

PACIFIC LABOUR FACILITY

Detailed Industry Assessment

Disability Services

January 2021 - Final





Executive summary

This detailed industry assessment of the Australian disability support services sector has confirmed that the sector suffers from a significant shortage of required labour. The size and characteristics of this labour supply gap represent an opportunity for placement of Pacific migrant workers by the Pacific Labour Facility (PLF).

With an estimated 16,000 unfilled full-time equivalent jobs a year, the existing labour supply gap is high. The Australian Government estimates up to 90,000 new full-time equivalent (FTE) positions need to be created and filled by 2024 to match forecast service demand, in large part driven by the growing spending profile of the National Disability Insurance Scheme (NDIS), and despite multiple government programs aiming to address this recognised labour supply side gap. Our analysis of all data supports this estimate. However, the PLS won't be able to address the majority of these 90,000 unfilled jobs. Taking into account risk factors, industry requirements, skill constraints, and PLF program stipulations, we estimate that between 4,000 and 9,000 of these jobs through to 2024 may be suitable for PLS worker placement.

Much of the unmet demand for labour is in regional areas, including areas where PLF has an existing footprint, or where Pacific Islander communities are already present. Around 20-25% of the forecast demand for labour is for allied health workers. But the remaining 75-80% of required workers need only possess generalised "soft" skills, or have, or working toward, relevant Certificate III or Certificate IV TAFE qualifications. Training programs for workers are available via Australian Pacific Training Coalition (APTC) or in Australia. Once worker "soft" skills are determined, the industry has a preference for an entry-train-retrain model rather than a forceful stipulation for pre-entry qualifications.

By the end of 2020, the NDIS Quality and Safeguards Commission expected to finalise an approved NDIS capability framework to provide advice to industry actors regarding worker skillsets and employment arrangements. The preliminary versions of this indicate close conformity with likely skillsets of workers available under the Pacific Labour Scheme. Evidence from industry via the industry peak body indicates a high level of willingness to engage with PLF to support worker placement by approved employers.

The detailed industry assessment includes a risk assessment drawing on existing PLF program risk management frameworks. This was used to help narrow down the addressable market labour market supply gap, as well as to manage previously identified program risks. For example, we do not propose that PLF targets NDIS participants with severe or profound needs.

The disability services sector in the Pacific, however, is nascent and informal. While returning workers will not find an industry of the same scale or nature in their home countries, they will have accrued a generalised set of skills applicable to the wider health, community and social development sectors and may play an important role in building understanding across the Pacific of disability

support requirements and options to maximise the inclusion of people with a disability in their communities.

The demand for workers in this industry is relatively insulated from the risks and impacts associated with COVID-19.

Recommendations

This DIA recommends that the PLF actively engage and target the disability sector. Given the risks present in the industry, this report recommends that industry engagement be guided by the following 8 recommendations:

1. Establish and develop a relationship with a suitable partner that will promote the Pacific Labour Scheme (PLS), help find places for workers and facilitate the objective of scalability. The NDS or local area coordinators for each region appear to be ideal candidates.
2. Coordinate closely with APTC and other Pacific and Timorese training providers to ensure a sufficient number of suitable, high-quality and mature workers for direct care roles. Given the elevated level of risk, maturity of workers and skill alignment is essential. A Certificate III in Community Services and Certificate IV Community Development appear most appropriate in the short- to-medium term. However, roles without direct care duties are considered lower risk and will not require as stringent vetting.
3. PLF should target providers with placements available to support participants with mild and moderate core activity limitations, focusing on people with physical rather than intellectual disability and providing support solely to adults. This is likely best achieved through specialist providers, or through large providers that may have niche roles available for PLS workers. The basis for this recommendation is reduction of risk. Opportunities for placement of workers outside of these areas should be considered on a case-by-case basis.
4. Industry engagement should focus on highly reputable and large-scale providers with sophisticated safeguards, with a focus on the regions previously identified as hub candidates so workers can be clustered. The Alliance20, which brings together the 20 largest providers of disability services in Australia, are likely the best and most visible candidates for first engagement.
5. The PLF should target specialist providers and specialist roles within large providers to expand the scope of roles available for PLS workers, including those with a lower skillset. For example, beyond direct carers, there are support roles that include gardeners, cooks, day-trip supervisors, maintenance workers and cleaners for NDIS participants. This both lowers the risk exposure and expands the available skillset requirements for PLS workers.
6. The PLF should focus on small-scale rapid deployment of trained and qualified existing Pacific workers into existing approved employers, such as NT Carers. A strong M&E program on this deployment can be used to inform future deployments and provide feedback to Australian Pacific Training Coalition (APTC) and other Pacific training providers. The particulars of this pilot program should be consistent with recommendations 2, 3, 4 and 5.
7. The PLF should use existing government workforce growth initiatives such as the NDIS Jobs and Market Fund, which provides funding to grow the disability workforce and promote employment opportunities.
8. The PLF's supply team should be engaged to explore the existing Pacific and Timor-Leste skillset beyond APTC graduates. Anecdotally, there is a large potential workforce, such as nurses or other health professionals, that could transition into disability care following abridged training

