Precarity and Job Instability on the Frontlines of NDIS Support Work

By Professor Donna Baines
Dr. Fiona Macdonald
Dr. Jim Stanford
Jessie Moore

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About the Authors

Prof. Donna Baines is Director of Social Work at the University of British Columbia, and former Chair of Social Work at the University of Sydney. Dr. Fiona Macdonald is Vice-Chancellor's Senior Research Fellow in the School of Management at RMIT University. Dr. Jim Stanford is Economist and Director of the Centre for Future Work at the Australia Institute, based in Sydney. Jessie Moore completed her BSW Honours at University of Sydney and worked as a Research Assistant on this project.

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Summary

With the goal of providing choice and upholding the human rights of people with disability, the National Disability Insurance Scheme (NDIS) constitutes a historic change to the provision of disability services in Australia. The system was initially trialed in four regions, beginning in 2013. Since 2016 the system has been rolling out across the country, and is presently about two-thirds of the way toward its expected ultimate enrolment.[1] In addition to fundamentally altering how people with disability interact with the care system, the NDIS is also producing enormous changes in the nature of work and employment in this important and rapidly-growing sector of the economy.

There is tremendous opportunity for disability service workers associated with the new system, which will allocate tens of billions of dollars of additional public funding for disability care work, and lead to the creation of an estimate 70,000 new full-time equivalent positions in the field over the first years of its operation.[2] But there are also tremendous risks facing workers in the profession, as the delivery of services shifts from a traditional block-funded agency-based model to an individualised, market-based system. Disability service workers are facing a whole new set of pressures arising from the NDIS's market-driven approach, including:

- Instability in work and income, associated with fluctuations in demand for work from individual participants.
- Unpaid work associated with traveling to and from clients, performing various overhead and administrative tasks, etc.
- Inadequacies in the NDIS's "unit price" model of establishing cost parameters for particular care functions or services.
- An absence of institutional support for training, supervision, mentoring, and professional development (since agencies have few resources under the NDIS pricing system to provide these broader functions).

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[1] Cluff (2019). At present the system is intended to cover Australians under 65 with a range of specified physical, intellectual, and other disabilities. Once fully rolled-out, an estimated 475,000 Australians with disabilities will be covered.

[2] Productivity Commission (2017), p. 323.

- High levels of staff turnover, made worse by the lack of training and support given to the new workers recruited to meet the rapid expansion in service delivery as the NDIS is rolled out.[3]

In the extreme, many disability support workers end up working under especially precarious, "gig"-type arrangements: waiting to be instructed (often via digital platforms or smart phone) to attend the next client, with no continuity or stability in work, and no capacity to fully develop their professional capacities. A disability services program that organises support in the same manner as digital platforms organise fast food delivery or taxi services, is not likely to achieve the high standards of respectful, individualised support that the NDIS's architects hoped for. And it will also be a very challenging place to earn a living.

To gather direct evidence regarding the impact of the present NDIS delivery model on working conditions, job stability, skills acquisition, and quality of care, this report analyses 19 personal interviews conducted with NDIS-funded disability support workers (DSWs) and case managers, regarding their experience under the new system. The interviews were conducted with workers in NSW, most of whom work in the Hunter region – one of the four sites for the initial NDIS trials. Hence the interview subjects have a relatively long period of experience with the new system – which can hopefully inform (and caution) participants in the program in other parts of Australia.

The qualitative interviews with front-line staff identified several major challenges and problems associated with disability support work under the NDIS, that should be considered carefully by policy-makers and agencies. The most important and concerning insights gleaned from the interviews include the following:

1. The new system is not providing sufficient support for participants with intellectual and other cognitive disabilities, including in designing and managing individual programs of care;

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[3] Other research which has also documented the challenges facing workers under the NDIS include Baines and Macdonald (2019), Baines, Kent and Kent (2019), Macdonald and Charlesworth (2016), Cortis et al. (2017), Macdonald et al. (2018), and Ryan and Stanford (2018). NDS (2018, p.14) reports an average turnover rate in the disability workforce of close to 5% per quarter for permanent staff, and nearly twice that high for casual staff; therefore, about one in four disability service workers leave their jobs in any given year (for a "churn" rate about three times higher than in the overall workforce; ABS Catalogue 6226.0).

2.   DSWs are experiencing increased instability and precarity in their jobs, elevated levels of mental and physical stress, and irregular hours and incomes;

3.   New workers joining the disability services sector are often less skilled, less trained, less experienced, and sometimes reluctant;

4.   DSWs experience particular challenges working in the private realm of NDIS clients' homes;

5.   The informal and inconsistent provision of transportation and other necessary functions to NDIS clients results in a significant shift of costs and risks to workers;

6.   DSWs are experiencing increased levels of violence in their work;

7.   Relationships with managers have changed dramatically under the new system, undermining effective supervision, coaching, and training; and

8.   Worker turnover, given the insecurity of work and income and the challenging conditions of work, is extreme.

The report concludes that the insecurity of the workforce and the ongoing churn of workers will greatly undermine the development of the labour force which is essential to make the most of this historic innovation in social policy. Other expert reviews have already indicated that the effective roll-out of the NDIS is being negatively affected by inadequacies in recruiting and retaining a suitably qualified, motivated, and compensated workforce.[4] Our interviews provide corroborating case-study evidence for this concern from the front lines of disability service delivery. They show that the potential of the NDIS to enhance the lives of people with disability, and to establish a high-quality and flexible service industry, could be squandered without urgent attention to the quality and stability of work. The problem has many sources: including the market-based method of service provision established under the NDIS, inadequacies in funding and compensation, the lack of a systematic strategy and resources for training and upgrading, and inadequate support for participants with intellectual disabilities to successfully formulate and manage their own plans.

It is impossible to envision the delivery of high-quality, respectful, and responsive disability services, if the people employed to deliver those services are treated merely as disposable productive "inputs." And the promise of dignity and individual program design that was so central to the rationale for the NDIS will be betrayed, without urgent and systematic investments in the quality, skills, and stability of disability services work. To that end, the report concludes with several broad policy

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[4] See, for example, Productivity Commission (2017), Joint Committee (2018), and Ryan and Stanford (2018).

recommendations aimed at ensuring that disability services work can become the respected, valued, and productive vocation that so many of its workers dream of.

Introduction

The Australian NDIS will eventually provide services to an estimated 475,000 participants, at an estimated cost of $22 billion Australia per year (Productivity Commission, 2017). Claiming to respect the human rights of people with disability, and to provide expanded choice and improved quality in service delivery, individualised models of funding disability services have been implemented in several neoliberal welfare states. For example, this approach has been utilised for some years in the UK, Canada and some other industrialised countries; with the introduction of the NDIS, it is now being introduced in Australia (Lymberry, 2014; Reddihough et al., 2016; Thill, 2015).[5] In theory, individualised funding is supposed to spark the development of an array of disability services providers, all competing to attract clients[6] in an open, competitive market (Cunningham and James, 2009). Like any other market (again, in theory), this competitive pressure will purportedly ensure highest-quality, customized service delivery, while restraining costs.

