 25, 28.

⁵⁰ Ms Laurie Leigh, Interim CEO, National Disability Services, *Committee Hansard*, 14 October 2021, p. 20.

⁵¹ National Disability Services, *Submission 25.1*, p. 5.

⁵² Mrs Claire Hewat, CEO, Allied Health Professions Australia, *Committee Hansard*, 12 October 2021, pp. 23, 26.

⁵³ See, for example, United Workers Union, *Submission 45.1*, p. 8; Health Services Union, *Submission 46.1*, p. 7.

The United Workers Union submitted that ‘quality traineeships and student placements that benefit the trainee or student can only be provided where organisations are adequately resourced to provide appropriate supervision and on the job training. This is not the case in the disability sector currently’.⁵⁴

- 7.60 Universities Australia, the country’s peak body for the higher education sector, considered that the Workforce Plan ‘shows promise in that it recognises the pipeline approach to workforce development’.⁵⁵
- 7.61 However, Universities Australia urged the Commonwealth to take further action, suggesting the implementation of a number of potential approaches it argues have shown effectiveness in other domains.⁵⁶ These include:
- Introducing a student supervision payment to health practitioners providing disability care, particularly for private allied health providers.
 - Developing a national database that would include provider capacity and willingness for student supervision.
 - Developing an NDIS specific clinical placement software system that could support student placements by indicating where there is capacity or opportunities for clinical placements.
 - Offering an initial, short-term disability provider placement fund to universities. The fund could be used specifically for universities to work in partnership with disability providers to increase practitioner supervision capacity and disability-specific student clinical experience.⁵⁷
- 7.62 A range of allied health organisations such as Mental Health Victoria, the Australian Psychological Society, Dietitians Australia, Occupational Therapy Australia and SARRAH provided evidence to the committee regarding the need to improve and grow student placements in the sector, and called for further government investment and action to address these issues.⁵⁸

Workforce supervision, leadership and peer-support

- 7.63 The committee heard from submitters and witnesses regarding the lack of measures in the Workforce Plan to address issues around supervision, leadership and peer-support in the NDIS workforce.

⁵⁴ United Workers Union, *Submission 45.1*, p. 8.

⁵⁵ Universities Australia, *Submission 56*, p. 3.

⁵⁶ Universities Australia, *Submission 56*, p. 5.

⁵⁷ Universities Australia, *Submission 56*, p. 3.

⁵⁸ See, for example, Australian Psychological Society, *Submission 40.1*, p. 3; Mental Health Victoria, *Submission 41.1*, p. 2; Dietitians Australia, *Submission 53*, p. 5; Occupational Therapy Australia, *Submission 24.1*, pp. 3, 4; Services for Australian Rural and Remote Allied Health, *Submission 50.1 – Attachment*, pp. 28–31.

7.64 Professor Bigby submitted that proper supervision and leadership within the workforce are key factors in improving quality of supports and safeguarding participants from abuse.⁵⁹ Professor Bigby raised concern that the Workforce Plan's peer-support measure would not be sufficient in itself to compensate for the lack of training and supervision, and proposed that the Plan should give more attention to these issues.⁶⁰

7.65 Further, she called for greater harmonisation between the government's Workforce Plan and the NDIS Workforce Capability Framework, arguing that the Capability Framework rightly recognises the significance of organisational culture, senior leadership and supervision, where the government's Workforce Plan does not:⁶¹

The Workforce plan states (p.17) that employers lack of time and resources for training and supervision but does not give this issue the attention that it requires ... The plan seems to imply that a peer network might be sufficient to motivate and support workers to avoid isolation and compensate for lack of training and supervision from employers.⁶²

Yet in contrast the NDIS Workforce Capability Framework recognises the significance of organisational capabilities in enabling and motivating disability workers, and ensuring a culture that values practice and rights through for example front line leadership, supervision and coaching... but these factors, many of which are found in the literature, are given little emphasis in the Workforce Plan.⁶³

7.66 Reiterating these points at a public hearing of the inquiry, Professor Bigby told the committee:

Support workers need to be trained, and they need supervision and leadership of their practice, so it's not just the skills at the front line but the skills of the frontline practice leaders that are really critical and need to be built into the workforce plan and need to be built into the funding ... the workforce plan says, 'Well, we might be able to have peer support in order to get that supervision and development of those frontline leaders.' We actually need much more than that...⁶⁴

7.67 NDS also expressed concern about the lack of attention in Workforce Plan priorities about cultural transformation, skills development and leadership:

The Plan calls on providers to invest in cultural transformation, skills development, and leadership capability, yet there is little in the Plan

⁵⁹ Professor Christine Bigby, *Submission 39.1*, p. 2.

⁶⁰ Professor Christine Bigby, *Submission 39.1*, p. 3

⁶¹ Professor Christine Bigby, *Submission 39.1*, p. 3

⁶² Professor Christine Bigby, *Submission 39.1*, p. 3

⁶³ Professor Christine Bigby, *Submission 39.1*, pp. 3, 4.

⁶⁴ Professor Christine Bigby, Director, Living with Disability Research Centre, La Trobe University, *Committee Hansard*, 12 October 2021, p. 20.

priorities that focus on these areas. Ensuring that the strategies outlined in the Plan related to training and learning and development, mentoring and support also focus on leadership skills required in the sector will be important to support this.⁶⁵

- 7.68 Occupational Therapy Australia advised that some occupational therapists in the NDIS workforce do not have access to professional mentoring, networking or supervision supports that are crucial in the development of professional expertise, self-confidence, as well as worker retention. Occupational Therapy Australia added that it would ‘welcome the addition of an initiative to increase access to supervision and other clinical supports for allied health practitioners working in the NDIS’.⁶⁶
- 7.69 Allied health organisations including Australia Orthotic Prosthetic Association and SARRAH also provided evidence to the committee regarding mentorship, supervision, and peer support measures. Both welcomed the relevant initiatives outlined in the Workforce Plan but noted that even further action would be required to adequately address these issues for allied health practitioners.⁶⁷

Committee view

- 7.70 A skilled, well supported and qualified workforce is essential to the delivery of quality and safe supports to NDIS participants. There is general consensus that disability support workers require an understanding of disability and its manifestations, grounded in core skills such as communication, rights and ethics, and an appreciation for the social model of disability.
- 7.71 The committee therefore welcomes the four initiatives under priority 2 of the Australian Government’s National NDIS Workforce Plan, aimed at training and supporting the workforce, including: providing accredited micro-credentials, a skills passport scheme, a care and support worker professional network and supported traineeships.
- 7.72 The committee notes the government’s efforts so far in progressing these initiatives, recognising that consultation activities are underway for all four measures. The committee would like to emphasise the importance of engaging comprehensively with people with disability, Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds, throughout the development and delivery of these measures.

⁶⁵ National Disability Services, *Submission 25.1*, p. 5.

⁶⁶ Occupational Therapy Australia, *Submission 24.1*, p. 5.

⁶⁷ See, for example, Australian Orthotic Prosthetic Association, *Submission 22.1*, pp. 6–8; Audiology Australia, *Submission 18.1*, p. 4; Services for Australian Rural and Remote Allied Health, *Submission 50.1 – Attachment*, pp. 27–29.

- 7.73 The committee considers it vital that the government engage appropriately with the higher and further education sector throughout the implementation of these initiatives, in recognition of the important role that universities, TAFEs and other training organisations play in developing the literature and forming the evidence which underpins best-practice service and support delivery throughout the sector.
- 7.74 The committee notes that whilst the government ‘supported’ Recommendation 5 of the interim report, referencing the National Skills Commission’s Care Workforce Labour Market Study—the study’s final report is still not available publicly at the time of drafting.⁶⁸

Training initiatives including micro-credentials and skills passport

- 7.75 The committee heard substantive evidence about how the Workforce Plan’s micro-credentials and skills passport initiatives could be strengthened. At the time of drafting, there does not appear to be any additional funding allocated for these measures. For this reason, the committee shares the concerns of some submitters that providers and/or disability support workers may bear the cost of training development, delivery and participation.
- 7.76 The committee recognises that these initiatives appear to be in the early stages of design and consultation but would urge the government to appropriately consider the wider funding and resource implications throughout this phase.
- 7.77 The committee also shares the views of multiple submitters and witnesses that upskilling initiatives should be ‘buildable’ and contribute towards clear pathways to accreditation or more formalised qualifications. Further, the committee reiterates that the NDIS Commission’s NDIS Workforce Capability Framework should be leveraged as much as possible in the development of any new training initiatives.

Recommendation 5

- 7.78 The committee recommends that the Australian Government address the funding and resource implications of any new training and upskilling initiatives, in relation to NDIS service providers and individual disability support workers within the sector.**

⁶⁸ National Skills Commission, Care Workforce Labour Market Study, www.nationalskillscommission.gov.au/careworkforce (accessed 11 January 2022). A commitment was made to provide the final report to the Minister for Employment, Workforce, Skills, Small and Family Business by 30 September 2021. See, for example, National Skills Commission, Care Workforce Labour Market Study, www.nationalskillscommission.gov.au/careworkforce (accessed 11 January 2022); Australian Government, *Australian Government response to the Joint Standing Committee on the NDIS: NDIS Workforce Interim Report*, October 2021, p. 5.

Workforce placements and traineeships

- 7.79 The committee welcomes initiative 9 of the Workforce Plan, supporting the growth of traineeships and student placements in the NDIS workforce. The committee is pleased to see that consultations are underway with disability support providers, universities, states and territories, and other disability stakeholders to inform and progress this initiative.
- 7.80 However, the committee is disappointed that the Workforce Plan does not adequately address the need to improve and increase student placement and traineeship opportunities within the workforce. The committee considers that reviewing curricula to support graduates to enter the sector, and promoting placements and traineeships should be plan priorities.
- 7.81 The committee encourages the Australian Government to consider a more ambitious strategy going forward to address current shortages, in recognition that such traineeships are vital for workforce development. The committee considers that strong partnerships between the government and higher and further education institutions, are essential to addressing these issues.

Recommendation 6

- 7.82 The committee recommends the Australian Government develop and implement a robust strategy to increase and improve opportunities for student placements in the NDIS workforce. The strategy should include strong partnerships with NDIS service providers, universities, TAFEs and other training institutions, and be co-designed by people with disability and peak bodies.**

Workforce supervision, leadership and peer support

- 7.83 The committee observes that workforce supervision, mentoring, and leadership are crucial factors in the development of workers' professional expertise and self-confidence. The committee also holds the view that these factors can enhance worker retention and crucially, support the delivery of safe and quality supports to NDIS participants.
- 7.84 The committee welcomes initiative 7 of the Workforce Plan to develop a care and support worker professional network to promote peer support, mentoring and networking opportunities across the sector.
- 7.85 However, in consideration of evidence which identified that that this measure alone will not sufficiently address the workforce's widespread lack of supervision, leadership, networking and professional development, the committee encourages the government to consider implementing additional—or more ambitious—strategies to facilitate improved supervision, leadership, and peer support throughout the NDIS workforce.

Chapter 8

Workforce Planning

- 8.1 This chapter reflects on general issues associated with workforce planning examined through the committee's inquiry, including matters that the committee expected to be considered in a national workforce plan.
- 8.2 Key matters include:
- marketing the NDIS
 - the need for reliable workforce data
 - workforce regulation; and
 - workforce planning and market stewardship.

Marketing the NDIS

- 8.3 In its interim report, the committee recommended that the Government should develop and implement a strategy to market the NDIS as an employer of choice. The committee considered that 'marketing' the NDIS in this way may include public campaigns to highlight the value of the scheme, and measures to promote the sector via secondary and tertiary education settings (recommendation 14).