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Glossary of terms, abbreviations and acronyms

| | |
|-------------|--|
| ABS | Australian Bureau of Statistics |
| ANZSCO | Australian and New Zealand Standard classification of Occupations |
| ANZSIC | Australian and New Zealand Standard Industrial Classification |
| APTC | Australia Pacific Training Coalition |
| BLCW | Boosting Local Care Workforce |
| DIA | Detailed industry assessment |
| FTE | Full-time equivalent |
| GDP | Gross Domestic Product |
| GVA | Gross Value Added |
| IRC | Industry Reference Committee |
| IVI | Internet vacancy index |
| JMF | Jobs and Market Fund |
| LAC | Local area coordinator |
| NDA | National Disability Agreement |
| NDIA | National Disability Insurance Agency |
| NDIS | National Disability Insurance Scheme |
| NDS | National Disability Services |
| OECD | Organization for Economic Co-Operation and Development |
| Participant | A person with disability who meets the access requirements and is actively participating in the NDIS |
| PC | Productivity Commission |
| PIA | Preliminary industry assessment |
| Provider | A person, business, or organisation that delivers NDIS funded services to participants |
| PWC | Price Waterhouse Coopers |
| SDAC | Survey of disability, ageing and caring |
| UNSW | University of New South Wales |

1. Introduction

1.1 Industry assessments program

To build its evidence base for programming decisions, the PLF has initiated an industry assessments program to better understand the nature of the demand in Australia for Pacific migrant labour. This is an ongoing 2-step program to both assess new industries and re-assess previously considered industries as and when conditions change.

The first step of the program is to conduct a preliminary industry assessment (PIA). This is a brief and rapid assessment to determine whether a more detailed analysis is warranted.

The second step is a detailed industry assessment (DIA), which assesses the industry in greater depth, and includes both the domestic economic characteristics of the industry and its appropriateness for the PLF, PLS workers, and Pacific Island economies.

The industry assessments program is undertaken using the Australian Bureau of Statistics (ABS) industry classification system. The disability support services sector is reported by the ABS via Division Q of the ABS Industry Classification System:

- Division Q Health Care and Social Assistance
- Subdivision 87 Social Assistance Services
- Group 879 Other Social Assistance Services
- Class 8790 Other Social Assistance Services – Disability Services

It is noted that ABS has not tracked Class 8790 for long, so data are relatively scarce for disability services.

1.2 Methodology

This DIA was preceded by a PIA, completed in June 2020. The PIA concluded that:

The data suggest that the current state and outlook for the broader health care and social assistance industry is positive, including disability services. The data show that the wider industry has grown substantially over the past decade to be the largest employing sector within the national economy, and that it has grown at twice the rate as the rest of the economy. Industry trends indicate that there are positive growth prospects for workers within this industry. The outlook of demand for Pacific migrant labour is favourable in the near to medium term. Therefore, a detailed industry assessment is recommended at this time.

The PIA solely focused on examining readily accessible quantitative evidence and relied on ABS data, Australian Government industry forecast data, and internal regression analysis. This DIA has substantially expanded this evidence base and incorporated additional quantitative data including the PLF's labour market assessment and external third-party data sources. It has also drawn on a wide range of qualitative information sources and internal PLF knowledge of the sector.

There was no formalised external consultation process. However, several key stakeholders were consulted to “ground truth” the evidence that was collected and analysed. Consultation participants includes state government departments responsible for disability, the NDS (National Disability Services), the NDIS, and subject matter specialists.

There was a stronger focus on analysis of the data and, in particular, what that data realistically meant for the PLF. The DIA analysis went beyond the assessment of the numerical scope of the labour market shortage to better understand if the PLF and its partners could address that labour supply gap. For example, the DIA has incorporated a risk assessment and provided recommendations on key next steps.

2. Industry overview

| Section summary | |
|--|--|
| 4.4 million Australians live with disability | - 4.4 million Australians, representing 17.7% of the population, identify as experiencing disability. |
| An additional 90,000 disability support workers will be needed | - NDIS predicts that the industry will need an extra 90,000 FTE disability support workers over the next 5 years. However an estimated 43% of these will be casual and 40% will be in Sydney and Melbourne – neither of which are eligible for PLS workers. |
| NDIS participants are mostly men, and relatively young | <ul style="list-style-type: none"> - 63% of NDIS participants are men. This has implications for carers, as generally participants prefer carers with similar gender, age, and cultural background. - The prevalence of disability increases with age, however not within the NDIS: 41% of NDIS participants are under 18. |

As of 2018, 4.4 million Australians (representing 17.7% of the population) experience disability. The number of people identifying as having a disability has increased steadily and consistently over time. This is in part due to an aging population, as disability prevalence increases with age. Currently 1 in 9 people younger than 65 have a disability, compared with 1 in 2 who are older than 65. Disability has implications for labour force participation, for both the person with disability and their carer. There are approximately 2.65 million carers in Australia, representing 10.8% of the population.

2.1 What is disability?

The Disability Act (1992) defines disability as “the total or partial loss of the person’s bodily or mental functions. It describes a person’s impairment of body or function, a limitation in activities, or a restriction in participation when interacting with their environment”¹.