However, even in its initial years of roll out, the NDIS quickly encountered delays and operational problems, sparking far-reaching critiques from many stakeholders – including participants, workers, and long-standing disability service agencies. The Productivity Commission (2017) has concluded that the initial timetable for participant intake cannot be met; it noted in particular that the disability sector workforce is growing much too slowly to meet demand (p. 211). A study by Warr *et al*. (2017) found numerous workforce problems including "staff shortages, high turnover of staff and staff working as planners with limited experience of working in the disability sector" (p. 9). Other recent research and surveys of employers and employees in the disability services sector have documented similar problems, including:

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[5] Of course, the individualised, market-based model of service delivery has been tried in several other areas of Australian public services, including employment services, vocational education, and child care – typically with disastrous results. For critiques of these other experiments with marketised human service delivery, see Australian Council of Social Service (2018), Hill and Wade (2018), and Toner (2018).

[6] Many terms are used for people using disability services including: service users; consumers; community members; people; participants; and clients. For clarity, and because it designates the capacity to hire and terminate services, the term "client" is used in this report, though we acknowledge the lack of consensus regarding appropriate and respectful terminology. Similarly, we acknowledge there is also a variety of terminology used in referring to the service provided to people with disabilities (including "support", "care" and "service").

- The costs of minimum entitlements for workers (including basic wages and conditions as specified under the relevant Modern Awards) cannot be adequately covered under the current NDIS pricing schedule (Cortis *et al.*, 2017; McFadden, 2017; Worthington, 2016);
- Jobs in the sector are marked by very high levels of part-time work, irregular hours, casualisation, and independent contracting (United Voice, 2017; Ryan and Stanford, 2018; Australian Services Union, 2019);
- There is inadequate funding for agencies to pay for necessary supervision and training (Cortis, 2017; Ryan and Stanford, 2018);
- Workers have inadequate time to perform tasks that are necessary to high-quality support, and this negatively affects the quality of care provided to participants (Cortis *et al.* 2017; National Disability Services 2017).

The Warr *et al.* (2017) study found that service users also expressed serious concerns with their experience with the scheme, feeling that their views (and those of their families and carers) were often overlooked in the rush to approve individual plans and enrol participants – all within strict financial constraints (p. 8). As Howard *et al.* (2017) note, the NDIS early roll out created a situation where a human rights empowerment strategy for people with disabilities was immediately confronted with the realities of fiscal austerity and a competitive market; this placed service users, workers and communities in jeopardy, and clearly undermined the original, laudable goals of the program.

The Social, Community, Home Care and Disability Services Industry (SCHADS) Modern Award (2018) sets out minimum "safety-net" pay and conditions for the disability support workforce. Over and above these minimum conditions, unions in some workplaces have been able over the years to gain further benefits for workers through enterprise-level collective agreements. However, like the Australian non-profit sector as a whole, the disability services sector has suffered from chronic under-funding by governments for contracted services for many years – long before the NDIS was ever contemplated (Productivity Commission 2010, p. 280-281). This made collective bargaining for improved wages and conditions difficult in most workplaces.[7] While the community sector as a whole has been undergoing rapid restructuring and

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[7] In some cases, especially in government-run facilities and large and better-funded agencies, unions were able to negotiate significant improvements in pay and conditions for DSWs, above the Awards. Those workplaces, however, constituted the exception to a general pattern of low-wage, precarious work – and those historic gains are now in jeopardy as much of that work is transferred to smaller or non-profit agencies as a result of the cost-sharing arrangements of the NDIS.

casualisation of the workforce in recent years (Meagher and Goodwin, 2015), the changes to the disability services sector under the NDIS are especially far-reaching and disruptive.

The fiscal basis for service provision is being changed from block-funding and grants, to a model based on attracting and retaining enough individual participants as customers to cover both direct costs of purchased services and the infrastructure and overhead of the overall operation. With the elimination of stable, core funding, even long-standing agencies have been pressured to restructure employment relations, reduce training and supervision functions, and allocate enormous resources to marketing services and attracting "paying customers" – a costly and peripheral function which was not even necessary under the former funding model. This sea change in financing structure is driving further casualisation, outsourcing, and individualisation in employment relationships for service workers, and demonstrably undermining wages and employment conditions (Cortis *et al*, 2017; Macdonald *et al*, 2018; NDS, 2017; Productivity Commission, 2017).

The Australian government has assumed three contradictory and conflicting regulatory roles as the NDIS has been rolled out, and this mission confusion has exacerbated the deterioration in employment stability and working conditions. The government is charged with the responsibility to defend the human rights safety of people with disability; to establish a framework and rules for the defence or maintenance of minimum labour standards (through the SCHADS award and, in some cases, through enterprise bargaining); and to implement the market-based delivery process for the whole scheme. These goals and responsibilities are clearly contradictory; in practice, the latter goal has largely subsumed and overwhelmed the first two (see also Macdonald and Charlesworth, 2016).

Methodology

To further investigate the challenges posed to the quality of work by the market-based delivery model of the NDIS, researchers from RMIT University, the University of Sydney and the Centre for Future Work undertook and analysed 19 semi-structured, qualitative interviews in 2018 with frontline disability support workers, including service coordinators and Local Area Coordinators. All research participants worked with people with intellectual or other cognitive disabilities or psycho-social disabilities, and many worked with clients with complex needs.

The overwhelming majority of the interviewees had more than 5 years of experience in the profession (one had 25 years' experience). Two of the interviewees were relatively new to the sector, with less than 2 years of experience.[8]

The interviewees were employed in various locations in New South Wales. All of them were performing work that was compensated through the new NDIS system.

Drawing on an interview guide, research participants were asked broad questions about their experience of working in the NDIS, as well as any relevant past experience working in this sector. The interviews ranged in length from 15 minutes to 1.25 hours. They were audio recorded, transcribed and analysed for similarities and differences, until patterns could be discerned and themes confirmed (Glesne, 2015; Kirby *et al.*, 2006). Field notes were also taken at the time of the interviews, and folded into data analysis.

Requisite ethics approval for the research was received from each of the institutions involved.

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[8] Some details have been changed to protect confidentiality.

Major Findings of the Interviews

The following themes emerged most strongly from the qualitative data collected through the interviews:

1) At present, the NDIS system does not provide adequate support for people with intellectual and other cognitive disabilities, including support to allow the successful design and implementation of individual service plans.

2) DSWs are experiencing increased precarity, stress and irregular hours in their work. Two key factors contributing to that problem include:
   a. Casualisation of work arrangements.
   b. Poor communication with managers and clients.

3) New entrants to the DSW workforce, recruited to help meet the rapid growth in demand associated with the NDIS roll-out, are inadequately skilled and trained, with very little experience working with people with disabilities. Sometimes these workers are reluctant recruits to the industry – seeing it as fall-back career path when other work opportunities did not eventuate. Two key dimensions of this set of problems include:
   a. The consequences of reliance on an underdeveloped, undervalued labour force.
   b. The influx of low skill, young workforce implies more challenging work for more experienced workers, as well as greater vulnerability for new staff.