Workforce plan and government response

- 8.4 This recommendation was supported by the government, and the *NDIS National Workforce Plan 2021-2025* (Workforce Plan) has a significant focus on marketing the NDIS through initiatives in priority 1: 'Improve community understanding of the benefits of working in the care and support sector and - strengthen entry pathways for suitable workers to enter the sector'.¹ In particular, initiative 1 is directed at promoting opportunities in the care and support sector.
- 8.5 In a supplementary submission, the Department of Social Services (DSS) also provided information about its progress in implementing initiative 1, noting that a communications campaign was launched in August 2021 which 'aims to promote the benefits of working in the sector'. DSS also noted that tools and resources providing information about the care and support sector are available on a dedicated website; targeted jobs boards have been developed and published; and there has been significant engagement with care and support jobs websites and social media channels.²

¹ Australian Government, Department of Social Services, *National Workforce Plan: 2021-2025*, June 2021, pp. 6, 23-24.

² Department of Social Services, *Submission 48.2*, p. 4.

- 8.6 DSS also noted that targeted communication for Aboriginal and Torres Strait Islander audiences and engagement with culturally and linguistically diverse people will be included in the next phase of implementation for this initiative.³

Submitter and witness views

- 8.7 Initiatives to attract workers to the disability sector were largely welcomed by submitters, with some emphasising the importance of marketing the sector in a positive way to ensure the right workers are attracted to NDIS workforce positions.⁴
- 8.8 Other submitters queried how the actions under priority 1 would attract allied health workers to the sector,⁵ and unions submitted that the measures would be insufficient to attract and retain workers while issues with underlying workforce conditions persist, such as insecure work and low pay.⁶

Committee view

- 8.9 The committee is pleased to see that this recommendation has been supported and is being implemented. The committee will continue to monitor the implementation of this initiative along with other measures in the Workforce Plan.

Workforce data

- 8.10 In its interim report, the committee considered evidence indicating that there is insufficient data on the size and composition of the NDIS workforce, future workforce demand, and potential service gaps. The committee heard that there is both a lack of 'general' data relating to support workers and allied health professionals (for example, total numbers and geographic distribution), and that data about the NDIS workforce lacks more granular details such as the qualifications of individual workers and the needs of specific clients. Submitters and witnesses emphasised the urgency of addressing data gaps to ensure a complete understanding of current workforce issues and projected demand, and to develop an evidence base from which to develop solutions.
- 8.11 The committee also heard that:
- existing mechanisms to collect workforce data are not appropriately adapted to the NDIS or the disability sector; and

³ Department of Social Services, *Submission 48.2*, p. 5.

⁴ Mental Health Australia, Community Mental Health Australia and Mental Illness Fellowship of Australia, *Submission 34.1*, [p. 5]. See also, National Disability Services, *Submission 25.1*, p. 4.

⁵ Occupational Therapy Australia, *Submission 24.1*, p. 4.

⁶ See, for example, Australian Services Union, *Submission 44.1*, p. 3. These matters are discussed further in Chapter 4.

- there have not been any comprehensive, targeted initiatives to collect data on the disability workforce.

8.12 The committee recommended that the Government develop and implement a strategy to collect, refine and publish data on the NDIS workforce, including development of a national minimum dataset. The committee noted that this strategy and dataset should allow stakeholders to properly understand the size and composition of the NDIS workforce, anticipate demand, and build solutions (recommendation 13).

Government response and workforce plan

Workforce Plan

8.13 In priority 3 of the Workforce Plan, initiative 12 proposes to consolidate and 'provide market demand information across the care and support sector to help providers identify new business opportunities'. Under this initiative, the government proposes that care and support sector market data (currently collected by several government agencies) will be made more accessible to providers, thereby facilitating informed business decisions about market entry and growth.⁷

8.14 In a supplementary submission, DSS also noted that the National Skills Commission was undertaking a study to examine needs of the broader care and support workforce (including disability, aged, veteran and mental healthcare) and 'factors affecting the supply and demand of care and support workers both in the near-term and to 2050'. A report on this study was expected to be completed and provided to the Minister for Employment, Workforce, Skills, Small and Family Business by 30 September 2021.⁸

Government response

8.15 Recommendation 13 was supported in principle by the government. In its response to the committee's interim report, the government noted that it is 'continuing to build and strengthen its data analytics capabilities, including in relation to the NDIS workforce'.⁹ This activity includes:

- development and publication of estimates of the NDIS workforce on the NDIS Demand Map;
- a pilot phase of the National Disability Data Asset;

⁷ Australian Government, Department of Social Services, *National Workforce Plan: 2021–2025*, June 2021, p. 30.

⁸ Department of Social Services, *Submission 48.1*, p. 3. At the time of drafting, this report of the National Skills Commission had not been publicly released.

⁹ Australian Government, *Australian Government Response to the Joint Standing Committee on the National Disability Insurance Scheme: NDIS Workforce Interim Report*, October 2021, p. 10.

- development of *Australia's Disability Strategy 2021-2031*, which notes that a data strategy will be developed to support effective monitoring and reporting of outcomes of the Strategy;
- linkage of NDIS data with existing Commonwealth data sources (and state/territory data where possible) as part of the Data Integration Partnership of Australia; and
- ongoing data improvements by the NDIA in collaboration with Commonwealth and state and territory governments.

8.16 The response also notes data related initiatives overseen by the NDIS Quality and Safeguards Commission (the Commission) including:

- a national regulatory data strategy for the Commission and enhanced data analytics capability, which includes data sharing arrangements with the NDIA; and
- the NDIS Worker Screening Database, which will provide another source of national data in relation to the NDIS workforce.¹⁰

8.17 The new disability strategy, *Australia's Disability Strategy 2021-2031*, was released on 3 December 2021. In relation to data initiatives, it made the following statement:

Governments are committed to collecting and sharing relevant data to support effective monitoring and reporting of outcomes for people with disability in order to drive change. Australian state and territory data, for both disability-specific and mainstream service systems, will be essential for measuring outcomes and tracking the degree of change.

Governments will work together to develop a comprehensive data strategy in 2022. This will ensure data needed to measure outcomes for people with disability is collected, shared and progressively improved over the life of the Strategy. It will also identify where data needs to be linked between systems to improve our understanding of the impact of the Strategy. Linked de-identified data will provide improved disaggregated data, support the development of new measures and deliver deeper insights into how and why certain outcomes occur.

The National Disability Data Asset (NDDA) could provide a better understanding of how people with disability are supported through services, payments and programs across multiple service systems through the linkage, improvement and sharing of de-identified data.

Improving data to track progress against the Outcomes Framework will also support evaluations and policy development, and will lead to improved outcomes for people with disability.¹¹

¹⁰ Australian Government, *Australian Government Response to the Joint Standing Committee on the National Disability Insurance Scheme: NDIS Workforce Interim Report*, October 2021, p. 10.

¹¹ Australian Government, Department of Social Services, *Australia's Disability Strategy 2021-2031*, December 2021, p. 41.

Submitter and witness views

- 8.18 Submissions received by the committee in 2021 continued to emphasise the importance of collecting and disseminating data about the NDIS workforce to support its continued development.¹²
- 8.19 The absence of a specific NDIS workforce data strategy in the plan was noted by submitters,¹³ and some were also critical of approaches to data collection in the workforce plan being limited to data on market demand.¹⁴ The committee heard that the plan should include measures to address gaps in data about specific sectors of the workforce, particularly in relation to the psychosocial workforce and allied health workforce. Examples of these measures, and other general data gathering measures, that submitters wished to see contemplated in the plan included:
- collecting data about specific psychosocial disability workforce characteristics (for example types of qualifications workers hold and types of organisations that employ such workers)¹⁵
 - data on what would make existing vacant positions more attractive, accurate benchmarking of costs of providing support, attrition rates in the sector, and why workers enter and remain in the sector¹⁶
 - data on actual participant needs rather than just existing service use to determine required size of the workforce, especially in allied health;¹⁷ and
 - detailed data about all allied health professionals around Australia – not only current disability providers but broader private practice and the community-based workforce – to understand needs at the national, regional and local levels.¹⁸

Committee view

- 8.20 The committee recognises the significant steps the government has taken to address concerns about the collection and availability of data to support the growth of the NDIS and measures to improve outcomes for people with disability. Of these, the committee particularly welcomes commitments under

¹² See, for example, Dietitians Australia, *Submission 53*, pp. 2, 3.

¹³ See, for example, Allied Health Professions Australia, *Submission 35.1*, pp. 3–4.

¹⁴ See, for example, Mental Health Australia, Community Mental Health Australia and Mental Illness Fellowship of Australia, *Submission 34.1*, [p. 1]; Speech Pathology Australia, *Submission 12.1*, p. 12.

¹⁵ Mental Health Australia, Community Mental Health Australia and Mental Illness Fellowship of Australia, *Submission 34.1*, [p. 1].

¹⁶ Speech Pathology Australia, *Submission 12.1*, p. 6.

¹⁷ Allied Health Professions Australia, *Submission 35.1*, p. 3.

¹⁸ Allied Health Professions Australia, *Submission 35.1*, p. 4, drawing on recommendations from the National Rural Health Commissioner.

the new National Disability Strategy to collect and share data to support monitoring and reporting of outcomes under that strategy. The committee also looks forward to the release of the report by the National Skills Commission in relation to its Care Workforce Labour Market Study, which, at the time of drafting this report, had not been published.

- 8.21 These broader approaches to data collection to support outcomes for people with disability, and measures such as the development of a national regulatory data strategy for the NDIS Quality and Safeguards Commission, may address a range of the concerns raised by witnesses and submitters to this inquiry. However, noting the persistence of concerns about the lack of reliable data about the NDIS workforce raised in evidence throughout the inquiry, it is unclear whether such measures will lead to mechanisms for data collection that are able to generate the type and volume of data required to enable effective workforce development.
- 8.22 Given the complexity and range of the matters that need to be addressed to support growth in the NDIS workforce, the committee maintains that there needs to be a carefully designed and implemented data strategy to complement workforce planning. This strategy must also consider the needs of individual sectors of the workforce, for example the allied health sector and workers and practitioners providing psychosocial support, as well as understanding the needs and experiences of workers providing support through a range of different employment and service models, such as platform-based services.¹⁹
- 8.23 The committee therefore encourages the government to reconsider its position in relation to recommendation 13 in the committee's interim report, and develop and implement a strategy to collect, refine and publish data on the NDIS workforce in an accessible manner including developing a national minimum dataset.

Workforce regulation

Interim report

- 8.24 The committee's interim report discussed reports that cost and administrative burden are a substantial barrier to providers deciding to deliver services under the NDIS. The committee heard that the cost and administrative burden of registration as an NDIS provider are leading some existing providers to choose to de-register, reduce their service offerings, or to leave the NDIS altogether, and that, as a consequence, some people with disability have reduced access to support.

¹⁹ For further discussion of concerns relating to platform-based service providers, see Chapter 4.