Disability prevalence and characteristics

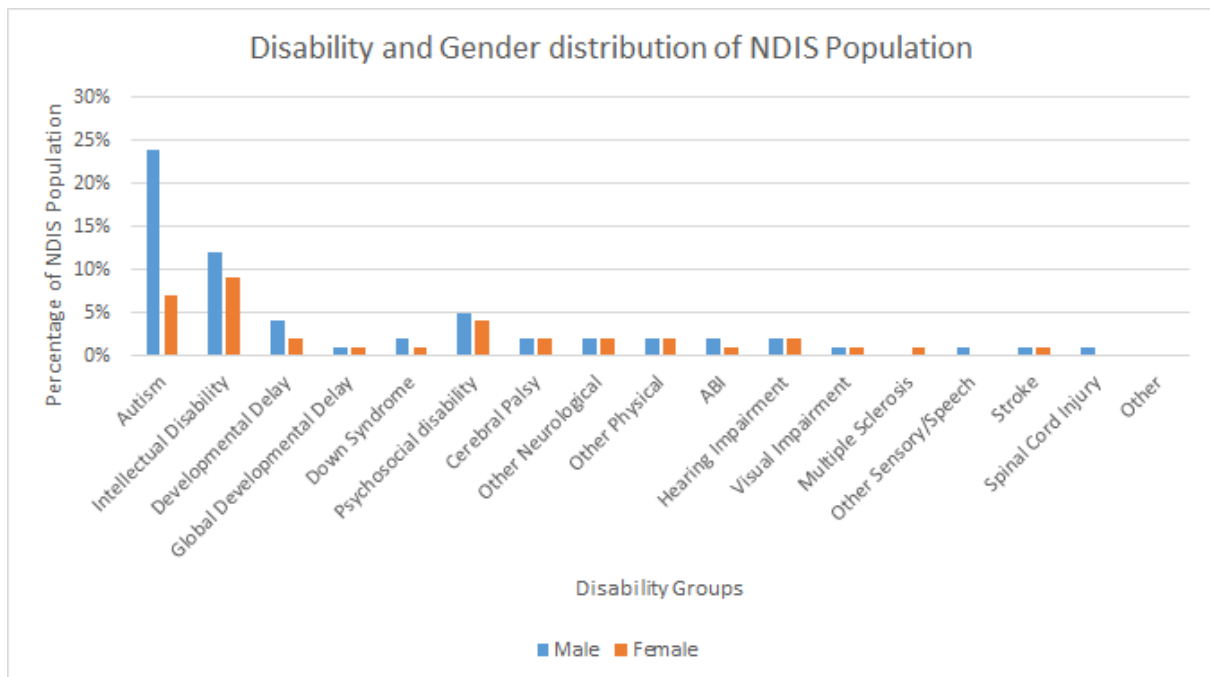
Figure 1 below illustrates the NDIS participant profile.

- Almost two-thirds are men, most of which are classified as having autism or an intellectual disability. Autism itself is the single largest type of disability, accounting for almost a third of all participants and most prominent in men².
- 6% of NDIS participants identify as Indigenous, with a disproportionately high number living in remote and very remote regions.
- While prevalence of disability increases with age, NDIS participation does not, with 41% of NDIS participants 18 or younger.

¹ <https://www.ndis.gov.au/about-us/glossary>

² National Disability Insurance Agency, 2020, “Analysis of participants by gender”

Figure 1: Disability and gender distribution of NDIS population³



Types of disability: core activity limitations

Core activity limitations examine a person's limitations through 3 lenses: self-care, mobility and communication⁴.

The extent of the core activity limitation is divided into 4 levels: mild, moderate, severe and profound. Their definitions are as follows:

Mild

A person needs no help and has no difficulty with core activities however they: require the use of aids; cannot use public transport, cannot easily walk 200m; and cannot walk upstairs without a handrail⁵.

Moderate

A person may have difficulty in at least one core activity but needs no help to perform⁶.

A person sometimes needs help performing an activity and has difficulty communicating⁷.

Profound

³ (National Disability Insurance Scheme, 2020)

⁴ (Australian Bureau of Statistics, 2018)

⁵ (Australian Bureau of Statistics, 2018)

⁶ (Australian Bureau of Statistics, 2018)

⁷ (Australian Bureau of Statistics, 2018)

A person always needs help performing an activity⁸.

The following table summarises the extent of disability in Australia by core activity limitation. As per the recommendations of this DIA, restricting the provision of services to participants with mild and moderate disability decreases the risk. However, it also decreases the number of opportunities will by approximately 40%.

Table 1: Core activity limitations by year for people aged 0-64 in Australia⁹

| Year | 2015 | | | 2018 | | |
|--------------------------|-----------------|---------------|---------------|-----------------|---------------|---------------|
| Core activity limitation | Profound-severe | Mild-moderate | Total of 2015 | Profound-severe | Mild-moderate | Total of 2018 |
| Number | 700,200 | 1,060,400 | 1,760,600 | 714,400 | 1,036,600 | 1,751,000 |
| Percent of total | 39.8 | 60.2 | 100.0 | 40.8 | 59.2 | 100.0 |
| % change | | | | 2.0% | -2.2% | -0.55% |