4) DSWs experience several specific risks and problems from performing their work in the private realm of clients' homes.

5) Time and expense related to transportation (to clients' homes and other locations of work) shift a significant burden of costs to workers, that is uncompensated in many cases. There are other costs that are also shifted to workers, not recognised in the NDIS unit price model and in normal wages.

6) Several workers report increased risk of violence in the context of individualised care, working in clients' homes, and working without adequate training, supervision and support.

7) Workers reported sub-optimal, often counterproductive relationships with their managers – who were also grappling with severe challenges and constraints as their own jobs evolved in the wake of the new funding and operational systems.

8) High rates of worker turnover in the sector undermine any efforts to address these problems through training, mentoring, and experience.

We explore each of these themes in further detail below, drawing on exemplar quotes from the original data to illustrate and confirm the findings.

1. SYSTEM PROVIDES INADEQUIATE PLANNING SUPPORTS FOR PEOPLE WITH INTELLECTUAL AND OTHER COGNITIVE DISABILITIES

The research participants expressed strong support for the goals of the NDIS. The goals of empowerment, choice, and respect for the human rights and dignity of people with disabilities were broadly shared and endorsed. However, the majority of workers also reported that the NDIS "does not feel like it is designed for people with intellectual disabilities" (as distinct from physical and other medical disabilities). People with intellectual and cognitive disabilities had great difficulty negotiating the complex and bureaucratic processes and hurdles involved in designing and implementing individual support plans (Collings *et al*. 2016); they also were less capable of advocating for themselves in that process than other people with disabilities. The system therefore left many people with intellectual and cognitive disabilities with under-funded plans (particularly for transportation and activities), no one to advocate for them, fewer access to needed resources and supports (especially for people with complex issues), less effective choice (in contrast to the promised emphasis in this system on individual choices), and more instability and uncertainty in support schedules and providers.

This quote echoed the concerns of many of our research participants:

> "The NDIS is not designed for people with intellectual disabilities. There's a lot greater need for case management than people with … physical disabilities. [People with physical disabilities] do okay in the NDIS; have the intellectual capacity to advocate for themselves and navigate the system."

Another worker added:

> "Our guys have an intellectual disability, [so] they don't have a voice. They're the ones who're losing out...These guys we support are the ones that are getting the money taken off them because they can't speak up. It's like a tier system with people with disabilities, and people with intellectual disabilities are on the bottom tier."

Referring to the NDIS administration:

> "They truly don't seem to be aware of people with intellectual disabilities."

This marginalisation of some people with disabilities was confirmed by other repeated findings in the data, particularly regarding the casualisation and instability of the workforce – and the resulting consequences in limiting and reducing choice for clients.

2. DSWS ARE EXPERIENCING INCREASED PRECARITY, STRESS AND IRREGULAR HOURS

a)   Casualisation of work arrangements.

All research participants reported that disabilities services employment has become increasingly precarious. In many cases, *all* the front-line staff in the interviewee's agency were casual; no one was permanent except management. The contrast with the workforce prior to the NDIS was striking. As one long-term worker in disability services noted:

> "Every single person working at my agency is casual and that's the nature of the beast nowadays. There's 53 casual workers at my new agency, no permanent. In my old agency, almost everyone was permanent."

This often exclusive reliance on casual employment allows agencies to save costs for paid sick leave and holiday; they can also dismiss or reallocate staff more easily, whether to meet fluctuations in client demand or to discipline employees. In essence, a casualised employment system devolves the risks of fluctuations in demand to employees, by making it possible for employers to continuously schedule and

reschedule work around the varying demands arising from the individualised service provision system. Moreover, since there are fewer group activities, and shorter units of service provision (often as short as an hour with a particular client), the individualised service model imposed a higher degree of variability in the timing of services.

Another long-time worker questioned her agency's explanation for why they continue to hire casual staff:

> "They don't want full time workers. What they say is we need to have flexibility because we don't know, clients could come and go now with their choice. But they don't go. They don't go anywhere, once they are with us."

Of great concern to the research participants, casualisation was seen to have serious consequences for consistency of support, and for increased violence and workplace injury (as discussed further in section 6 below). For clients with intellectual and cognitive disabilities, it is well-known that frequent turnover and disruptions in staffing and support routines enhances the risks of emotional turmoil and conflict. As one worker noted:

> "We all know that 'routine is king' in the disability world and swapping up or changing up staff constantly can create challenges for both clients and staff… In the past three weeks, I've seen this lead to damage to property from clients and self-harm. Makes the work harder for everyone. Makes it stressful and depressing. Where is service user choice in all this? It's nowhere. We are all in the same boat: the work is harder and the clients' needs aren't being met!"

Some workers told us that prior to the NDIS, their employers tried to ensure that each worker was assigned a mixed caseload of people: including those with challenging behaviours, and those without. This allowed for more sociability for clients, and variable intensity of demands for workers – as opposed to burdening workers with the constant high intensity of working exclusively with people with complex needs. While long-time staff in the sector generally have the skills and experience to work with people with complex needs, it can be exhausting and stressful. An additional layer of complexity is that many of the new staff have no experience or training to work with

complex behaviours. Research participants expressed concerned that this means that "people with complex needs often struggle finding workers because people decline to work with them." In this clear and unintended manner, choice is being *reduced* for clients as a result of a fragmented, unplanned delivery system – rather than being expanded.

As one interviewee poignantly put it:

> "Most of the negative stuff that has happened is because they've said, 'We don't get the money that we used to get. We're not getting money for this.' I've often said, 'The NDIS has come in, we've got more choice to do less.'"

Casualisation also implies unpredictable schedules and incomes for workers, which adds to their stress experienced on the job and at home. As one long-time worker noted:

> "It is impossible to plan and impossible to feel you know what's facing you the next day, let alone the next week. It makes me feel not valued and my self-esteem is plummeting. My family suddenly has questionable financial security, if any. I am venting a lot more at home and that leads to marital disharmony as my wife tries to cope with me."

Similarly, another worker noted:

> "My stress and fatigue are both way up. I've been living on the phone for shifts, some of which I get less than two hours' notice for."

Because of the shift to a unit pricing fiscal system, disability service agencies now face constant instability in their revenue flows. If individual clients change or cancel their requests for service, the agencies' revenue flows will also change. Agencies try to grapple with the financial effects of this instability by passing the risks of fluctuating demand onto their workers. Staff planning and rostering has therefore become less stable, more haphazard, and more subject to sudden changes. This instability in revenue is a direct consequence of the NDIS's unit-based funding model. But if employers are allowed to transfer the instability solely onto workers – whose ability to earn a livelihood now depends

on fluctuations in client demands that are clearly beyond their control – then the challenges facing the sector in recruiting and retaining high-quality staff will become all the more daunting.

b) Poor communication with management and clients.