- 8.25 The committee also heard that the burdens associated with registration are especially challenging for small providers and in regional, rural and remote areas, and that costs and burden are higher than those in other service systems and funding schemes.²⁰

Workforce Plan and government response

- 8.26 Initiative 10 in the Workforce Plan is to: 'Improve alignment of provider regulation and worker screening across the care and support sector'. This initiative is intended to 'increase the number of workers and providers able to operate in the market' thereby 'providing greater choice and control for participants without compromising on quality and safeguarding'.²¹
- 8.27 The plan acknowledges that administrative burdens associated with NDIS service provision can deter entry into the NDIS provider market, and that there is currently duplication across the care and support sector, for example, with workers being required to undergo different worker screening checks if they are working in more than one sector.²² The plan also recognises that 'higher registration and compliance costs for providers operating in the NDIS is a key challenge in attracting providers to the sector'.²³
- 8.28 As part of this initiative, the government will conduct a review to 'explore options to achieve greater regulatory alignment across the care sector, including for disability, aged care and veterans' affairs'. Matters to be explored in the review include 'the merits of streamlining provider audits and worker screening checks, while still maintaining quality'.²⁴
- 8.29 In a supplementary submission, DSS explained that consultation in relation to implementing initiative 10 had commenced, which includes workshops with providers and peak bodies, publishing a background paper and early development of a consultation paper, expected to be release in 2021, and inviting written submissions. Further planned consultation includes online

²⁰ See Chapter 5 for further discussion of concerns for providers in regional, rural and remote Australia. Costs of registration for providers both within and outside metropolitan areas have also been brought to the committee's attention through its other inquiries, including its ongoing General issues inquiry and its inquiry into the NDIS Quality and Safeguards Commission. See, for example, Mr Michael Burke, Director, and Mrs Simone Burke, Associate Director, *Lavender House Committee Hansard*, 28 June 2021, p. 21.

²¹ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021–2025*, p. 29.

²² Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021–2025*, pp. 18–19, 30.

²³ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021–2025*, p. 30.

²⁴ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021–2025*, p. 30.

surveys and workshops, with findings from the consultation process to be released in early 2022.²⁵

8.30 The committee was also informed that the Commonwealth Department of Health has established a cross-agency taskforce with DSS and the Department of Veterans' Affairs to support alignment of regulation across the care and support sector, and that this taskforce is undertaking consultation across the aged care, disability and veterans' care sectors on regulatory alignment.²⁶ Further measures that have been undertaken include:

- amending of the *Aged Care Act 1997* to recognise the NDIS worker screening check (this occurred in June 2021); and
- funding in the 2021-22 Budget for regulatory alignment activities across the aged care, disability and veterans' care sectors, including establishing a single care and support sector worker screening check, a single care and support sector code of conduct for workers and providers, and piloting of joint auditing and assessments against standards for aged care and disability.²⁷

8.31 DSS emphasised that regulatory alignment 'will ensure all participants and consumers are protected by consistent best practice regulation whether they are in aged care, disability or veterans' care' and that this will be done 'while ensuring differences across sectors are appropriately catered for'.²⁸ The committee also understands that work on this initiative is being undertaken in tandem with the upcoming review of the *NDIS Quality and Safeguarding Framework*.²⁹

Submitter and witness views

8.32 Submitters and witnesses expressed general support for regulatory alignment across the care and support sector and welcomed measures to reduce duplication for providers and practitioners working across sectors.³⁰ Regulatory alignment measures may also assist in relieving some of the pressures of thin markets in rural and remote areas of Australia, where allied

²⁵ Department of Social Services, *Submission 48.2*, p. 3.

²⁶ Department of Social Services, *Submission 48.2*, p. 4.

²⁷ Department of Social Services, *Submission 48.2*, p. 4; Mr Luke Mansfield, Acting Deputy Secretary, Disability and Carers, Department of Social Services, *Committee Hansard*, 14 October 2021, p. 27.

²⁸ Department of Social Services, *Submission 48.2*, p. 7.

²⁹ See, Department of Social Services, *NDIS National Workforce Plan: 2021-2025 Quarterly Update*, October 2021, p. 3, www.dss.gov.au/sites/default/files/documents/11_2021/ndis-national-workforce-plan-2021-2025-quarterly-update-october-2021.pdf (accessed 5 January 2022).

³⁰ See, for example Services for Australian Rural and Remote Allied Health, *Submission 50.1*, pp. 2–3 and *Attachment*, p. 32; Speech Pathology Australia, *Submission 12.1*, p. 10.

health practitioners, for example, will generally provide services to a range of clients, not just NDIS participants.³¹ SARRAH submitted:

the Plan proposes working toward a genuine and integrated workforce approach, with actions at the national and area/local level, allowing for an enhanced focus on overall community need and service capacity, with greater flexibility and potentially less constraint on innovative approaches; which are too often frustrated by administrative conditions and rigidity, and a lesser emphasis on outcomes, in programs. This is a fundamental and much needed shift in approach.³²

8.33 Submitters and witnesses, especially from the allied health sector, continued to highlight challenges in the NDIS regulatory environment, and the consequent costs of operating as a registered provider in the NDIS. These challenges included:

- the inability for allied health professionals already registered with other regulatory bodies (for example the Australian Health Practitioner Regulation Agency) to have this registration recognised for the purposes of operating in the NDIS³³
- a need for more support for new entrants into the NDIS market to navigate the complexities of the scheme³⁴
- high costs of audits required as part of the NDIS registration process;³⁵ and
- delays and different transitional requirements across states associated with the move to national worker screening arrangements.³⁶

8.34 The committee also heard queries around the extent of overlap between disability and aged care workers, with some submitters calling for further justification for regulatory alignment measures included in the plan.³⁷ Some submitters highlighted the significant differences between disability support and aged care work.³⁸ For example, Professor Christine Bigby explained:

There's a fundamental difference between supporting people with disabilities and supporting people, for example, who have dementia, who are the dominant group of people who live in residential aged-care services. And you're not providing for people with intellectual disabilities.

³¹ See, Ms Catherine Maloney, Chief Executive Office, Services for Australian Rural and Remote Allied Health, *Committee Hansard*, 12 October 2021, p. 23.

³² Services for Australian Rural and Remote Allied Health, *Submission 50.1*, p. 3.

³³ Occupational Therapy Australia, *Submission 24.1*, p. 4. See also, Dr Chris Atmore, Manager, Policy and Advocacy, Allied Health Professions Australia, *Committee Hansard*, 12 October 2021, p. 24.

³⁴ Exercise and Sports Science Australia, *Submission 33.1*, p. 13.

³⁵ Speech Pathology Australia, *Submission 12.1*, p. 10, 13.

³⁶ Speech Pathology Australia, *Submission 12.1*, pp. 10–11.

³⁷ See, for example, Professor Christine Bigby, *Submission 39.1*, p. 4.

³⁸ Australian Services Union, *Submission 44.1*, p. 4.

The aim isn't just to provide personal care. It's not just about attendant care for that group of people. It's about supporting people to be engaged in their own lives and to make choices and to be included in the community. The way you do that is by providing the right amount of support to enable people to be engaged, whether that's hand-over-hand assistance or whether it's prompting them to be engaged....A different paradigm should be happening in the disability sector compared to the aged-care sector.³⁹

- 8.35 The United Workers Union (UWU), while acknowledging that streamlining regulatory requirements may benefit providers, also questioned whether these benefits would flow to workers. In their experience, workers were likely to have a 'distinct preference for work on one area or another... supported by specific skills and knowledge relating to either disability or aged care'.⁴⁰ UWU submitted that maintaining the differences in workers' preferences and skills is important to providing quality services in the NDIS.⁴¹

Committee view

- 8.36 The committee notes that the measures in the plan supporting regulatory alignment in the care and support sector appear to have general support from providers and provider representative bodies. These measures may also provide valuable support for efforts to address thin markets for specific NDIS services and in regional, rural and remote locations. The committee therefore welcomes initiatives to simplify regulatory requirements and reduce duplication across sectors.
- 8.37 While it may not be appropriate for all NDIS providers to be registered, the committee considers that the regulatory requirements associated with registration should, as much as possible, be set at a level to encourage providers to register, in order to ensure that the bulk of service provision under the NDIS is under appropriate oversight by the NDIS Quality and Safeguards Commission. Issues raised by providers with respect to registration requirements were considered in detail in the committee's inquiry into the NDIS Quality and Safeguards Commission.⁴²

³⁹ Professor Christine Bigby, Director, Living with Disability Research Centre, LaTrobe University, *Committee Hansard*, 12 October 2021, p. 16. The committee notes, however, that recent government reforms to aged care provision may bring more choice and control for aged care recipients, for example measures to support older Australians to self-manage their care. See, Australian Government, Department of Health, *Support at Home Program Overview*, January 2022, p. 11, <https://www.health.gov.au/resources/publications/support-at-home-program-overview> (accessed 13 January 2022).

⁴⁰ United Workers Union, *Submission 45.1*, p. 5.

⁴¹ United Workers Union, *Submission 45.1*, p. 5.

⁴² Joint Standing Committee on the NDIS, *NDIS Quality and Safeguards Commission*, November 2021, pp. 83–105.

- 8.38 The Plan recognises that, in streamlining regulatory requirements across the care and support sector, it is important that participants are safe and receive supports that are of high quality. However, ensuring safety and quality of disability support will in some ways be different to ensuring safety and quality in aged care provision. In particular, quality of care in the disability sector should support people with disability to exercise choice and control in their lives and be included in their communities.
- 8.39 Any regulatory alignment process therefore needs to protect the goal-oriented focus of the NDIS from being eroded through blunt attempts to streamline regulatory requirements. Such efforts should be done in concert with the measures to define and impart appropriate skills, qualifications and training for NDIS workers, and, in particular, disability support workers. The committee is pleased to see that quality and safeguarding appears to be recognised as a priority in the implementation of these initiatives, with the recently agreed scope and approach to the review of the *NDIS Quality and Safeguarding Framework* listed as a key achievement in the ongoing implementation of this measure.⁴³
- 8.40 The committee encourages the government to continue to consult widely in the implementation of regulatory alignment measures – across support workers, the disability and allied health sectors, participants, their families and their representatives – to maintain a focus on high quality, safe and person-centred at the core of the regulatory framework for the NDIS workforce. The committee will continue to monitor the implementation of this measure and may consider particular issues arising in relation to regulatory alignment in the care and support sector in future inquiries.

Workforce planning

Interim report

- 8.41 In its interim report, the committee considered a range of factors that should feature in the government's approach to workforce planning. These included:
- the importance of national leadership in workforce planning
 - the need for coordination and consistency across jurisdictions and service sectors; and
 - the importance of consultation, collaboration, and co-design.
- 8.42 The committee was of the view that national leadership is needed to ensure consistency across the NDIS; reduce unnecessary duplication and costs; and ensure that participants are not disadvantaged by gaps at the interface of

⁴³ See, Department of Social Services, *NDIS National Workforce Plan: 2021-2025 Quarterly Update*, October 2021, p. 3, www.dss.gov.au/sites/default/files/documents/11_2021/ndis-national-workforce-plan-2021-2025-quarterly-update-october-2021.pdf (accessed 5 January 2022).

Commonwealth, state and territory schemes. The committee concluded that a national workforce plan should clarify responsibilities at the Commonwealth level for market stewardship.

- 8.43 The committee further determined that an effective workforce plan must consider the needs of other sectors in order to understand the fluctuating demands of these sectors and the disability support sector and to understand and address barriers to mobility, duplicative regulation and unnecessary costs. In addition, the committee emphasised that enhancing the interface between the NDIS and other sectors such as health and education is crucial to addressing service gaps, equipping the workforce with necessary skills and qualifications, and supporting better outcomes for people with lived experience of disability.
- 8.44 As set out in previous chapters, the committee also considered that workforce planning should:
- have a core focus on improving workforce conditions (see Chapter 4)
 - consider thin markets for services (see Chapter 5)
 - include measures to support employment of NDIS participants in the NDIS workforce (see Chapter 6); and
 - ensure that workers possess the expertise to deliver safe, quality care to participants (see Chapter 7).