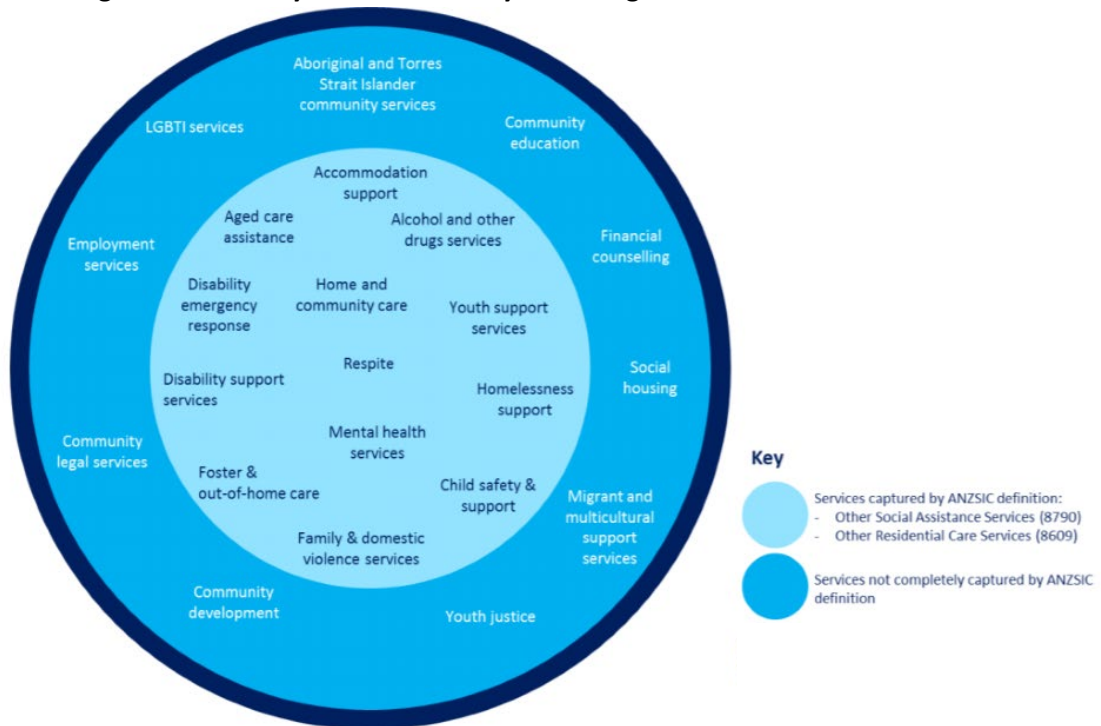
2.2 The disability industry

The disability industry does not have a simple and clear definition. Complicating factors include the relationship between the Federal and state governments' roles and involvement, different position of peak bodies, and the emergence of the NDIS, which was a major industry shift. The following figure illustrates the services that are directly included in the ANZSIC definition of the industry. Notable, the surrounding dark blue ring shows related services that are not captured under the definition. Thus, it is possible for workers to work closely with disabled persons, but not officially be part of the disability industry. This has implications for the data collection and analysis, and arguably understates the contribution of disability services to the economy.

⁸ (Australian Bureau of Statistics, 2018)

⁹ (Australian Government, 2020)

Figure 2: Defining the community services industry according to ANZSIC¹⁰



2.3 National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) supports people with disability to access mainstream services such as medical care and support groups, as well as services provided by each state and territory government.¹¹ The types of supports funded include:

- daily personal activities
- transport
- workplace support and labour market participation assistance
- therapeutic supports including behaviour support
- help with household tasks to allow the participant to maintain their home environment
- home modification, design and construction
- mobility equipment
- vehicle modifications.

The NDIS does not provide support that:

- is the responsibility of another government system or community service
- is not related to a person’s disability

¹⁰ Deloitte Access Economics, 2016, “Community Services in Queensland 2025”

¹¹ National Disability Coordination Officer Program, n.d. “NDIS and Employment”, Centre for Disability Studies

- relates to day-to-day living costs, rather than the participant’s support needs.¹²

Importantly, the NDIS provides funding directly to individuals to pay for their care through a service of their choosing. Funding is not directly paid to providers.

As illustrated in the below table, there has been a rapid increase in funding and active participants of the NDIS, with a 15-fold expansion in the 4 years following the trial period. This rate is not expected to continue, and expenditure will level now that the scheme is fully operational, as of June 2020. Given the strong commitment toward disability by all levels of government, funding is expected to remain strong and consistent over the foreseeable future.

As illustrated, the expenditure commitment exceeds the actual payments by as much as 50%, and thus there is an underutilisation of the scheme during this growth phase. This may also be an indicator of a shortage of carers or ability to match carers to participants. Geographic ‘hotspots’, where utilisation is low, have been included in Australian demand section of this document.

As of June 2020, there were approximately 392,000 Australians accessing the scheme, approximately 175,600 of which receiving support for the first time.¹³ Over the next 5 years, the NDIS will provide more than \$24 billion in funding a year to an estimated 500,000 Australians who have a permanent and significant disability. This rapid expansion has resulted in an industry-wide labour shortage.