Many research participants expressed concern that there were very few, if any, systems for ensuring that staff had access to client files and other necessary information before they started to work with them. The information in these files is critical to ensuring continuity of care, good programming, and safety for clients, the community and the workers. However, the only way most workers have access to this information was to use their personal, unpaid time to travel to head office to review files before assignments to meet with clients.

One long term worker noted:

> "The only way I get information on the clients is if I go into the head office on my own time and read the files. There is no paid time for it. The NDIS only pays for face-to-face time, no prep time. With short notice and new clients I usually can't manage to get to the office before my shift."

Other research participants added that files were often incomplete, missing or lost, making the unpaid trip to headquarters futile and even more frustrating. Unreliable communication between workers, managers, and clients also exacerbated the instability in scheduling. Workers did not always know about changes or cancellations in their work assignments, resulting in additional insecurity and wasted time. The individualisation of work assignments and poor communication between clients, managers and DSWs created many challenges in responding to unexpected events, delays or problems.

One long-time worker phrased the issue as follows:

> "If they get caught out shopping or there's a car accident and they're held up and things like that it puts pressure on that worker if he's gotta go to another client so it's important that there's good communication. But then it often puts pressure on the next person they're supposed to

go to and they get really crabby because it's getting to that where you're supposed to be with me, I needed you that time and you weren't there."

3. NEW DSW RECRUITS ARE LESS SKILLED, LESS TRAINED, INEXPERIENCED AND SOMETIMES RELUCTANT

a)   Underdeveloped, under-valued labour force.

The Productivity Commission (2017) notes that the NDIS labour force is under-developed and not growing fast enough to meet demand. This means that many agencies seem prepared to recruit almost anyone, including people with few skills and possibly little interest in the sector beyond having a job. Interviewees all expressed serious concern about this situation, as well as the lack of resources devoted to training:

> "You get casual people coming through being support workers that have got no idea, no training, there's not much training available."

Experienced, skilled workers expressed alarm at the general reduction in skill and experience among their colleagues:

> "It makes you feel very devalued in your work. It really feels like they're dumbing down our role, I guess."

Another senior worker expressed concern regarding the inadequacy of qualifications for new staff:

> "At the moment, our HR manager, she advertises for Cert 3 but everyone I've spoken to, none of them have got Cert 3. They're all literally, one was working at KFC last Friday night and yet he's out with complex kind of behaviours."

Another way this devaluing occurs is in recruitment. In the past, staff were often drawn to the sector because of their commitment to the service user population, and/or a sense of social justice ethics. Some experienced staff believe some new recruits to the sector are coerced through the threat of loss of Newstart Allowance if they do not apply for and accept the jobs – even though they may have little interest in working with people with disabilities and few relevant skills. This does not make for quality care or a positive work environment.

As one long term worker observed:

> "A lot of them have had no choice but then to take up positions because they've been on the dole and they're not interested or trained. They don't pay attention to clients, they're not giving them the quality of service; they spend more time on their phones than talking to the clients."

b) Low-skill, young recruits create more challenges for experienced workers, and greater vulnerability for new staff.

The new workforce in NDIS-funded services provision was described as "very, very green", young, low skill and inexperienced. This resulted in even greater workload and work intensity for experienced staff, who were required to support and compensate for the limited capacities of newer workers.

Noting this dynamic, one long time worker observed:

> "Because I have more experience than most of the staff, I get all the hard guys. They are all one-on-ones (one staff to one client) because they need that much support. They have complex needs and the work is always hard work. No down time or variety."

This makes the work more draining and adds to workplace stress. Another long-time worker commented:

> "I remember when I first started in the field as a support worker and we used to get a lot of students from universities and that, and you can tell

the difference – the quality was there, their attention to the clients were there but under the NDIS it's just…nah. They're just basically hiring anyone because we need the workers."

As will be discussed below, this leads to more stressed and dangerous conditions for all workers: both new recruits and veterans. This seems to undermine the goals of human rights and self-determination which are meant to be core to the NDIS. The story below is typical of the sector at this point, and highlights how inexperienced workers are put in positions where they do not have the skills to handle complex situations and hence, unintentionally, increase the likelihood of workplace stress and conflict:

"I heard a new staff talking to one of our guys, right up in his face. I hear, 'Go away, get away, fuck off,' from the client, over and over. And, I'm thinking, there's red flags all over the place, back away, give him some space. But, he didn't so he [the client] kicked holes in his bedroom door. In a way, that was okay cos it's not self-harm or hurting us. But it's still not good because he's under stress and really unhappy, and we are wondering what's next."

Lacking appropriate training and supervision, new staff have few opportunities to improve their skills. This can lead to a culture of bravado, rather than a culture of support. One long-time worker related the following example:

"I heard one young staff boast about her injuries, like a badge of honour. Her exact words were, 'He didn't break my nose like so and so, he only gave me two black eyes.' This is what gets discussed, instead of 'Shit, what went wrong? Did I do something wrong? What did I misunderstand? What can we do better next time? What can we learn? How can we keep everyone safer?'"

As another long-time worker noted, "These situations could be avoided with a bit of training and supervision".

Lack of knowledge and experience among new, untrained staff can create safety issues for both workers and clients alike. As one interviewee reported:

"We've had near misses. We've had wandering out on the road. In my own experience, I like parents, I like people that have had children not only because there's the parental aspect to your care, you're thinking of other things that young kids aren't. Eighteen and nineteen year olds, they're not thinking of which side of car to load particular participants in and out of; they're not thinking of where they're parking for a particular client in a busy strip or a quiet place. Just different things like that. I know they seem trivial but they lead to accidents, they lead to mistakes."

Many workers highlighted that the NDIS does not provide adequate funds within the unit price structure for regular training of staff. Hence, in most agencies, training opportunities for newly hired staff range from minimal to non-existent:

"Very little. We get our first aid. It's up to us to go and find a Cert 3 or whatever like that."

In almost all cases, workers had to pay for their own work-specific training and all upgrading. This lack of support for training and upskilling was very frustrating for workers encountering new clients with complex behaviours, and wanting to further develop appropriate skills. This problem was seen as all the more acute in light of the sector's new, inexperienced labour force.

4. CHALLENGES OF WORKING IN THE PRIVATE REALM OF CLIENTS' HOMES

Working one-on-one with families in their own homes poses many serious challenges for workers (Flanagan, 2019). Many DSWs had worked primarily in community programs with groups. Now, many workers are assigned to work in clients' own homes. In a community centre context, basic rules of drop-off times, pick-up times, appropriate behaviour, etc. were regularly understood and followed by clients, family and staff.

In the new situation of in-home work, in contrast, some families have unrealistic expectations of what can be done in a day and what the clients are capable of. There is a lack of clarity regarding rules or guidelines they must be followed. The work occurs in an individualised setting, with no colleagues or supervisors who a DSW can call on for

support or direction. There is little workers can do in an immediate situation if people are acting inappropriately in their own homes.