Workforce plan

National leadership and coordination with states and territories

- 8.45 The Commonwealth government, through DSS, has led development of the Workforce Plan, and DSS continues to lead the implementation of the Plan.⁴⁴
- 8.46 In her message introducing the plan, the Minister for the NDIS, Senator the Hon Linda Reynolds CSC, emphasised that work under the plan will be undertaken by Commonwealth and state and territory governments in partnership with participants, industry and education and employment providers to retain and grow the NDIS workforce.⁴⁵ Collaboration with states and territories through the development of the plan around complementary actions and initiatives will also continue through implementation to ensure alignment.⁴⁶

⁴⁴ See, Mr Luke Mansfield, Acting Deputy Secretary, Disability and Carers, Department of Social Services, *Committee Hansard*, 14 October 2021, p. 25.

⁴⁵ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021–2025*, June 2021, p. 4.

⁴⁶ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021–2025*, June 2021, p. 4, and Mr Luke Mansfield, Acting Deputy Secretary, Disability and Carers, Department of Social Services, *Committee Hansard*, 14 October 2021, pp. 25–26.

- 8.47 The plan sets out the government's commitment to work with NDIS participants, industry and other stakeholders to grow the care and support workforce and puts forward expectations regarding the role for providers in the care and support sector to support the implementation of the plan. The plan states that it will be 'particularly important' for providers to invest in and focus energy into 'cultural and service model transformation' and 'active workforce planning and investment in skills development and leadership capability'.⁴⁷
- 8.48 Notably, the plan indicates that the government considers ensuring appropriate workforce conditions are, at least in part, a responsibility of providers, stating: 'Providers have a responsibility to consider their employee value proposition to ensure conditions of employment remain competitive relative to other industries to support the attraction and retention of suitable workers'.⁴⁸

Coordination and consistency across jurisdictions and service sectors

- 8.49 Coordination across service sectors is also core to the Workforce Plan, driving initiatives such as measures to increase regulatory alignment across the care and support sector. DSS assured the committee that governance arrangements are in place to ensure 'close ongoing collaboration between all of the different agencies at the Commonwealth level that are involved in this plan'.⁴⁹ The government has stated that it intends for implementation of the plan to support other government reforms, and this work will include 'collaboration and continued engagement with other workforce plans such as the Primary Health Care 10-Year Plan and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan: 2021–2031'.⁵⁰

Consultation, collaboration and co-design

- 8.50 DSS advised that the plan had been developed through an extensive consultation process over a 'considerable period', including:
- workshops with state and territory disability and skills officials, providers, provider peaks and participant peaks (February and March 2020)
 - a survey, which received over 570 responses, including from providers, peak bodies, and at least one union (open during February and March 2020)

⁴⁷ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021–2025*, June 2021, p. 32.

⁴⁸ Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021–2025*, June 2021, p. 32.

⁴⁹ See, Mr Luke Mansfield, Acting Deputy Secretary, Disability and Carers, Department of Social Services, *Committee Hansard*, 14 October 2021, p. 25.

⁵⁰ Department of Social Services, *Submission 48.1*, p. 4.

- consideration of the plan and engagement with the states and territories (second half of 2020)
- further follow-up around the plan with interested peaks, providers and unions (late 2020)
- provision of feedback to the department's Advisory Group on Market Oversight, which includes providers, participant peaks, health professionals and groups that represent key workforce segments, such as the National Aboriginal Community Controlled Health Organisation and allied health; and
- final Commonwealth government consultations (early 2021).⁵¹

8.51 The plan further states that the government will 'work with state and territory governments, industry, providers, participant groups and workers to design and deliver the initiatives in [the] Plan', and notes that this will include:

- Convening stakeholder briefing sessions shortly after publication of the Plan, followed by regular updates.
- Engagement sessions and working groups to support the co-design of the initiatives in this Plan where appropriate, drawing on the experience of peak bodies, providers and participant groups.
- Ongoing collaboration with states and territories on linkages between this Plan and related state and territory initiatives.⁵²

8.52 Two sector briefings were conducted in June and December 2021, and a quarterly update, dated October 2021, was published on the Department's website in late 2021.⁵³

8.53 Implementation of the plan will also include 'time limited working groups [which] will be stood-up with Commonwealth and state and territory officials and sector representatives to work through issues for particular initiatives'.⁵⁴

Submitter and witness views

Overall views on the NDIS National Workforce Plan 2021-2025

8.54 Submitters to the inquiry had mixed views about the Workforce Plan, with some expressing concern that the plan lacked detail and commitments to specific targets or timelines. Allied Health Professions Australia (AHPA)

⁵¹ Mr Luke Mansfield, Acting Deputy Secretary, Disability and Carers, Department of Social Services, *Committee Hansard*, 14 October 2021, p. 30.

⁵² Australian Government, Department of Social Services, *NDIS National Workforce Plan: 2021–2025*, June 2021, p. 34.

⁵³ See, Department of Social Services, *NDIS National Workforce Plan: 2021-2025*, December 2021, www.dss.gov.au/disability-and-carers-publications-articles/ndis-national-workforce-plan-2021-2025 (accessed 6 January 2022).

⁵⁴ Department of Social Services, *Submission 48.1*, p. 4. See Chapter 3 for a more detailed figure provided by the Department outlining implementation planning and progress as at October 2021.

submitted that the Plan was 'rife with unhelpful motherhood statements', and were disappointed that the Plan was almost identical to an earlier 'Overview for Consultation' provided by DSS in June 2020. AHPA also pointed out that the Plan does not include minimum elements outlined by this committee in its interim report.⁵⁵

- 8.55 A lack of clear outcomes in the plan was also observed by Purpose at Work, which surmised:

As with any Plan, timeframes, measurable outcomes and the allocation of responsibilities is essential. The National Workforce Plan lacks these, which means it is not possible to see who will be implementing what, the key dates, and what outcomes the government is seeking. In this sense, it is like some previous disability workforce national plans and strategies, most famously the Integrated Market, Sector and Workforce Strategy (2016). However, there is no reason to repeat these deficiencies. The Productivity Commission cautioned in 2017 that these types of 'strategic policies' which omit detail of plan implementation are not up to the task of creating change and are in fact 'creating uncertainty among providers.'⁵⁶

- 8.56 Carers NSW similarly believed that while the Workforce Plan 'successfully identified critical issues with the disability workforce, there is a limited focus on tangible outcomes that adequately address these concerns'.⁵⁷
- 8.57 Other submitters welcomed the plan, and, while noting the need for future refinement and detail, told the committee that they looked forward to working with the government and being involved in the design and implementation of initiatives within the plan.⁵⁸

Coordination with other sectors

- 8.58 As noted with respect to workforce regulation, coordination efforts across the care and support sector were generally welcomed by submitters.
- 8.59 Submitters also raised areas that may benefit from further coordinated work under the plan, including mental health strategies,⁵⁹ broader national skills shortages,⁶⁰ and training review processes.⁶¹

⁵⁵ Allied Health Professions Australia, *Submission 35.1*, pp. 2–3.

⁵⁶ Purpose at Work, *Submission 13.1*, [p. 4], referring to Productivity Commission, *National Disability Insurance Scheme (NDIS) Costs, Study Report*, October 2017, p. 338.

⁵⁷ Carers NSW, *Submission 19.1*, p. 3. See also, Mental Health Victoria, *Submission 41.1*, p. 5.

⁵⁸ See, for example, National Disability Services, *Submission 25.1*, p. 1, 3; Services for Australian Rural and Remote Allied Health, *Submission 50.1*, pp. 1, 4.

⁵⁹ Mental Health Victoria, *Submission 41.1*, p. 5.

⁶⁰ Services for Australian Rural and Remote Allied Health, *Submission 50.1 - Attachment*, p. 5.

⁶¹ Services for Australian Rural and Remote Allied Health, *Submission 50.1 - Attachment*, pp. 17–18.

Consultation

8.60 Some submitters and witnesses raised concerns about the consultation process for development of the Workforce Plan. Mrs Clare Hewat, Chief Executive Officer, AHPA, told the committee that AHPA's experience was that the consultation process had been an 'extraordinarily frustrating exercise' and that they did not feel they were listened to 'very much at all'.⁶² Mrs Hewat's concerns were echoed by Ms Catherine Maloney, Chief Executive Officer, Services for Australian Rural and Remote Allied Health (SARRAH), who noted that 'it was always a difficult thing to feel as though you were being heard'.⁶³

8.61 Unions also reported concerns that consultation process did not adequately ensure that the experiences of workers were considered during development of the plan. United Workers Union reported that there was 'very little opportunity for consultation with the disability workforce and unions in the development of [the] plan'.⁶⁴ Mr Lloyd Williams, National Secretary of the Health Services Union, further highlighted concerns that the consultation process was 'deficient', telling the committee:

When the plan's development was announced...we welcomed it and were eager to participate. However, I must say, we have struggled to achieve meaningful engagement. We believe that a meaningful and valuable workforce plan should have substantial involvement from workers and their representatives. Disappointingly, this was not the case. Our experience suggests that, at best, the DSS officials charged with developing the plan were under-resourced to do an effective job. At worst, it suggests that the Commonwealth government feels that it can ignore the voices of the NDIS workforce when making workforce policy.⁶⁵

8.62 SARRAH emphasised that further targeted consultation is needed in the implementation of the plan, calling for deeper engagement with 'stakeholders who are more closely connected with areas where major service gaps exist and are inherently committed to addressing those gaps'. SARRAH explained:

Consultation processes can be dominated by large, mainstream, often well-resourced organisations, representative bodies which, in fairness, represent or share concerns with the majority of other major service providers, contractors, workforce bodies, participants and groups. This approach may provide a reasonably accurate overview of issues and the sector, but is

⁶² Mrs Clare Hewat, Chief Executive Officer, Allied Health Professions Australia, *Committee Hansard*, 12 October 2021, p. 23.

⁶³ Ms Catherine Maloney, Chief Executive Officer, Services for Australian Rural and Remote Allied Health, *Committee Hansard*, 12 October 2021, p. 23.

⁶⁴ United Workers Union, *Submission 45.1*, p. 3.

⁶⁵ Mr Lloyd Williams, National Secretary, Health Services Union, *Committee Hansard*, 14 October 2021, p. 1.

generally less effective in profiling the outliers, the concerns and experiences outside of the dominant systems, services and groups. However, the mainstream and dominant services tend not to be where the system design is ineffective, and gaps in service and external support are most prevalent.⁶⁶

Additional issues

8.63 Submitters raised a number of additional matters that could be addressed through workforce planning, including:

- providing clarity around the roles and responsibilities of the Commonwealth for NDIS workforce development⁶⁷
- exploring immigration solutions to alleviate workforce shortages⁶⁸
- the role of volunteers in supporting the NDIS workforce and volunteering as a pathway to employment⁶⁹
- the NDIA workforce;⁷⁰ and
- specific skills and knowledge needed in the NDIS and NDIA Workforce.⁷¹

Committee view

8.64 The *NDIS National Workforce Plan 2021-2025* is an important document setting out the government's vision for growing both the NDIS and the broader care and support workforce. The committee is pleased that a number of the initiatives in the Workforce Plan have received widespread support from the sector.

8.65 However, it is disappointing that key approaches to workforce planning identified in the committee's interim report do not appear to have been adopted in this plan – in particular, clarification of Commonwealth responsibilities for NDIS market stewardship. While the committee notes commitments under the new *Australia's Disability Strategy 2021-2031* to clarify roles and responsibilities for supporting people with a disability more broadly,⁷² the committee considers there is particular value in making clear the

⁶⁶ Services for Australian Rural and Remote Allied Health, *Submission 50.1 – Attachment*, p. 20.

⁶⁷ Mr Lloyd Williams, National Secretary, Health Services Union, *Committee Hansard*, 14 October 2021, p. 1.