Table 2: Overview of NDIS funding¹⁴

| | Trial years | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2022-23 (projected) |
|------------------------------|-------------|---------|---------|---------|---------|---------------------|
| Active participants | 29,719 | 89,610 | 172,333 | 286,015 | 391,999 | 532,000 |
| Total committed (\$b) | \$1.57 | \$3.23 | \$7.74 | \$14.55 | \$24.16 | - |
| Total paid (\$b) | \$1.16 | \$2.18 | \$5.43 | \$10.36 | \$16.11 | - |
| Budget utilisation | 74% | 68% | 70% | 71% | 67% | - |

From 30 June 2019 to 30 June 2020 the scheme saw a net increase of 37% in participants to 391,999. The 2019-2020 NDIS Annual Report estimates 532,000 participants by 30 June 2023. It is predicted that of this, 508,000 will be younger than 65.¹⁵ This means 95% of participants are younger than 65, while 5% are older and continue to receive NDIS funding.

The Australian Budget for 2020-21 guaranteed expansion of the NDIS by providing a further \$3.9 billion to ensure Australians eligible for NDIS have the access to the support they need. The government is also providing \$799 million of additional funding over 4 years to the NDIA and NDIS Quality and Safeguards Commission to ensure quality supports are provided to participants as fast as

¹² <https://www.ndis.gov.au/understanding/supports-funded-ndis>

¹³ National Disability Service, 2020, “The NDIS in each state”

¹⁴ (National Disability Insurance Scheme, 2020)

¹⁵ (National Disability Insurance Agency, 2020)

possible.¹⁶ The NDIS is predicting that the disability sector would need up to 90,000 FTE by 2024 to fully support the industry.¹⁷

2.4 National Disability Insurance Agency

The NDIA is the independent Commonwealth Government agency responsible for implementing the NDIS. The NDIA partners with the Commonwealth, state and territory governments and community organisations to deliver the NDIS in local areas. The NDIA manage the administration of all NDIS funding, and advice on eligibility.

Functions

The NDIA's statutory functions are set out in section 118 of the *National Disability Insurance Scheme Act 2013 (NDIS Act)*. In summary, the main statutory functions are:

- delivering the NDIS to, among other things, support the independence and social and economic participation of people with disability, and enable people with disability to exercise choice and control
- managing, advising and reporting on, the financial sustainability of the NDIS
- developing and enhancing the disability sector
- building community awareness of disabilities and the social contributors to disabilities
- collecting, analysing and exchanging data about disabilities and the supports for people
- undertaking research relating to disabilities and available supports.

Decision-making powers

The NDIA has broad decision-making powers including decisions relating to:

- whether a person does, or does not, meet the access criteria to become a participant
- the approval, suspension and review of participant plans
- preparing and reviewing participant plans, to ensure the integrity of the NDIS
- appointing, suspending and cancelling participant nominees
- compensation
- recovering debts from persons not entitled to receive payments.

¹⁶ Commonwealth of Australia, 2020, "Budget 2020-21: Economic Recovery Plan for Australia: Guaranteeing the essential Services"

¹⁷ Australian Government, 2019, "Growing the NDIS Market and Workforce 2019"

3. Economic assessment

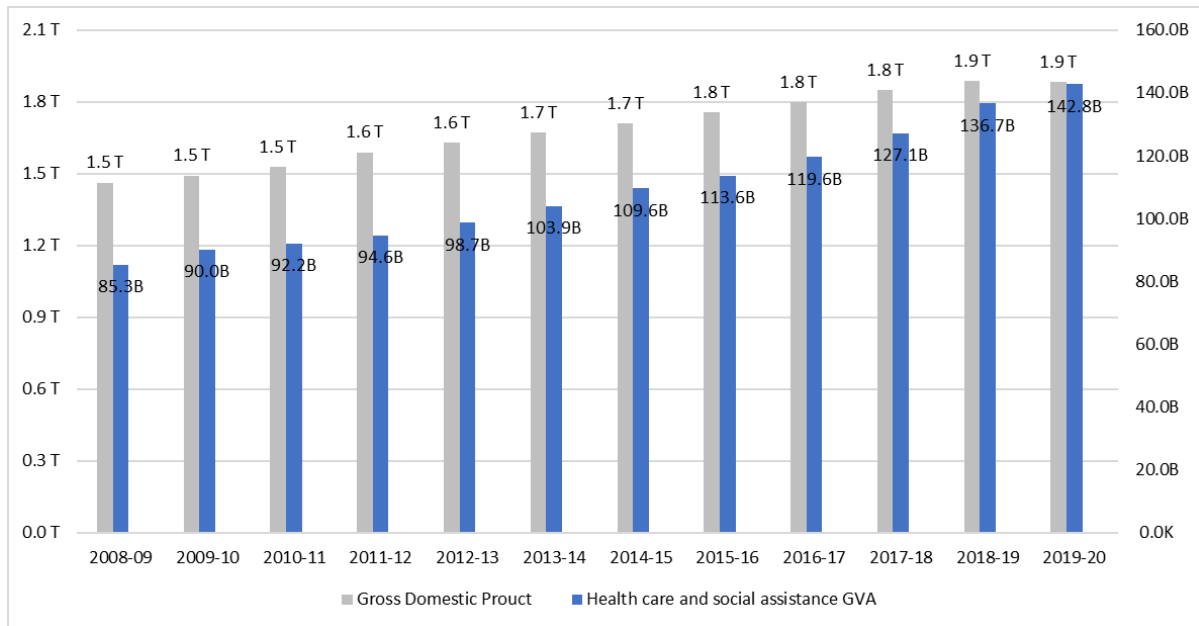
| Section summary | |
|--|--|
| Industry growth has been significant, and projected to continue | <ul style="list-style-type: none"> - On the back of an aging population, rising medical costs and government commitment to the sector, industry growth has been significant and is projected to continue for the foreseeable future. |
| Health care and social assistance is the largest employing industry in Australia | <ul style="list-style-type: none"> - Health care and social assistance is the largest employing industry in Australia. It is estimated that one-in-5 new jobs created will be in this industry. - Disability carers are the largest sub-group of job types within this industry, behind childcare workers and administration roles. |
| Job advertisements for support workers have increased significantly and proven economically resilient | <ul style="list-style-type: none"> - The industry has proven resilient to the effects of COVID-19, and job advertisements in 2020 (post-lockdown) are greater than pre-COVID-19 job advertisements in all states except Victoria (which is in lockdown at the time of writing this paper). - An industry less prone to economic events should equate to more stable earnings, and thus remittances amongst PLS workers. |
| The workforce is highly casualised with implications for pay levels of workers relative to PLS workers in other industries | <ul style="list-style-type: none"> - Almost 4 in 5 workers are part-time, with an average working week of 29 hours. - There appears to be few full-time positions, and there may be increased competition for these positions amongst Australian workers. - Given the highly casualised workforce, it is likely that pay levels will be lower than the average PLS worker. To combat this, the PLF should pursue full-time opportunities (despite the fact there are fewer opportunities) or opportunities with a higher hourly rate to compensate for the lower hours and mitigate the impacts on savings and remittances. |