As one research participant told us:

> "Families don't always acknowledge when a shift is finished and don't let the staff person leave. Or don't come home on time to take over… In some cases, clients are very afraid to be left alone or too unstable to be left alone and so we can't leave until a family member finally shows up."

5. TRANSPORTATION: SHIFTING THE COSTS

Problems with transportation arrangements for NDIS clients figure prominently in the experiences related by our interviewees. These problems can be broadly classified into two main areas. The first is that clients are not provided with sufficient funds to cover transportation needs associated with activities they may be used to doing, or that they would like to start. Prior to the NDIS, transportation costs were often covered by community agencies, typically pooled across a number of clients – making travel and activities both safer and more cost effective. Under the NDIS, in contrast, each client has their own budget for travel; for many clients, especially those in regional areas, that budget runs out quickly. Moreover, by requiring clients to "trade off" service choices in order to stay within a fixed budget, the NDIS system encourages clients to downgrade the importance of good transportation services – or, perhaps even worse, to dip into funds allocated for clinical or core supports in order to subsidise transport costs. This pattern is very concerning to both clients and DSWs, since choice of activity is meant to be a cornerstone of the NDIS. True choice requires a fiscal regime which recognises the importance of transportation for people with disabilities – allowing them to get out of their homes, engage in community activities, and access specialised services. At present the system is clearly not providing adequate resources to meet that need.

Many of our interviewees reported that their clients often forego activities because of inadequate transportation funding – and this in turn results in more intense demands imposed on staff to meet clients' needs with less access to outside activities or resources. In one agency, most clients were allotted funding for 100 kilometres of transportation per week. As one worker put it:

"If we stuck rigidly to the hundred kilometres a week, they wouldn't go anywhere hardly. From where we live in …, you can't go anywhere for under 30 or 40 kilometres a trip return. That's just the most basic community access. It gets gobbled up very quickly."

These clients are not living in remote areas where distances would be even longer. However, under the NDIS, even they have had to curtail their outings. As one worker noted regretfully, "It's very tight already and they simply can't go out every day."

Kilometre limits are often exceeded for appointments that staff are required to take clients to, and there is no compensation for those extra unfunded distances when workers are expected to use their own cars. According to one worker:

"Some family members also expect to be taken where they want to go, like we are the care providers for the whole family."

The perverse trade-off between transportation costs and other budget items in each client's personal plan can lead to clients sacrificing core services and supports just in order to finance desired or necessary transportation:

"A lot of participants have been taking their travel money out of their core support so that then means that families aren't really getting the correct respite hours or the participant's not getting the correct one-on-one supports."

The second major problem with transportation arrangements under the new system is that a large proportion of DSWs are now being required to use their private vehicles to visit clients' homes (or other locations of work), and in many cases even to transport their clients. In many of these instances no compensation is provided for this transportation functions: neither for the cash outlays associated with providing this private transportation (including petrol, maintenance, insurance and registration, and vehicle amortisation), nor for the workers' time spent traveling to meet their clients. Several interviewees reporting that their vehicles sustained serious soiling or damage in work-related use; some also reported no longer feel safe using their own vehicles to transport clients:

"I've had a situation…, one of the guys shoved a CD in my CD player and it was scratched and he did it a few times and ended up jamming the mechanism and it cost me about 400 bucks and they wouldn't reimburse me cos I couldn't specifically prove that that had happened. That's the thing you're faced with there."

"I had my car soiled a few times, some guy wanked on it, some guy tried to wank in it... So that's the reality there that with the contract."

We received numerous and consistent reports about employers pressuring DSWs to use their own vehicles for work-related transportation functions. In many cases it was reported this requirement is now built into initial employment contracts. There is widespread confusion about workers' responsibility for providing a vehicle, and for their responsibilities regarding ancillary requirements such as insurance:

"We got dragged into a special meeting. It wasn't a reprimand, it was a compliance meeting to remind us that contractually, we're obligated, we signed that the use of our vehicles was, in fact, mandatory; that we couldn't cherry pick our clients; there was another issue, none of which related to me at all but I can see how they're gonna use that in the future. Originally, I said, 'I don't comprehensively insure my car because it's just a piece of garbage. It's a little $600.00 run around and it wasn't worth the comprehensive insurance,' so I've never included my vehicle in the fleet but then they said, 'No, you don't have to be comprehensively insured, we cover that.' I thought, that's the first I've ever heard of it and it's written in our contract that it says that our vehicles need to be comprehensively insured."

"Work now are looking to cut back anywhere they can to squeeze a profit or a dollar to actually run. As far as we're now limited to use of vehicles; there's no choice now. If we don't like it, we leave. If you don't wanna use your own car, get another job."

"If you don't use our own vehicle, you won't be working. They're not playing ball, they're not being nice about it, they're not even hiding it anymore. They've said, 'This is in your job description.' It's not in the

job description. It says, you may have to use your own vehicle. Now they're saying, 'No, you have to.'"

"Now we're expected to provide our own phones, our own cars, our own resources, our own supervision and pretty much pay if there's things that participants that we're working with would like to go to, we're expected to pay, too, ourselves."

Some workers reported that their employers reimbursed their vehicle expenses at various rates per kilometre; some reported that NDIS clients were actually charged a higher rate for those worker-provided travel services than the workers were reimbursed (with the margin retained by the agency, perhaps to cover administrative costs related to the transportation services, or to help defray general overhead costs). But some workers indicated that they were not reimbursed at all for the use of their own vehicles for work-related transportation:

"Previously I had a company car, got paid an hour each way for transit, being Saturday that was time and a half so there was three hours' pay. When NDIS came in there was no longer the ability to use a company vehicle hence there was no payment for travel so I was doing 126ks in my vehicle for no compensation plus losing that three hours pay."

Reimbursement for the workers' time spent driving clients, or driving between different clients, was also reported to be inconsistent.

Some workers indicated that their employers told them to claim parking and client transportation costs as an employment expense on their tax returns, rather than being reimbursed directly by the company. Of course, claiming transportation costs as a deduction (even where it is legally allowed and adequately documented) does not fully recompense DSWs for those out-of-pocket costs.[9] As one research participant expressed:

"Transportation used to be covered by the agency and it still should be. It is both the workers and the service users who are hurt by this new transportation policy, which is just not right."

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[9] Deducting transportation costs through the income tax return will result in partial reimbursement at the rate at which the worker pays marginal tax; since DSWs are generally low-paid and part-time, that rate is low (and in some cases even zero).

The expectation that workers spend their own time transporting themselves and clients in the course of work that may inevitably involve multiple trips to multiple locations in a single day,[10] and moreover that they provide their own means for this transportation, without compensation, is an extraordinary and unusual imposition on these workers. This practice would not be tolerated in most other sectors of the economy; it occurs in the case of disability services only because of the relatively powerless position of both the clients and the workers, and the fragmented, inadequately-funded nature of the program.