⁶⁸ See, for example, Services for Australian Rural and Remote Allied Health, *Submission 50.1*, p. 4; Purpose at Work, *Submission 13.1*, [p. 2]; National Disability Services, *Submission 25.1*, p. 4.

⁶⁹ Volunteering Australia, *Submission 58*, p. 2.

⁷⁰ Community and Public Sector Union, *Submission 55*, [pp. 1–6].

⁷¹ Family Planning NSW, *Submission 1.1*, pp. 3–4; Dietitians Australia, *Submission 53*, p. 5; Exercise and Sports Science Australia, *Submission 33.1*, pp. 9–10.

⁷² See, Australian Government, Department of Social Services, *Australia's Disability Strategy 2021-2031*, December 2021, p. 37, www.disabilitygateway.gov.au/sites/default/files/documents/2021-11/1786-australias-disability.pdf (accessed 7 January 2022).

specific roles and responsibilities at the Commonwealth level for NDIS workforce development and responsibilities for the growth and oversight of the NDIS market.

- 8.66 The committee is persuaded by evidence from submitters who called for more detail and clarity of the intended outcomes of the Workforce Plan. The committee acknowledges advice from DSS that work continues to develop more detailed implementation plans for each of the plan's initiatives. However, without an understanding of the specific activities and expected outcomes of these initiatives, it is difficult for the committee to form a view as to whether the plan is likely to be effective in supporting the NDIS workforce to grow to meet the care and support requirements of NDIS participants now and into the future. It is further unclear how the government intends to evaluate the success of the plan without clear and transparent outcomes that have been set at the outset of its implementation.
- 8.67 The committee therefore considers that it is important for the Government to prioritise developing and publishing clear and measurable outcomes for each of the initiatives under the plan. These outcomes should be developed through conscientious and comprehensive consultation with NDIS participants and their advocates, the disability sector, allied health providers and peaks, and NDIS workers and their representatives.

Recommendation 7

- 8.68 **The committee recommends that the Australian Government, in consultation with NDIS participants and their advocates, the disability and allied health sectors, and NDIS workers and their representatives, develop and publish clear and measurable outcomes for each of the initiatives in the *NDIS National Workforce Plan 2021-2025*.**
- 8.69 The committee also wishes to reflect on the concerns of some sectors of the NDIS workforce regarding consultation by the Department of Social Services during the development of the Workforce Plan. The committee is concerned that some stakeholders, namely disability support and other NDIS workers and their representatives, along with allied health providers and practitioners, feel their perspectives were not adequately recognised in the development of the plan.
- 8.70 Noting the extensive work still to be undertaken through the implementation of the Workforce Plan over the coming years, the committee urges the Government to ensure that it undertakes a comprehensive and considered approach to consultation with all NDIS stakeholders in designing and implementing initiatives under the plan. The committee considers that these efforts will be assisted by the development and publication of a comprehensive consultation strategy for the life of the plan, to provide transparency and clarity for all interested groups.

Recommendation 8

8.71 The committee recommends that the Australian Government develop and publish a comprehensive consultation strategy for the implementation of measures under the *NDIS National Workforce Plan 2021-2025*.

Concluding comments

8.72 Ensuring a workforce of sufficient size, and with the appropriate skills, qualifications and expertise to deliver safe, quality support is critical to the sustainability of the NDIS. However, as noted in the committee's interim report, attracting and retaining this workforce is proving a substantial challenge. Critical among the issues identified in the interim report were concerns that:

- pay rates may not reflect the complex, sensitive nature of disability support work;
- workers often receive limited if any training from their employers, and there are limited opportunities for career advancement;
- the sector is highly casualised, and work is often insecure; and
- workers may not be adequately supervised and are often left to make complex decisions about care needs.

8.73 With this in mind, the committee outlined measures which, at a minimum, it considered should be included in a national workforce plan. These were measures to:

- improve workforce conditions via stable employment; investment in training, supervision and professional development; and pay reflecting the complex, sensitive nature of disability support work;
- enhance and—where appropriate—harmonise the skills, qualifications and expertise of the workforce;
- support the employment of people with lived experience of disability; and
- address thin markets for services—particularly for Aboriginal and Torres Strait Islander peoples and for people living in regional, rural and remote areas.

8.74 In this final report, the committee has expressed its disappointment that two of these key elements received minimal attention in the plan: measures to improve workforce conditions and specific measures to support the employment of people with lived experience of disability.

8.75 The committee further notes that the Workforce Plan as presented in June 2021 is a high-level document that, in some cases, contains little detail about specific activities that will be undertaken in relation to initiatives. Further, while monitoring and evaluation of the plan is expected throughout its life, the plan itself does not set out measurable outcomes that might be used to assess

whether the plan is effective in supporting sustainable growth in the NDIS workforce.

- 8.76 The committee therefore remains concerned that, without adequate attention from the Commonwealth Government in this plan, many of the issues experienced by the NDIS workforce identified throughout this inquiry will continue to persist. The committee encourages the government to accept all of the recommendations in this report as first step in the implementation of the Workforce Plan.
- 8.77 The committee will continue to monitor the implementation of the Workforce Plan and other matters related to the NDIS Workforce and may take up particular issues in inquiries in future Parliaments.

Hon Kevin Andrews MP
Chair

Senator Carol Brown
Deputy Chair

Appendix 1

List of Submitters and Additional Documents

- 1 Family Planning NSW
 - 1.1 Supplementary to submission 1
- 2 Office of the Public Advocate (Victoria)
 - Attachment 1
- 3 Northern Territory Office of the Public Guardian
 - 3.1 Supplementary to submission 3
- 4 Multiple Sclerosis Australia
- 5 Australian Lawyers Alliance
- 6 Spinal Cord Injuries Australia
- 7 Maurice Blackburn Lawyers
- 8 Anglicare Australia
- 9 Northern Territory Mental Health Coalition
- 10 Vision Australia
- 11 Lifestyle Solutions
 - 11.1 Supplementary to submission 11
- 12 Speech Pathology Australia
 - 12.1 Supplementary to submission 12
- 13 Purpose at Work
 - 13.1 Supplementary to submission 13
- 14 Deafblind Australia
- 15 Victorian Council of Social Service
- 16 Queensland Advocacy Incorporated
- 17 Northcott
- 18 Audiology Australia
 - 18.1 Supplementary to submission 18
- 19 Carers NSW
 - 19.1 Supplementary to submission 19
- 20 MHCC ACT
- 21 ACT Council of Social Service Inc. (ACTCOSS)
- 22 The Australian Orthotic Prosthetic Association
 - 22.1 Supplementary to submission 22
- 23 Summer Foundation
- 24 Occupational Therapy Australia
 - 24.1 Supplementary to submission 24
- 25 National Disability Services

- 25.1 Supplementary to submission 25
- 26 Children and Young People with Disability Australia
- 27 The Royal Australian & New Zealand College of Psychiatrists
- 28 Australian Tertiary Education Network on Disability
 - 28.1 Supplementary to submission 28
- 29 Western Australian Government
- 30 Cara Inc
- 31 The NSW Disability Council
- 32 Indigenous Allied Health Australia Ltd.
- 33 Exercise & Sports Science Australia (ESSA)
 - 33.1 Supplementary to submission 33
- 34 Mental Health Australia, Community Mental Health Australia and Mental Illness Fellowship of Australia
 - 34.1 Supplementary to submission 34
- 35 Allied Health Professions Australia
 - 35.1 Supplementary to submission 35
- 36 Catholic Social Services Australia
- 37 Mrs Tammy Milne
- 38 Mr Danny McCormick
- 39 Professor Christine Bigby, Director, Living with Disability Research Centre, La Trobe University
 - 39.1 Supplementary to submission 39
- 40 Australian Psychological Society
 - 40.1 Supplementary to submission 40
- 41 Mental Health Victoria
 - 41.1 Supplementary to submission 41
- 42 Australian Physiotherapy Association
- 43 Australian Services Union, Health Services Union and United Workers Union
 - Attachment 1
 - Attachment 2
- 44 Australian Services Union
 - 44.1 Supplementary to submission 44
 - Attachment 1
- 45 United Workers Union
 - 45.1 Supplementary to submission 45
 - Attachment 1
- 46 Health Services Union National
 - 46.1 Supplementary to submission 46
 - Attachment 1

- 47 Australian Association of Social Workers (AASW)
- 48 Department of Social Services
 - 48.1 Supplementary to submission 48
 - 48.2 Supplementary to submission 48
- 49 Rights Information Advocacy Centre
- 50 Services for Australian Rural and Remote Allied Health
 - 50.1 Supplementary to submission 50
 - Attachment 1
- 51 Ms Melissa van Leeuwen
- 52 Tasmanian Government
- 53 Dietitians Australia
- 54 Life Without Barriers
 - Attachment 1
- 55 Community and Public Sector Union
 - Attachment 1
- 56 Universities Australia
- 57 National Aboriginal Community Controlled Health Organisation
- 58 Volunteering Australia

Additional Information

- 1 Additional information from Hireup, received on 21 October 2021.
- 2 Additional information from Community Mental Health Australia, received on 28 October 2021.

Answer to Question on Notice

- 1 Hireup, answer to questions on notice, 14 October 2021 (received 21 October 2021).
- 2 Mental Health Australia, Community Mental Health Australia, Mental Illness Fellowship of Australia, answer to questions on notice, 12 October 2021 (received 4 November 2021).
- 3 Australian Services Union, answer to questions on notice, 14 October 2021 (received 05 November 2021).
- 4 Department of Social Services, answer to questions on notice, 14 October 2021 (received 12 November 2021).

Media Releases

- 1 Media release, 9 December 2020.

Government Response

- 1 Government response to the NDIS report, NDIS Workforce Interim Report, tabled 7 October 2021.

Appendix 2

Public Hearings

Tuesday, 23 June 2020

via teleconference

Western Australian Association for Mental Health

- Ms Taryn Harvey, Chief Executive Officer

Mental Illness Fellowship of Western Australia

- Ms Monique Williamson, Chief Executive Officer

NPY Women's Council

- Ms Liza Balmer, Chief Executive Officer

Ethnic Disability Advocacy Centre

- Mrs Christine Grace, Manager - Advocacy Services

Tuesday, 30 June 2020

via teleconference

Individual Disability Advocacy Service WA

- Ms Jane Timmermanis, General Manager/Principal Solicitor

Carers WA

- Mr Paul Coates, Chief Executive Officer

People with Disabilities WA

- Ms Samantha Jenkinson, Executive Director

Sexuality Education Counselling and Consultancy Agency (SECCA)

- Ms Juana Terpou, Manager; Senior Psychotherapist; Forensic Sexologist

Tuesday, 14 July 2020

via teleconference

Western Australian Department of Communities

- Ms Marion Hailes-MacDonald, Assistant Director-General

National Disability Services

- Mr David Moody, Chief Executive Officer

Allied Health Professions Australia

- Ms Claire Hewat, Chief Executive Officer

Services for Australian Rural and Remote Allied Health

- Ms Catherine Maloney, Chief Executive Officer

Indigenous Allied Health Australia

- Ms Donna Murray, Chief Executive Officer

Tuesday, 28 July 2020

via teleconference

Children and Young People with Disability Australia

- Ms Mary Sayers, Chief Executive Officer

Australian Tertiary Education Network on Disability

- Mr Anthony Gartner, President

Cara Inc

- Mr Tim Wilson, Executive Manager - Workforce Development

*Professor Christine Bigby, Private capacity**Maurice Blackburn Lawyers*

- Mr Thomas Ballantyne, Principal Lawyer

Tuesday, 18 August 2020

via teleconference

Office of the Public Advocate (Victoria)