3.1 Industry growth analysis

The following information has been taken from the PIA and updated with the most current information. Given that the previous PIA already assessed the industry as having strong growth prospects, the following section has been condensed.

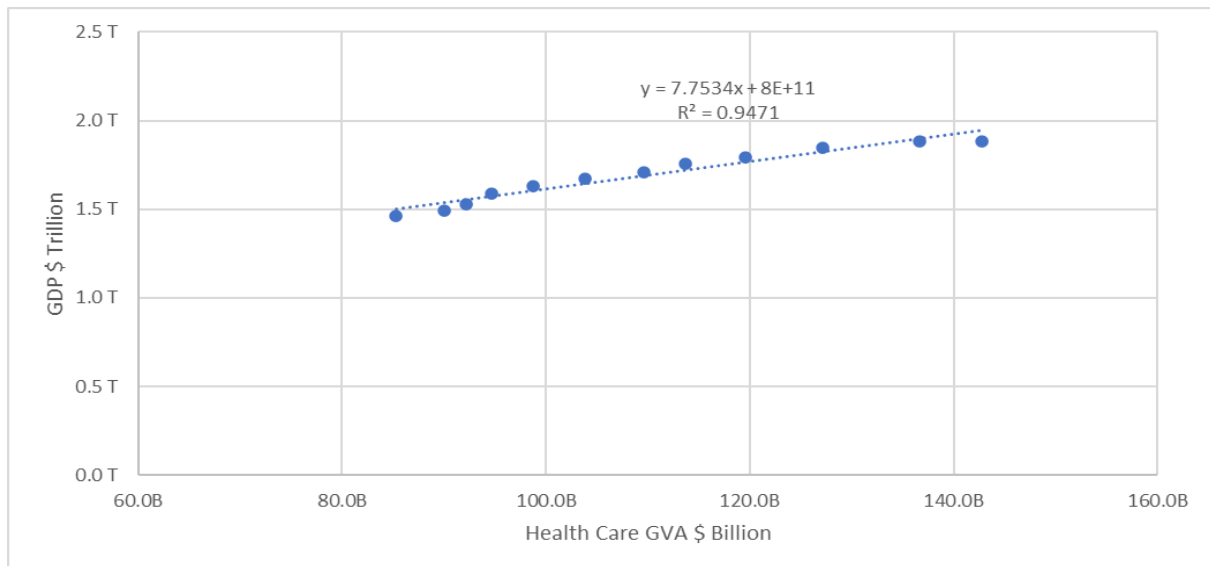
Over the past decade the Gross Value Added (GVA) by the health care and social assistance industry increased by 67.4% to June 2020 to \$142.8 billion (see Figure 1), a rate which exceeds national trends. Over the same period, national GVA grew by 28.7%, thus the health care and social assistance industry grew at twice the rate as the overall economy.

Figure 3: Health care and social assistance GVA and Australian GDP, chain volume measure, 2009 to 2019¹⁸



Our regression analysis shows that Australian GDP has a strong positive correlation with the GVA output of the health care and social assistance industry based on a simple linear regression. If this trend continues health care represents a significant and growing contribution to national GDP. However, empirically, we know that ‘performance’ of the sector is a function of the aging Australian population and government commitment to funding the sector, both of which are expected to continue.

Figure 4: Health care and social assistance industry GVA and Australian GDP line fit plot¹⁹



¹⁸ (Australian Bureau of Statistics)

¹⁹ (Australian Bureau of Statistics)

The following graphs show the breakdowns of the private sector component of the health care and social assistance industry. The contribution of the sector to the national economy has experienced strong year-on-year growth over the past decade⁶. A similar trend can be observed for the industry value added for the private residential care services industry, and the private medical and other health care services.