The requirement that DSWs transport their clients in their personal vehicles also raises significant safety concerns, related to the quality of the vehicle, inconsistent installation of necessary safety equipment (such as fire extinguishers and first aid kits), and the difficulty of driving a vehicle while simultaneously supervising a client with intellectual or cognitive disabilities. As one worker put it:

> "Our car's not suitable for the guys… They did quite an amount of damage to our cars; when we're driving in our cars there's no partition so we're put at danger while we're driving… You're supposed to be driving, you should not have to be watching the people in the back. You should have a hundred per cent attention on the road and to be put in a position to drive with trying to see if people are taking their seat belts off. It's not safe."

6. INCREASED RISK OF VIOLENCE AGAINST WORKERS

Research participants regularly reported an increased incidence of violence against workers and property after the roll-out of the NDIS. This occurred alongside and despite a generally lowered likelihood of accurate reporting of violent incidents – because of the casualisation and fragmentation of disability services work. Insecure workers are generally anxious to attain more shifts and feared reprisals if they reported incidents; moreover they have less access to reporting procedures given the general lack of supervision and support, and their common assignment to work by themselves in locations away from any central office or agency.

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[10] Of course, it is common to expect workers to travel to and from a single place of work at their own expense. But when a job involves traveling to several or various workplaces to perform different units of work, clearly there is a responsibility for the employer to both arrange and compensate for that additional transportation burden.

As one long-time worker noted:

> "Some workers are scared to complain about challenging behaviours from the clients, to the client or the family or the agency. The workers don't want to upset anyone, or they might not get more shifts."

The revolving door of casual staff makes for a more stressed work environment, as DSWs cannot possibly adequately come to know their clients, their preferences or their triggers. Some workers tried to diminish workplace assaults, despite acknowledging an overall increase in their frequency. As one worker put it:

> "Nothing major, just black eyes, broken noses, the normal sort of things with people just being out their routine, not knowing the support workers and the support workers not knowing clients."

That such serious violence could somehow be normalised for workers, who are implicitly expected to "put up" with violence as a sign of their commitment to their clients, is a shocking indictment of the lack of resources, supervision and support which is provided to DSWs under the NDIS's marketised model.

The chronic lack of training and supervision for workers clearly contributes to the increased frequency of dangerous situations. As another research participant told us:

> "Team leader/managers tend to brush off comments by workers about clients, saying they are just 'having a bad day' or that 'it's just a personality clash'. They don't care if the support workers are injured or disheartened. They can always get someone else to take their place; more often than not, they are not trained or have very limited training, and don't stay in the job long anyway."

The frequency of violence from clients, the general absence of reliable reporting systems, and the inadequacy of training, support and back-up for DSWs are all exacerbated by the fragmented model of service delivery inherent to the NDIS's marketised model. In a system in which workers and agencies must "hustle" for business, work is performed in fragmented and geographically dispersed locations, and agencies and employers have sparse resources (given the unit price model) to provide essential overhead functions (like training in how to handle violence), violence

becomes a normalised but unnecessary feature of the work. This represents a very serious failure of the current system.

7. DETERIORATING MANAGEMENT RELATIONSHIPS WITH WORKERS

Early disability services provision arose from the needs of clients and communities, and was most often provided according to a non-profit ethos of care and equity. In contrast, our research participants were disturbed by new trends that emphasized profit over support, and consequently generated wider divisions between staff and management. Some supervisors continued to provide strong and consistent support for their frontline workers. However, the profit motive and pressure for cost-cutting unleashed under the NDIS has created a deterioration in relationships that feels unethical and demoralising for many of the workers.

This comment from one support coordinator reflects widely-shared feelings expressed by our research participants:

> "You think you're going to something with the full belief that you can help change things for people… We can make things a bit more tolerable for their condition, but we're told we can't do that. Even a courtesy phone call, we can't do it unless we can get paid for it."

Employers made it explicitly clear to front-line workers that the culture of the workplace had to change: workers had to ensure that every interaction with clients was charged and chargeable, otherwise it had to be eliminated. This close focus on cost and profit did not sit well with the professional and personal ethics of long-time workers, who had spent their work lives trying to make a positive difference in the lives of people with disabilities. It seemed especially incongruous in the case of long-standing non-profit agencies – which had traditionally operated on a public and community service mandate, but now were being forced (by the unit price model) to act like other "businesses."

A particularly poignant example was provided by a support coordinator, whose manager told her to "drop clients and stop helping them" once their support coordination budget had been used up – even when the clients' needs remained unmet. In a similar vein, another worker told us:

> "My boss said, 'You need to look at things a lot different. It's about money. There's morals and ethics and then there's the organisational standards and you need to bring them down to the same level,' and I said, 'How can I change my morality that I've had for 28 years previous to starting this role to suit an organisation? I can't do that, and I don't think it's ethical…"

Despite this ethical conflict, because of their casual status and resulting economic insecurity, many workers were afraid to speak up to managers or express concerns; they feared that their shifts would be cut instantly. These concerns dovetailed with a sense that workers were not appreciated by many management groups; workers reported a growing mentality among their managers that "everyone is replaceable. One long time worker summed it up bluntly: "Attitudes from management are basically, you're not an asset anymore."

New and long-time staff also commented on the adversarial climate that more frequently seems to pervade their organisations. As one long term worker noted:

> "There's now a very big us-and-them in our organisation. Very big. They deny it but there is a very big us and them [sustained] by certain members of management. There's no objectiveness."

Favouritism was a widespread concern, with some workers feeling that shifts and clients with complex needs for support were not evenly or fairly distributed. Along with infrequent or non-existent supervision, this vulnerability increased workers' sense of demoralization and stress.

Inadequate conflict resolution was also identified as a problem in a number of organisations. One worker found himself unable to resolve issues with a manager and asked four times for mediation, which was supposed to be available to all staff. However, none was provided. This had negative impacts on his stress levels and health. As the worker put it:

> "I asked three more times for conflict resolution over the space of three months, finally it got to a point where I was so anxious before getting to work I felt like I was vomiting, I started medication."

8. HIGH TURNOVER IN AN INSECURE SECTOR

Despite widespread demoralization and instability, many workers continue to seek satisfaction in working with people with intellectual and other cognitive disabilities, and trying to make the new NDIS system work. Two workers told us that they felt it was likely that they would soon be dismissed, because they refused to abandon the principles of equity and support that they felt defined their work. However, other workers told us their jobs still held positive meaning because, "You can put things in place for people that can give them hope".

Despite the insecurity of working hours and incomes, the challenges posed by inadequate funding for transportation, and the pervasive risk of violence, most workers still were motivated by (as one worker put it) "watching … the participants reach their goals." Another worker expressed a similar positive commitment to their work:

> "I like getting them out and about to places. I love hearing 'he's never done that before.' Love that. I love hearing 'how did you do that?' I get chuffed every time."

A long-time frontline worker summed up the feelings of most research participants thusly:

> "I love working with the people. I love making their lives, it sounds really cliché, making their lives as high quality as we can".