- Dr John Chesterman, Deputy Public Advocate

Northern Territory Office of the Public Guardian

- Ms Beth Walker, Public Guardian

ACT Council of Social Services

- Dr Emma Campbell, Chief Executive Officer

Disability Council NSW

- Mr Mark Tonga, Chair

Queensland Advocacy Incorporated

- Ms Courtney Wolf, NDIS Appeals Advocate/NDIS Systems Advocate

Tuesday, 8 September 2020

via teleconference

Mental Health Australia

- Mr Harry Lovelock, Director - Policy and Research

Community Mental Health Australia

- Mr Bill Gye, Chief Executive Officer

Mental Illness Fellowship of Australia

- Mr Tony Stevenson, Chief Executive Officer

People with Disability Australia

- Ms Romola Hollywood, Director - Policy and Advocacy

Australian Federation of Disability Organisations

- Mr Ross Joyce, Chief Executive Officer

Dr Natasha Cortis, Private capacity

Dr Georgia Van Toorn, Private capacity

Australian Services Union

- Ms Emmeline Gaske, National Campaign and Communications Coordinator

Health Services Union

- Mr Lloyd Williams, National Secretary

United Workers Union

- Ms Melissa Coad, Executive Projects Coordinator

Tuesday, 12 October 2021

via teleconference

National Aboriginal Community Controlled Health Organisation

- Ms Patricia Turner, Chief Executive Officer
- Ms Jess Styles, Director, Programs

Mental Health Australia

- Dr Leanne Beagley, Chief Executive Officer
- Mr Harry Lovelock, Director, Policy and Research

Community Mental Health Australia

- Mr Bill Gye, Chief Executive Officer

Professor Christine Bigby, Director, Living with Disability Research Centre, La Trobe University

Services for Australian Rural and Remote Allied Health

- Mr Edward Johnson, President
- Ms Catherine Maloney, Chief Executive Officer
- Mr Allan Groth, Director Policy and Strategy

Allied Health Professions Australia

- Ms Claire Hewat, Chief Executive Officer
- Dr Chris Atmore, Manager, Policy and Advocacy

Australian Tertiary Education Network on Disability

- Ms Cathy Easte, President
- Ms Lee Papworth, Vice-President

Community and Public Sector Union

- Ms Beth Vincent-Pietsch, Deputy Secretary
- Ms Alison Butcher, NDIA Section Council
- Mr David Villegas, Organiser
- Mr Paul Wray, Section Councillor
- Ms Bettina Prescott, Section Secretary
- Mr Michael Packman, Queensland Representative of Section Council

Thursday, 14 October 2021

Committee Room 1R3

via teleconference

United Workers Union

- Ms Melissa Coad, Coordinator Policy, Stakeholder Engagement and Professional Development

Health Services Union

- Mr Lloyd Williams, National Secretary

Australian Services Union NSWACT (Services) Branch

- Ms Natalie Lang, Branch Secretary

HireUp

- Mr Jordan O'Reilly, Chief Executive Officer/Co-Founder
- Mr Neil Pharoah, Director - Corporate Affairs
- Ms Katherine Thompson, National Lead - Government Affairs

Life Without Barriers

- Mr Chris Chippendale, Executive Lead - Disability Engagement

National Disability Services

- Ms Laurie Leigh, Interim Chief Executive Officer

National Disability Services

- Ms Karen Stace, Senior Manager - State & Territory Operations

Department of Social Services

- Mr Luke Mansfield, A/g Deputy Secretary - Disability and Carers

- Ms Catherine Reid, A/g Group Manger - Strategic Policy, Markets and Safeguards Group

Appendix 3

NDIS Workforce Interim report recommendations and Australian Government response

The Joint Standing Committee on the National Disability Insurance Scheme (NDIS) tabled an interim report for its inquiry into the NDIS Workforce on 9 December 2020. The Australian Government responded to that report on 7 October 2021. The following table outlines the committee's interim report recommendations, its reasons for the recommendations and the government's response to each recommendation.

Table 3.1 Australian Government response to the committee's NDIS Workforce Interim Report

Recommendation	Reason for recommendation	Government response and comments
Recommendation 1 The committee recommends that the Australian Government facilitate an independent review of the funding model for the National Disability Insurance Scheme (NDIS), with a particular focus on: <ul style="list-style-type: none"> exploring whether it is appropriate for the National Disability Insurance Agency to have responsibility for 	The committee emphasised the new workforce plan must have a core focus on improving workforce conditions in the NDIS, noting that poor workforce condition may be symptomatic of broader concerns associated with price settings and the funding model of the scheme. NDIS Pricing Evidence before the committee indicated that current prices were driving many of the poor conditions in the NDIS workforce, including in relation to employment stability and	Noted Under the NDIS Act, the National Disability Insurance Agency (NDIA) Board has a statutory responsibility to have regard to financial sustainability. The prices of supports have a direct impact on scheme costs. It is important that the price of services charged to participants are reasonable and represent value for money. In June 2017, the Board of the NDIA commissioned McKinsey & Company to undertake an Independent Pricing Review. This review was commissioned in response to feedback from participant and provider groups, as well as the Productivity Commission's 2017 Report on NDIS Costs. In March 2018, the Board of the NDIA released the Independent Pricing Review Report. The NDIA gave in

price settings for NDIS supports;

- ensuring that prices reflect the 'true' cost of service delivery, including training, supervision, case management and other non-client-facing work;
- addressing impacts of the funding model on the nature of work within the NDIS, including the implications for support workers, allied health professionals and others;
- addressing the impacts of the funding model on the quality and safety of supports and services for NDIS participants; and
- exploring alternative funding models where negative impacts are identified.

wages that reflect the complexity and value of disability support work. The committee also heard that prices may not support the sector to invest in training, supervision or professional development. Evidence also suggested that NDIS pricing was inhibiting market development and growth.

The committee considered the NDIA's ongoing work to address the impacts of price settings in the market but remained concerned that pricing issues persisted within the sector and appear to have worsened as the NDIS has been rolled out.

Funding model

The committee heard evidence that the consumer directed funding model underpinning the NDIS drives poor working conditions in the sector, by incentivising casual work, reduced job security, lower pay, and poor training conditions.

Evidence before the committee indicated there may be merit in exploring alternative funding

principle support to all of the Report's 25 recommendations. The NDIA has addressed and implemented the recommendations in the Report.

Consistent with the Australian Government's full scheme bilateral agreement with Victoria, a project is underway to consider approaches to improve the effective operation of the market for NDIS services. This will include exploring options for alternative approaches to price regulation, building market confidence, capacity and depth, as well as providing greater flexibility for the market to innovate and deliver greater consumer choice. The outcomes of this work will inform policy development around future market interventions, including in relation to price regulation.

arrangements to the current consumer-directed funding model, noting that choice and control for people with disability is paramount to the NDIS.

Recommendation 2

The committee recommends that the National Disability Insurance Agency consider the concerns relating to the cost model for disability support workers raised in this report in the next annual pricing review.

In addition to the broader concerns about the NDIS funding model, the committee heard there are specific concerns about the Cost Model for disability support workers.

The committee heard the model sets base pay rates too low; limits providers' ability to recruit higher skilled staff and makes incorrect assumptions about leave, utilisation, supervision and allowances.

The committee acknowledged that a number of matters raised by submitters and witnesses relate to a previous version of the funding model, to which the NDIA has since made changes. However, other evidence indicated that several concerns with the current cost model persist and may be cause for even greater concern.

Supported in principle

The NDIA undertakes a comprehensive review of the Disability Support Worker Cost Model when reviewing prices in the price guide, in full consultation with the sector and on the basis of a financial benchmarking survey in which all providers are invited to participate.

Recommendation 3

The committee recommends that the National Disability Insurance Agency ensure all pricing reviews are conducted in full consultation with people with disability, support workers and representative organisations.

Submitters and witnesses expressed concern that cost models have been developed without adequate consultation with people with disability, workers, or their representatives.

Supported

In administering the NDIS, the Government is committed to strong engagement with people with disability and the disability sector, and notes the NDIA already engages extensively with a broad range of stakeholders as part of all price reviews. The NDIA's 2020-24 Corporate Plan commits the NDIA to improving confidence and trust by building and maintaining genuine and collaborative partnerships with a wide range of stakeholders. In conducting the Annual Price Review 2020-21 the NDIA engaged in extensive consultations with industry, community and government stakeholders and undertook a program of research.

The results of all price reviews are also considered by the NDIA Pricing Reference Group, which now includes five independent members. Information regarding the NDIA's consultation on Annual Price Reviews is available here:

www.ndis.gov.au/providers/pricguides-and-pricing/annual-price-review/annual-price-review-consultation.

Recommendation 4

The committee recommends that the Australian Government review options to develop a national registration and accreditation scheme for disability support workers, as the product of a co-

The committee was cognisant of the fact that disability support is a highly skilled industry and emphasised that workforce planning must ensure workers possess the expertise to deliver safe, quality care to participants. The committee suggested this may require increasing and harmonising the skills and

Supported in principle

The NDIS Practice Standards specify the quality standards to be met by registered NDIS providers to provide supports and services to NDIS participants. While the NDIS Practice Standards do not specify the types of qualifications required for NDIS workers, the Human Resources Management module requires registered providers demonstrate that 'each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications,

design process with relevant appropriate people. This should include developing national benchmarks for skills, qualifications and competencies which reflect the diversity of people with disability, and which are co-designed by appropriate industry bodies, people with disability and representative organisations, support workers and unions, and other key stakeholders.

qualifications of the workforce through national accreditation.

The committee heard a substantial amount of evidence regarding the need for national registration and accreditation measures and national benchmarks for skills and qualifications which reflect the diversity of people with disability.

A number of submitters and witnesses expressed concern as to the lack of consistent, nationally recognised skills, training, and qualification standards for disability support workers in the NDIS, and within the broader disability sector.

and who have relevant expertise and experience to provide person-centred support.’

The NDIS Quality and Safeguards Commission (NDIS Commission) is leading the implementation of a national NDIS Workforce Capability Framework to support consistency in practice and delivery of quality disability services across Australia. The NDIS Commission completed the development of the Workforce Capability Framework in late 2020, based on extensive consultation with participants, workers, supervisors, providers and experts across Australia.

The Workforce Capability Framework translates the NDIS Principles, Practice Standards and Code of Conduct into clear and observable behaviours that service providers and workers should demonstrate when delivering services to people with disability. An implementation project is now underway, with the focus on supporting the sector to embed the Workforce Capability Framework into all aspects of NDIS workforce management practice.

The Workforce Capability Framework includes:

- Core capabilities that all service providers and workers will be expected to have.
- Additional capabilities that apply to workers who require deeper and more specific knowledge and capability to support participants who identify as Aboriginal or Torres 5 Strait Islander, culturally and linguistically diverse and / or LGBTIQ+, and / or deliver higher-intensity services that require

specialised knowledge or expertise.

- Organisational capabilities that set out expectations of providers, leaders and supervisors in building and supporting a capable workforce.

The NDIS Commission Workforce Orientation Module, *Quality, Safety, and You*, is a free resource developed with NDIS sector agencies and people with disability to assist NDIS workers to understand their responsibilities in relation to the NDIS Code of Conduct and support people with disability to achieve the vision of the NDIS. Modules released in late 2020 provide new workers with specific information they need to start working in the disability sector. The modules supported fast workforce mobilisation during the COVID pandemic. The annual report for the NDIS Commission showed 243,852 completions of the module, with 2,213 completions of the Auslan version.