Figure 5: Private residential care services industry value added, Australia 2008-19²⁰

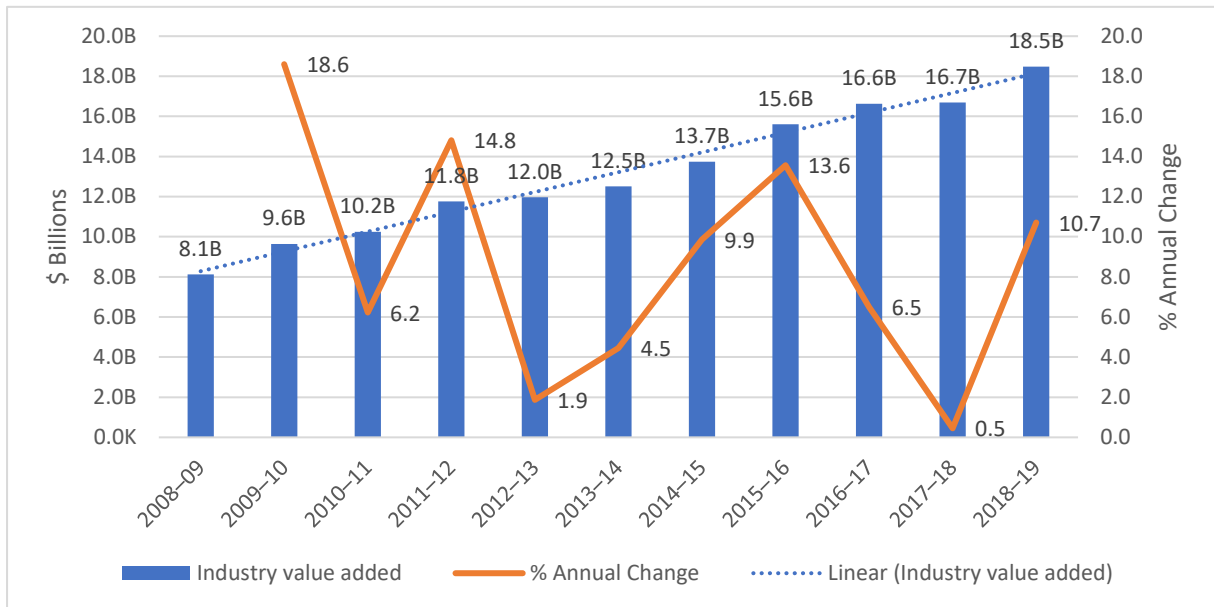
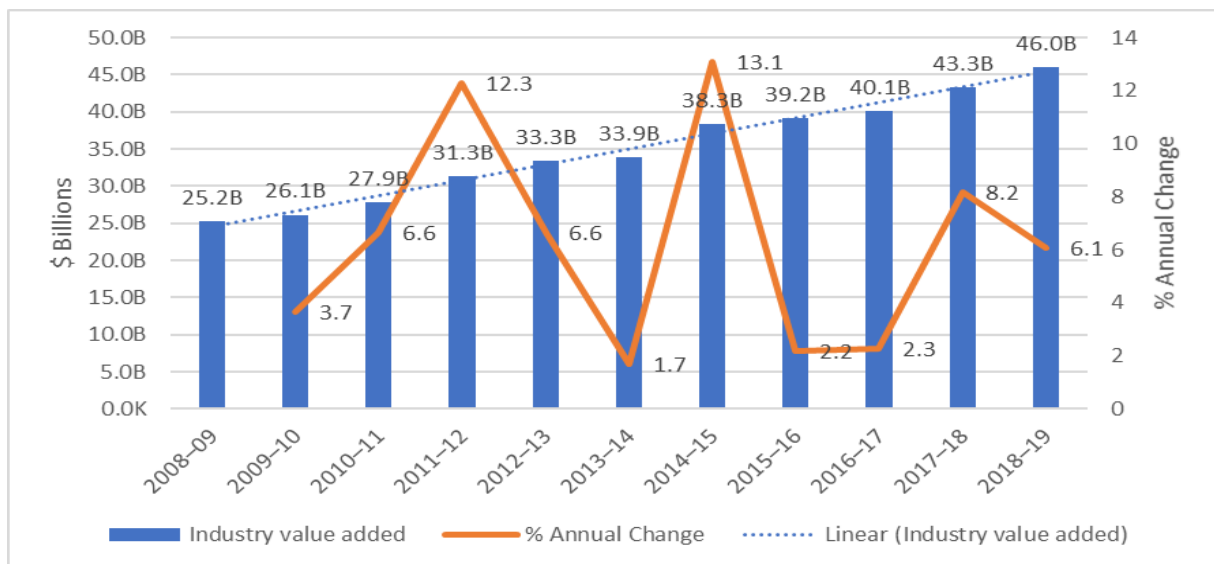


Figure 6: Private medical and other health care services industry value added, Australia 2008-19²¹



²⁰ (Australian Bureau of Statistics, 2020)

²¹ (Australian Bureau of Statistics, 2020)

3.2 Labour force growth analysis

ABS labour force figures show that the health care and social services industry employed 1.793 million persons as of February 2020. The compound annual growth rate of the health care and social assistance labour force over the past decade equates to 4.18%. This amount is above the national average and indicates a strong demand for new labour.

Over the past decade, employment in health care grew by 50.6% to Feb 2020. At the same time employment within the sub-industry of social assistance increased by 88.9%. To summarise, the social assistance sub-industry has seen the fastest growth within the broader industry.