This commitment to client care, despite the difficulties faced by DSWs, is extraordinary. However, it was also notable how many of our interviewees were considering leaving the sector entirely. Some planned early retirement, others were seeking a career change (such as moving into management or administration), while others had no definite plans other than to seek a different job they could like and sustainably perform. As one long time frontline worker told us:

> "To be honest, there's not a whole lot I like about my job at the moment. I'll give it 12 months and then if it's not any better, I'm gone."

Part of this common intention to leave the profession was based on working conditions. For most workers, however, it also reflected the loss of a feeling of being appreciated and finding meaning in their jobs. In the words of another long-time worker:

> "In my old job, yeah, there was a bit of recognition, a bit of esteem for what you did. Now, not so much. I'm not feeling the love."

These personal reflections from our interviewees thus underline the empirical data indicating high job turnover rates in this sector.[11] Needless to say, given the already-inadequate training systems for newly-recruited DSWs, the reluctant departure from the sector of many long-time, more experienced will only exacerbate the problems of skill and capacity faced under the NDIS. Most frustrating is the fact that most of these workers support the goals of the NDIS and would prefer to stay in their current occupation, if those immediate problems (such as inadequate training and supervision, unfair transportation arrangements, risks of violence, and others) could be resolved.

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[11] Data compiled by NDS (2018) indicate that roughly one-quarter of disability service workers leave their jobs in any given year. That is approximately three times as many as the average job turnover rate in the labour force as a whole (ABS Catalogue 6226.0).

Conclusions and Policy Responses

Interviews with front-line workers and case managers working in NDIS-funded disability services delivery strongly indicate a system that is experiencing rapid change and instability. Until the advent of the NDIS, services for people with intellectual disabilities were most commonly provided through direct public departments, or by agencies supported with block-funding government grants (supplemented by incremental funding from charitable donations and other sources). While jobs in the sector have never been lucrative, the previous approach did provide a significant number of relatively secure, permanent employment opportunities to workers. That allowed them to develop their skills, progress along defined career paths, and build more stable relationships with service users over time.

In contrast, the new delivery model under the NDIS has been characterised by the rapid casualisation of work, alongside the fragmentation and individualisation of supports to many NDIS clients. Especially vulnerable in this regard have been people with intellectual and other disabilities. Typically, they would have previously received most support from a single organisation, and/or attended specialist day services. Now they are expected to arrange for complex programs of services and support on an individual basis: working within a personal budget, trading off various services and supports to meet the financial constraint, and holding ultimate responsibility themselves for the coherence and success of their treatment and support program. Many clients are experiencing great uncertainty and instability in their disability support services as a result. This places both clients and DSWs in a highly vulnerable position. Both are grappling to find their way within a fragmented, market-based system that in many ways fails to meet its core motivating goals: to reduce the vulnerability of people with disabilities, to respect and enhance their self-determination, and to move them from the margins into the mainstream of society. Highly dedicated DSWs are trying to fill the gaps that clearly exist in the new system, yet the whole system is predicated on the narrow assumption that clients must be charged for every interaction and service. This commercialization of support and interpersonal relationships undermines the social fabric of inclusion and full participation. Meanwhile, failures in the unit price model are threatening the sector's capacity to invest in crucial overhead and infrastructure functions: not least including staff training, supervision, and even safety.

Workers are compelled by employers and the system to "price out" every interaction they experience with clients, while clients are left without the consistent and capable support they require due to a highly unstable, underdeveloped and insecure labour force. Especially acute in this regard is the lack of training for new staff in complex needs and behaviours associated with many clients with intellectual and cognitive disabilities. In addition, with transportation costs charged to each client and often delivered informally (including in workers' own vehicles), rather than pooled over community programs and provided by specialists, many clients quickly deplete their travel funds. As a result, clients are forced to cut out needed activities and services, due to inadequate access to transportation – and DSWs are compelled to subsidise transportation costs through the often uncompensated use of their own vehicles, on their own time.

It is hard to imagine how the laudable goals of voice and empowerment can occur within this increasingly cost-focused, under-resourced, commercialised space. Overall, workers reported a very strong sense that the NDIS as it stands was not well-designed for people with intellectual disabilities. The ongoing churn and turnover among the disability service workforce, and the instability and even financial crisis experienced by many agencies,[12] will surely further delay the development of the much larger labour force that will be required to fulfil the NDIS's vision.[13]

A great deal of ongoing dialogue, research and policy development will be required in coming years to address the realised shortcomings of the current NDIS plan design, and implement reforms that will allow the scheme's laudable objectives to be met more completely. We limit our policy recommendations in this report to specific measures that would help to address the severe problems in job instability, inadequate training, and unfair and often dangerous work arrangements that were highlighted by our interviews with front-line workers under the NDIS. In addition to undermining both the quality of work for DSWs and the quality of support for NDIS clients, these problems are also clearly making it even harder to recruit a motivated, high-quality workforce to this rapidly-growing industry.

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[12] Many agencies have reduced staff and taken other dramatic measures to respond to the financial instability they have experienced under the NDIS; see, for example, Campbell (2018) and Lenaghan (2016).

[13] The Productivity Commission (2017) has already warned that the growth of a qualified workforce is far behind schedule, and new workers lack the skills and experience necessary to provide high-quality services to the .

To this end, we propose the following broad recommendations:

1. MORE STABILITY IN WORK AND SCHEDULES

With the dramatic shift toward individualised support plans, funded through a fragmented market-based regime, disability support workers have experienced a gut-wrenching destabilisation in their work lives. Hours of work and incomes have become highly precarious. Wages, which were never lucrative for most of the workforce, have been suppressed under the constraints of inadequate unit prices and the financial crises experienced by many agencies as the transition to the NDIS continues. They have been left to their own devices in most cases to deal with the challenges and risks of supporting clients with complex needs. Basic support services from their employers, including basic supervision, case management, information sharing, and scheduling, are inadequate and inconsistent. And value-added opportunities for training and career advancement are rare.

The workers we interviewed are both passionately committed to the well-being of their clients, and still hopeful about the potential of the NDIS to meet their clients' needs in a more respectful, flexible and democratic manner. But despite this continued dedication, the turmoil and insecurity of providing these essential services under the NDIS's fragmented, market-driven delivery model are taking a severe toll, and leading many seasoned workers to exit the industry (or seriously consider exiting it) altogether. If there is to be any hope of attracting the requisite workforce, possessing adequate motivation and skills, to support 475,000 potential registered clients once the NDIS is fully rolled-out, there is an urgent need to improve the quality and stability of work in this sector.

Specific and incremental reforms which could contribute to higher-quality, more stable jobs in disability support services would include:

- Improving basic standards for minimum engagement periods, continuity of engagement, reasonable notices of roster and scheduling changes, and stability in weekly hours of work. Individuals cannot be expected to build sustainable careers in jobs which do not offer reasonable regularity in scheduling and income. In response to the fragmentation and uncertainty of client demand for NDIS-funded services, employers in the sector are increasingly meeting staffing needs through piecemeal unit-based assignments. This results in very short shifts, discontinuous or "split" shifts, and continuing uncertainty in work patterns that imposes

tremendous stress on both work and home life for DSWs. Workers cannot be expected to fully absorb the instability of client demand resulting from the individualised, market-based model of NDIS delivery through instability and fragmentation in their own work and income.