Recommendation 5

The committee recommends that the Australian Government, through the Tertiary Education Quality and Standards Agency and the National Skills Commission, conduct a thorough analysis of the skills and qualifications required in the disability workforce, informed by

The committee heard evidence from submitters and witnesses regarding the skills, qualifications, and personal attributes necessary for the disability workforce to deliver of safe and quality supports.

Consensus was that the NDIS workforce requires a strong foundation of core skills in communication, rights and ethics, and appreciation of the social model

Supported

The Australian Government supports the recommendation to conduct an analysis of the skills and qualifications required in the disability workforce and notes this work is already underway.

The National Skills Commission has undertaken an in-depth study on the factors affecting the supply and demand of care and support workers both in the near-term and to 2050. The study examined the needs of the care and support workforce, in relation to aged, disability, veteran and mental health care. The study's final report was provided to the Hon Stuart Robert MP, Minister for Employment, Workforce, Skills, Small and

extensive consultation with people with disability, support workers, representative organisations and tertiary education providers.

of disability. The committee heard that workers needed to be equipped with 'generic' skills to support people with disability, as well as more specific skills to effectively support certain cohorts, such as participants from CALD backgrounds or those with complex needs.

The committee noted that while personal attitudes are important to the delivery of quality and safe supports, workers must also be supported by adequate skills and training.

The committee considered a thorough analysis of the skills and training needs of the NDIS workforce, supported by consultation with relevant sectoral stakeholders would be an appropriate first step, to ensure any reforms to the tertiary curricula are evidence-based.

Family Business on 30 September 2021.

In the 2021-22 Budget, the Australian Government announced funding of \$149.2 million over four years to support new industry engagement arrangements for the Vocational Educational and Training system, enhancing the role of industry and improving governance. Industry clusters will be established to ensure a strong, strategic industry voice, drive collaboration across sectors, address workforce challenges, and improve the speed to market of qualifications to meet evolving industry needs.

As outlined in response to Recommendation 4, the NDIS Commission is leading the implementation of an NDIS Workforce Capability Framework. As part of the development of the Workforce Capability Framework, a review of existing skills and qualifications in the disability workforce was undertaken following consultation with key stakeholders, including people with disability and their families, service providers, workforce, technical experts, state and territory governments, and peak agencies.

A Disability Support Industry Reference Committee (IRC) was established on 29 November 2018 to enable the vocational education and training sector to better respond to the increasing demand for disability support workers, driven in particular by the rollout of the NDIS. The IRC's work includes:

- addressing the current and future competencies and skill requirements for new workers entering the sector and existing staff needing to upskill
- reviewing and updating national training package

qualifications, skill sets and units of competency needed by the disability support sector

- working with other IRCs to ensure industry needs are considered and met.

SkillsIQ, under the direction of the IRC, is undertaking a project to update the National Training Package Products for the disability support sector. The Workforce Capability Framework will be an important resource to inform this further refinement of curricula and the Commission is actively promoting its use with education providers.

As part of the Australian Government's Delivering Skills for Today and Tomorrow package, a Human Services Skills Organisation pilot has also been established to trial new ways to shape the national training system to be more responsive to the skill needs within the sector.

Recommendation 6

The committee recommends that—following the needs analysis to which Recommendation 5 refers—the Australian Government facilitate a review of current vocational education and training programs and university courses in disability care and allied health, to ensure that such

Evidence to the committee highlighted concerns around whether existing university and vocational education and training (VET) programs are sufficient to equip the workforce with the necessary skills to deliver quality supports to people with disability.

The committee heard that university allied health programs lack specific focus on disability, or focus too heavily on clinical interventions

Supported in principle

As detailed in response to recommendation 5, the Disability Support Industry Reference Committee (IRC) has been established to ensure vocational education and training provides workers within the disability and allied health workforce with the skills and knowledge required to deliver high quality and individualised care in an evolving market. The qualifications that cater to the disability and allied health assistant workforce are now undergoing a major review and update following implementation of the NDIS and in response to implementation of consumer-directed care and supports. The Disability Support IRC is collaborating with the Human

programs capture the training needs of the National Disability Insurance Scheme workforce and reflect current best practice.

without teaching more general skills related to disability support.

The committee was concerned to hear that existing VET programs may not teach the competencies needed for effective disability support, and that some view the curriculum is being poorly taught and not always reflective of best practice.

As such, the committee was of the view that there would be merit in reviewing and as necessary, updating curricula for tertiary courses relating to disability – including certificate-level programs and degree programs for allied health professions.

Services Skills Organisation, the Direct Client Care and Support IRC and the Aged Services IRC to update the Qualifications and relevant Units of Competency within the Certificate III in Individual Support, the Certificate IV in Disability and the Certificate IV in Ageing Support.

The NDIS National Workforce Plan also outlines further initiatives in relation to training, career pathways and professional development to ensure workers are well equipped to perform their roles.

Recommendation 7

The committee recommends that the National Disability Insurance Agency develop, publish and implement a peer workforce strategy, co-designed by people with disability and peak bodies.

The committee considered it vital the Workforce Plan include measures to support the employment of participants in the NDIS workforce, not only to improve employment outcomes for people with disability, but to harness the untapped potential of lived experience.

The committee heard that peer workers are able to relate and connect to participants; establish crucial

Supported in principle

The *NDIS Participant Employment Strategy 2019-2023* sets out the NDIA's vision, commitment and action plan for supporting NDIS participants to find and maintain meaningful employment. This Strategy comprises a comprehensive program of work across five key focus areas, including:

- increasing participant aspiration and employment goals in NDIS plans
- increasing participant choice and control over pathways to employment
- increasing market innovations that improve the path

relationships of trust; and identify the supports best suited to meet participants' needs.

The committee supported calls for the NDIA to develop a strategy to increase the representation of people with disability within the NDIS workforce and emphasised the strategy must:

- encourage people with disability to aspire to roles at all levels including technical, managerial, leadership and teaching and capacity building roles;
- address the needs of particular cohorts of participants, such as those with psychosocial disability who often have unique or complex needs; and
- include measures to increase local areas coordinators (LACs) and planners with lived experience.

to paid work

- improving confidence of employers to employ NDIS participants
- leading by example as an employer.

The goal of the Strategy is to enable 30 per cent of NDIS participants of working age to be in paid work by 30 June 2023.

More broadly, the Australian Government is developing a National Disability Employment Strategy (Employment Strategy), which will seek to improve meaningful employment opportunities for people with disability. Activities under the Employment Strategy could improve employment opportunities of people with disability in the NDIS workforce.

A broad range of stakeholders, including people with disability, employers, industry representatives, and community organisations have already been engaged in the development of the Employment Strategy. The Employment Strategy will be released in the second half of 2021.

A new Australian Government Employment Services Model will also help transform the delivery of employment services in Australia, benefiting job seekers, including the most disadvantaged job seekers, and employers seeking to fill vacancies with appropriately skilled workers.

Recommendation 8

The committee recommends

The committee heard evidence which highlighted the need to support and

Noted

Australia's education system is a joint responsibility between

that the National Disability Insurance Agency develop, publish and implement an education strategy for participants, co-designed by people with disability, peak bodies and training providers.

enhance education outcomes for NDIS participants.

Evidence indicated that quality education and training is crucial for participants to secure meaningful employment, and that there is a pressing need to improve interfaces between the NDIS and the education sector.

The committee noted that whilst there are measures in place to support participants entering higher education, a national strategy on tertiary education is missing.

Evidence suggested a national strategy would encourage LACs and planners to have conversations with participants about training required for particular roles and assist participants to identify educational opportunities.

The committee also noted that in addition to the need to support better education outcomes for participants, efforts to support transitions from education to employment must also be implemented.

Commonwealth and state and territory governments. The Australian Government supports a strategic approach to the education of people with disability, recognising that education supports people with disability to transition into long-term, stable employment. A priority area in the development of *Australia's Disability Strategy 2021-2031* is learning and skills and a commitment from all governments to improve education and training outcomes for people with disability throughout their lives. This includes making sure people with disability have adequate, reasonable and necessary support through all stages of learning from education to employment.

The NDIS funds supports to enable participants to attend school education, such as specialist transport, and transportable equipment. Currently, supports for personal care and school transport are delivered through an in-kind arrangement with the education department of each state and territory. Such supports are recognised in NDIS participant plans. During post-school study, the NDIS can fund supports for transport and personal care including any additional study aids that are not the responsibility of the tertiary institution. NDIS information regarding work and study is available in the NDIS Operational Guidelines:

www.ourguidelines.ndis.gov.au/supports-you-can-access-menu/social-and-communityparticipation/work-and-study-supports

In 2020 the Australian Government reviewed the *Disability Standards for Education 2005* (the Standards). The Standards help to make sure students with disability can access and

participate in education and training on the same basis as students without disability. The final report makes 13 recommendations which reflect four reform directions:

- empowering and supporting students with disability and their families
- strengthening the knowledge and capability of educators and providers
- embedding accountability for the Standards throughout the education system
- building awareness and capability in the early childhood education and care sector.

The Australian Government will work closely with state and territory governments and education authorities to implement the recommendations. Changes will be made with help and advice from people with disability and educators. This will also include Aboriginal and Torres Strait Islander people with disability and those from a culturally and diverse background.

Recommendation 9

The committee recommends that the National Disability Insurance Agency consider expanding its existing graduate program to include graduates of Vocational Education and Training (VET) programs.

Evidence before the committee indicated that the NDIA could do more to increase employment of people with disability within the agency. The committee heard evidence that one way to address this matter is to have the agency expand the reach and eligibility of its graduate program beyond students with disability holding a bachelor's

Noted

The Australian Government is committed to creating an inclusive and prosperous Australia by maximising skills and education opportunities for Australians.

Current entry level programs offered by the NDIA are open to:

- recent tertiary graduates (NDIA Graduate Program, in line with the Australian Public Service Graduate Development Program);
- people with disability who are currently studying at university (Stepping Into Internship Program);

degree or higher, to also include VET graduates.

- Aboriginal and Torres Strait Islander people wishing to complete an apprenticeship (Indigenous Apprenticeship Program); and
- Aboriginal and Torres Strait Islander people wishing to commence a career with Government (Indigenous Australian Government Development Program).

The NDIA does not currently offer a graduate program that is specific to VET graduates. Additional to the above offerings, the NDIA does consider graduate students from outside the university sector, except where the scope of the role requires a minimum education component for subject knowledge or additional body memberships (e.g. Legal, Finance, Scheme Actuary).

Recommendation 10

The committee recommends that the National Disability Insurance Agency review its recruitment and application processes, with a view to identifying and removing barriers to applications from people with disability.

Submitters and witnesses to the inquiry noted that while the NDIA had taken some steps to increase the number of people with disability employed by the agency, gaps persist in the agency's policies and processes, limiting employment opportunities.

The committee heard of current barriers including:

- Roles are advertised as full time, which is a disincentive for those with a disability that cannot work full time.

Supported

The NDIA strongly upholds its belief in the value of a workforce comprised of people from diverse backgrounds and experiences. This commitment is demonstrated by the NDIA currently having the highest percentage of employees with disability in the Australian Public Service. Latest census figures indicate 18.2 per cent of the NDIA's workforce have a disability, exceeding the NDIA's goal of 15 per cent.

Since 2016, the NDIA has maintained Disability Confident Recruiter accreditation from the Australian Network on Disability. The NDIA continues to focus on improving the experience for people with disability throughout its recruitment and retention processes.

- The Revelian Cognitive Ability Test is not accessible.
- The Recruitability Scheme is not realised until late in the recruitment application and only by chance.
- The jobs listed in the mainstream employment lists for each state are not listed in the Affirmative Measures employment list.