- Changes in the funding model to allow agencies and employers to provide adequate infrastructure and support services for their workers. Sufficient allowances for these functions, which are essential to support DSWs in their jobs, must be built into the overall NDIS funding structure; that will most likely require the implementation of new revenue streams beyond the revenues currently generated through the unit price system (which do not provide an adequate or stable source of funds for those broader overhead tasks).

- Providing workers with secure opportunities to express their opinions, priorities, and grievances, and to advocate (including through collective bargaining) for improvements in wages, working conditions, management systems, and policies. Avenues in this regard could include the establishment of multi-employer, region-wide or even sector-wide collective bargaining processes. The regularisation of employee voice and representation will also help sectors in the agency build more consistent and professional management structures, which have clearly deteriorated under the organisational and financial turmoil experienced since the NDIS was implemented.

2. ACCESS TO TRAINING FOR BOTH NEW RECRUITS AND LONGER-TERM EMPLOYEES

The disability services workforce must grow very quickly to meet the needs associated with the full roll-out of the system across Australia. The coming large increase in the sector's workforce implies enormous up-front training investments. Incoming workers immediately need basic induction and orientation training to work with people with disabilities, and learn fundamental prerequisites (such as the NDIS code of conduct, basic health and safety procedures, and more). Then they need an opportunity to acquire foundational skills through formal training programs (preferably provided through public and recognised non-profit providers, with a particular reliance on TAFEs). In our judgment, this basic training should be a regulatory requirement for newly recruited workers under the NDIS, enforced through some system of mandatory registration and certification (perhaps overseen through the NDIS's Quality and Safeguards Commission).

Beyond these initial training requirements, those who choose to make disability services their long-term career should also have access to ongoing training and professional upgrading. Those opportunities for advanced training should be matched with clear paths for acquiring formal qualifications over time, and entering more advanced job classifications (with corresponding increases in pay) to reflect those accumulating skills. Providing the opportunity for lifelong training and upgrading, within the context of a more regulated professional structure for the industry, would help to provide disability support workers with similar opportunities and responsibilities as are currently associated with other allied health professions.

Initial experience with the roll-out of the NDIS unit price system has confirmed that agencies have been starved of resources to provide even the most basic infrastructure and overhead services for their workers. This means it will be impossible to organise and fund consistent, high-quality training opportunities through the unit price model. Instead, agencies and registered providers need to be provided with block funding to support those functions and meet minimum professional standards. Individual workers could also accumulate personal credits for training, as they provide more hours of NDIS-funded service[14] -- and this could provide an additional source of revenues to support ongoing training.

3. FAIR TREATMENT OF TRANSPORTATION TIME AND COSTS

The widespread expectation that disability support workers are responsible for transportation time and costs (even when traveling between multiple clients), and in many cases responsible for transporting clients, imposes a very unfair and unsustainable burden on workers whose wages and conditions are already low. Moreover, the informal and often non-compensated private provision of transportation services by DSWs raises important issues of safety for workers, clients and the public.

Clear and consistent policies regarding the provision of transportation services by DSWs should be described and enforced through sector-wide regulatory bodies –

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[14] Ryan and Stanford (2018) propose a system of portable training credits which would be assigned to individual workers even when they work for various employers in the sector, or even directly for NDIS clients; in this way, ongoing training could be guaranteed despite the highly mobile, individualised nature of the delivery system.

including through the NDIA itself, and through the Fair Work Commission's oversight of standards spelled out in relevant Modern Awards. Specifically,

- Where DSWs are required to provide their own vehicles for transporting themselves between clients, and/or transporting clients to activities or appointments, this requirement must be explicitly communicated at time of employment. The employer must be responsible for providing ancillary equipment, safety improvements, and insurance.
- Expenses related to the operation of a private vehicle for transportation from the normal workplace to and from meeting clients, and/or expenses related to the transportation of clients, must be directly compensated by employers on a generous basis (meeting or exceeding the benchmark specified in the SCHADS award). Time spent by DSWs in such transportation must also be fully compensated according to regular wage scales.
- The application of these practices will also be shaped by the implementation of stronger standards regarding minimum engagement periods (discussed above). In particular, the assignment of multiple visits to workers in a single day or shift, and/or the requirement that workers make more than one trip to work in a day (resulting from discontinuous or split shifts) must include fair allowance for excess transportation time (Macdonald *et al*. 2018).
- Damage incurred to vehicles in the course of work-related travel (to and from meeting clients, and/or transporting clients) must be fully compensated by employers.
- DSWs required to provide transportation services should be trained in the safe operation of vehicles while supervising clients, and procedures governing unsafe situations (such as driving while a client requires assistance or attention) must be communicated and respected.

4. BETTER SUPPORT FOR SERVICES WORK IN PRIVATE HOMES, AND BETTER TRAINING AND SUPPORT FOR DEALING WITH VIOLENCE

Another area of flagrant risk and unfairness reported by several of our interviewees is the challenges and safety risk of working with clients in the private realm of clients' homes. In addition, our interviewees expressed a distinct rise in the incidence of violence in their jobs under the NDIS system. It is clear to us that more training is required for DSWs to be more aware of safety and other risks in those situations, and to be better-supported by their employers and managers in confronting those risks.

Specific measures which could help to address these problems include:

- More training for all DSWs required to work in clients' homes in evaluating the safety of those environments, and recognising and responding to dangerous situations.
- More systematic and efficient systems for sharing information between clients, their families, managers, and case workers about clients' needs and challenges. Time spent by DSWs in accessing and managing that information must be compensated (rather than requiring workers to obtain and process case files, often from offices which they don't normally visit in the course of their work, on their own time).
- More effective and well-understood safety and back-up protocols to supports DSWs who encounter violent, dangerous or overwhelming situations with their clients, including generous entitlements to paid leave and support services.

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Reforms such as those recommended above are ambitious, and will require a deep rethink of some of the fundamental assumptions and structures of the NDIS as it is currently being implemented. Specifically, the limits of the unit price model underlying the scheme at present must be recognised and addressed. It is unrealistic to expect that agencies can provide the critical infrastructure and overhead services essential to the development and maintenance of a high-quality workforce, on the basis of tiny "margins" (for management, overhead, training, etc.) built into NDIS unit prices which are already inadequate to cover many of the basic costs of service provision. Moreover, instability in the volume of NDIS work being charged (due to fluctuations in demand from clients, clients losing access to funds, etc.) inhibit the extent to which unit price revenues could ever fund quality workforce development infrastructure.

In this regard, running a national disability services system cannot be treated like any other "business": whereby entrepreneurs harvest surplus from ongoing unit revenues to cover their management, overhead and profits. Our recommendations suggest a very different approach must be taken to paying for the fundamental building blocks of a higher-quality disability support services system. And that must start with the front line workers whose passion, skills, and reliability are utterly indispensable to realising the lofty founding goals of the NDIS.

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