Recommendation 11

The committee recommends that the Commonwealth, states and territories, through the appropriate inter-governmental forum, consider the matter of allied health workforce maldistribution and implications for service access for people in regional, rural and remote Australia, and develop strategies for enabling workforce distribution, sustainability and growth.

The committee considered that thin market issues require targeted and nationally coordinated interventions by governments, and that addressing these issues should be a core focus of the national workforce plan for the NDIS.

A substantial number of submitters and witnesses noted that a key workforce issue is maldistribution of allied health professionals, favouring metropolitan and inner regional areas. The committee observed the urgent need to address this issue, to ensure participants can access supports in a timely manner, and

Supported in principle

On 9 July 2020, the Australian Government announced the creation of the Chief Allied Health Officer role. A key focus of this role includes supporting increased access to allied health services in the regions through the Stronger Regional Health Strategy and other health workforce reforms.

The NDIS National Workforce Plan also includes initiatives that support the allied health workforce, particularly in regional areas of Australia.

exercise an adequate level of choice and control.

The committee heard further concerns that the maldistribution of allied health workers makes it difficult to attract and retain staff, or to invest in training and professional development.

Evidence to the committee indicated the maldistribution of allied health professionals severely limits the quality of NDIS assessments and the availability, efficacy, and cultural safety of services.

Recommendation 12

The committee recommends that the Australian Government develop, publish and implement a national strategy for the Aboriginal and Torres Strait Islander workforce, co-designed with Aboriginal and Torres Strait Islander peoples and community leaders, Aboriginal Community Controlled

To ensure the workforce is equipped to meet the specific needs of Aboriginal and Torres Strait Islander participants, the committee considered that workforce planning must have a strong focus on local workforce growth, investment in community-led initiatives and cultural competency.

The committee heard that Aboriginal and Torres Strait Islander communities are significantly underserved by the NDIS. Evidence

Supported

The Australian Government supports this recommendation, noting there are several initiatives underway to build the Aboriginal and Torres Strait Islander care and support workforce.

The Australian Government is currently finalising a *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* (Health Workforce Plan) to strengthen and grow the Aboriginal and Torres Strait Islander health workforce across all health roles and locations, inclusive of the aged care and disability sector. The Health Workforce Plan has been co-designed with governments and the Aboriginal and Torres Strait Islander

Organisations and other key stakeholders.

indicated this is due to the acute shortage of affordable, culturally safe, and appropriate services in regional remote Australia, compounded by the lack of a targeted workforce development strategy and limited investment in capacity-building opportunities for local communities. The committee was of the view that a targeted strategy to develop the Aboriginal and Torres Strait Islander workforce for the NDIS is needed. This committee also recognised the need for access to supports on country and the paramount importance of cultural competency. The committee considered such a strategy should focus on growing the workforce from within communities, and on increasing investment in community-led initiatives such as the National Aboriginal and Torres Strait Islander Health Academy (NATIHA). The committee also noted the strategy should include measures to recruit and retain planners and LACs from Aboriginal and Torres Strait Islander communities.

community controlled health sector. The *National Workforce Plan* will be finalised for government consideration in mid-2021. The Australian Government is investing \$64.3 million in the NDIS Jobs and Market Fund, which funds targeted projects to grow the NDIS provider market and workforce in size and capacity. Of this, \$5.9 million has been allocated to the National Aboriginal Community Controlled Health Organisation (NACCHO) to strengthen disability support services within Aboriginal and Torres Strait Islander communities. Through this project, NACCHO is working with its affiliates and member Aboriginal Community Controlled Health Organisations to increase registrations to deliver services to NDIS participants. The project will help build capacity for these organisations to transition to and operate as NDIS service providers and, in turn, grow the Aboriginal and Torres Strait Islander NDIS market and workforce.

As per Recommendations 4 and 5, the NDIS Commission is implementing a national Workforce Capability Framework for the disability sector. This includes core capabilities around engagement, understanding, respect and communication with diverse communities. It also specifically includes a capability relating to working with Aboriginal and Torres Strait Islander people with disability. The NDIS Commission will continue to engage key Aboriginal and Torres Strait Islander stakeholders around these issues.

The NDIS Commission is also focused on further building its own capability in this area. Priorities include developing resource materials specifically tailored for Aboriginal and

		Torres Strait Islander peoples, tailored jurisdictional engagement programs and partnerships, and recruitment of more Aboriginal and Torres Strait Islander people to key positions across the NDIS Commission.
<p>Recommendation 13</p> <p>The committee recommends that the Australian Government develop and implement a national data strategy for the National Disability Insurance Scheme (NDIS), including a national minimum dataset on the NDIS workforce.</p>	<p>The committee was of the view that the Australian Government should develop and implement a strategy to collect, refine and publish data on the NDIS workforce in an accessible manner, including developing a national minimum dataset.</p> <p>The committee heard that there is insufficient data on the size and composition of the NDIS workforce, future workforce demand, and potential service gaps.</p> <p>Concerns were raised around the lack of ‘general’ data relating to support workers and allied health professionals (such as total numbers or geographic distribution) as well as a lack of more granular data such as the qualifications of individual workers and the needs of clients.</p> <p>Evidence to the committee suggested that data gaps should be addressed as a matter of urgency, to ensure a</p>	<p>Supported in principle</p> <p>The Australian Government is continuing to build and strengthen its data analytics capabilities, including in relation to the NDIS workforce. This includes:</p> <ul style="list-style-type: none"> • development and publication of estimates of the NDIS workforce on the NDIS Demand Map; • the National Disability Data Asset pilot phase; • development of Australia’s Disability Strategy 2021-2031, which leverages the NDIS Outcomes Framework where possible, and notes the data strategy as part of this will enable reporting of outcomes across Australia’s Disability Strategy 2021-2031; • linkage of NDIS data with existing Commonwealth data sources (and state/territory data where possible) as part of the Data Integration Partnership of Australia; and • ongoing data improvements by the NDIA in collaboration with Commonwealth and state and territory governments. <p>The NDIS Commission has developed a national regulatory data strategy and enhanced its data analytics capability. This includes data sharing arrangements with the NDIA.</p>

complete understanding of current workforce issues and projected demand, and to develop an evidence base from which to develop appropriate solutions. The committee considered that as an appropriate first step, the Government should consult with key stakeholders in the sector to determine what kind of data is required.

From 1 February 2021, states and territories commenced implementation of new NDIS worker screening arrangements as part of a national approach to worker screening. The NDIS Commission is responsible for establishing, operating and maintaining the NDIS Worker Screening Database. This will provide a further source of national data.

Recommendation 14

The committee recommends that the Australian Government develop and implement a strategy to market the disability sector as an employer of choice.

The committee heard that in addition to addressing barriers to attracting and retaining appropriately skilled and qualified workers, targeted efforts must be made to market the care and support sector as an employer of choice.

A substantial amount of evidence to the committee called for public communication campaigns to highlight the value of disability support work. The committee considered there would be merit in developing a strategy to market the NDIS to prospective workers, and noted that marketing efforts should include specific measures to encourage people with disability,

Supported

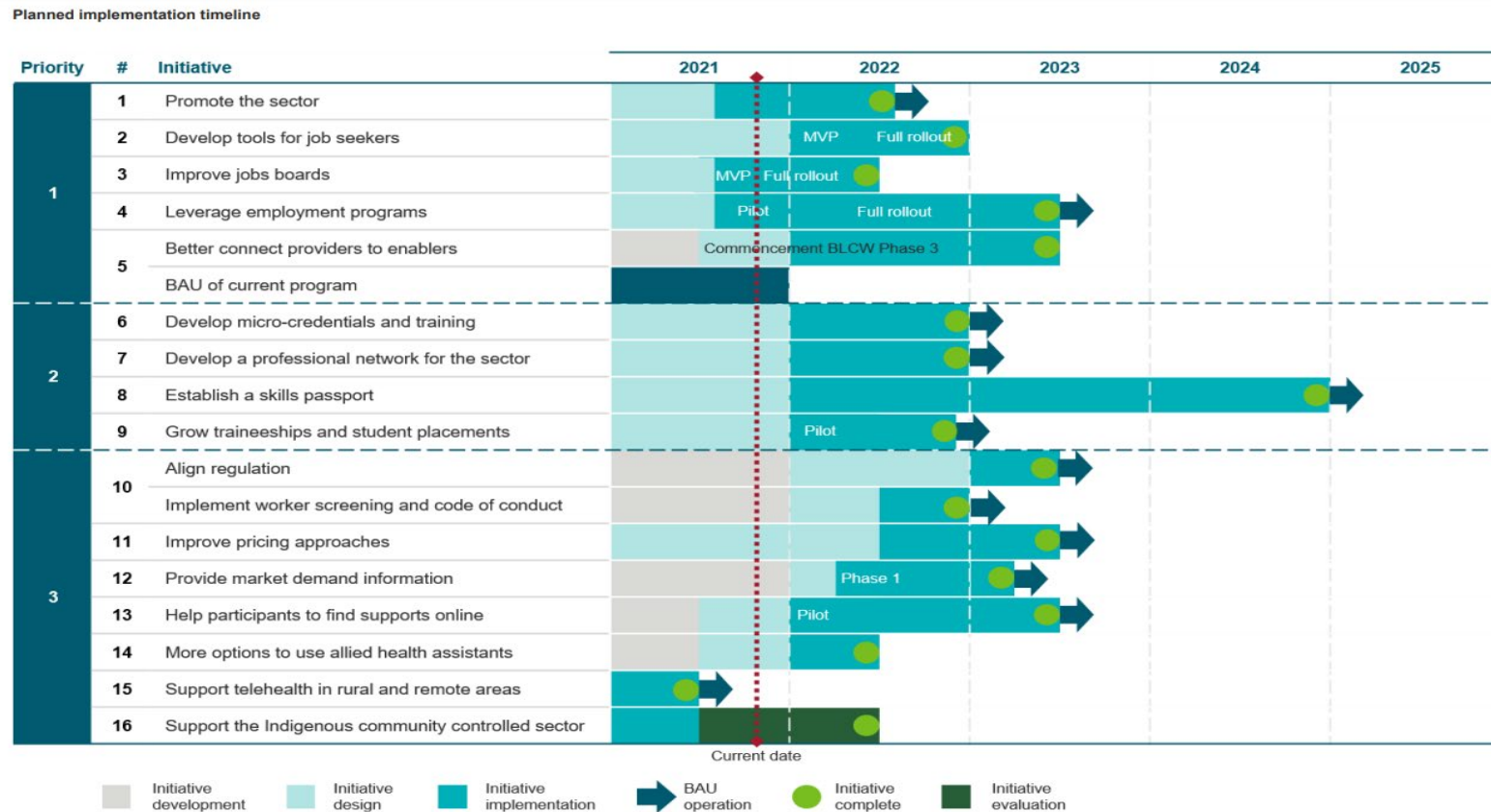
The Australian Government is committed to continuing to raise awareness about the opportunities and benefits of working in the care and support sector. The NDIS National Workforce Plan details initiatives that support awareness raising and work with the NDIS providers to become employers of choice, including through the Jobs and Market Fund communications campaign.

Aboriginal and Torres Strait Islander peoples and people from CALD backgrounds to consider a career with the NDIS.

Appendix 4

Workforce Plan Implementation Timeline, October 2021

Figure 4.1 NDIS National Workforce Plan 2021-2025, Planned Implementation Timeline as at October 2021.



NDIS National Workforce Plan – quarterly update – October 2021

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Source: DSS, NDIS National Workforce Plan: 2021- 2025 – Quarterly Update, October 2021, p. 1.