Figure 7: Persons employed in the Australian health care and social assistance industry 2010-2020, percentage of all employment

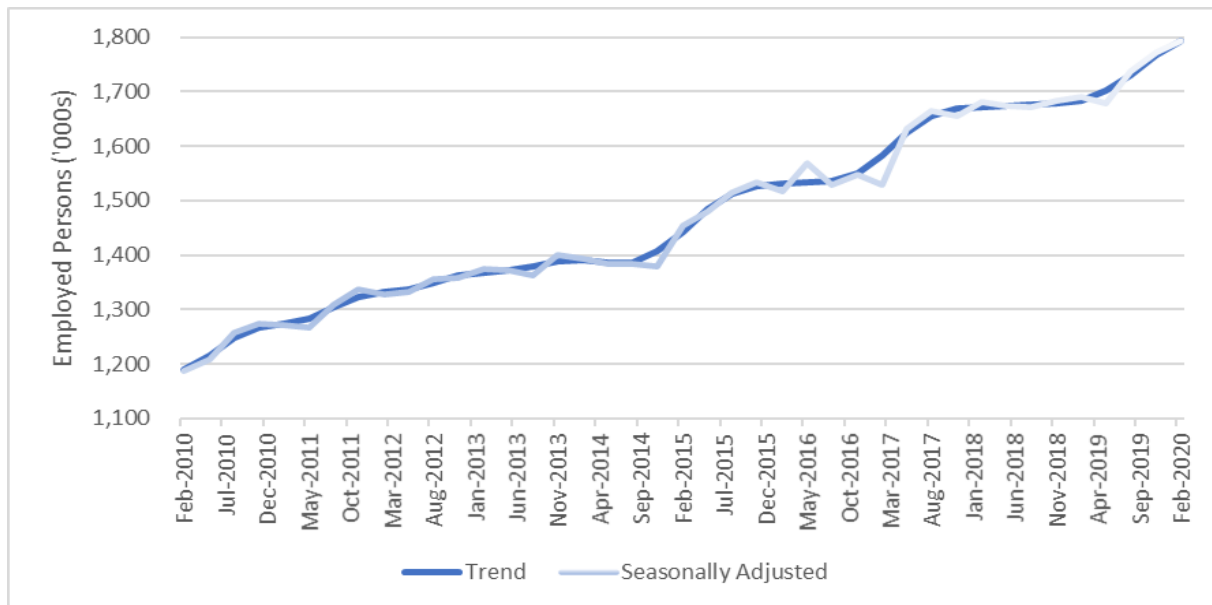
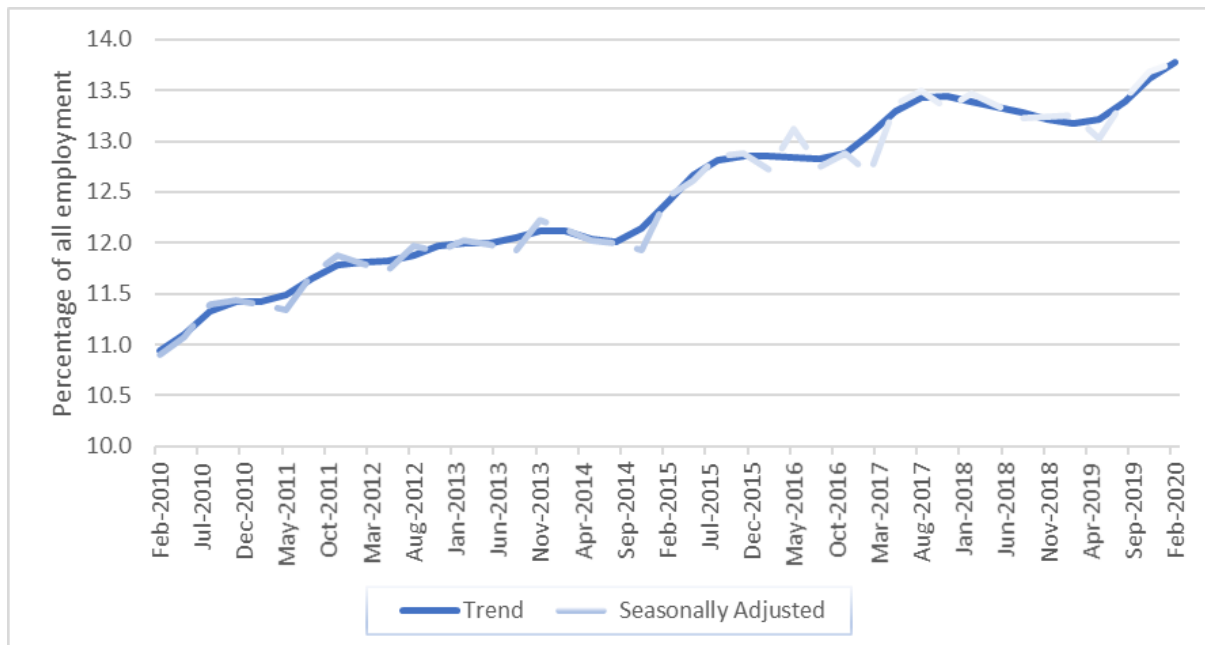
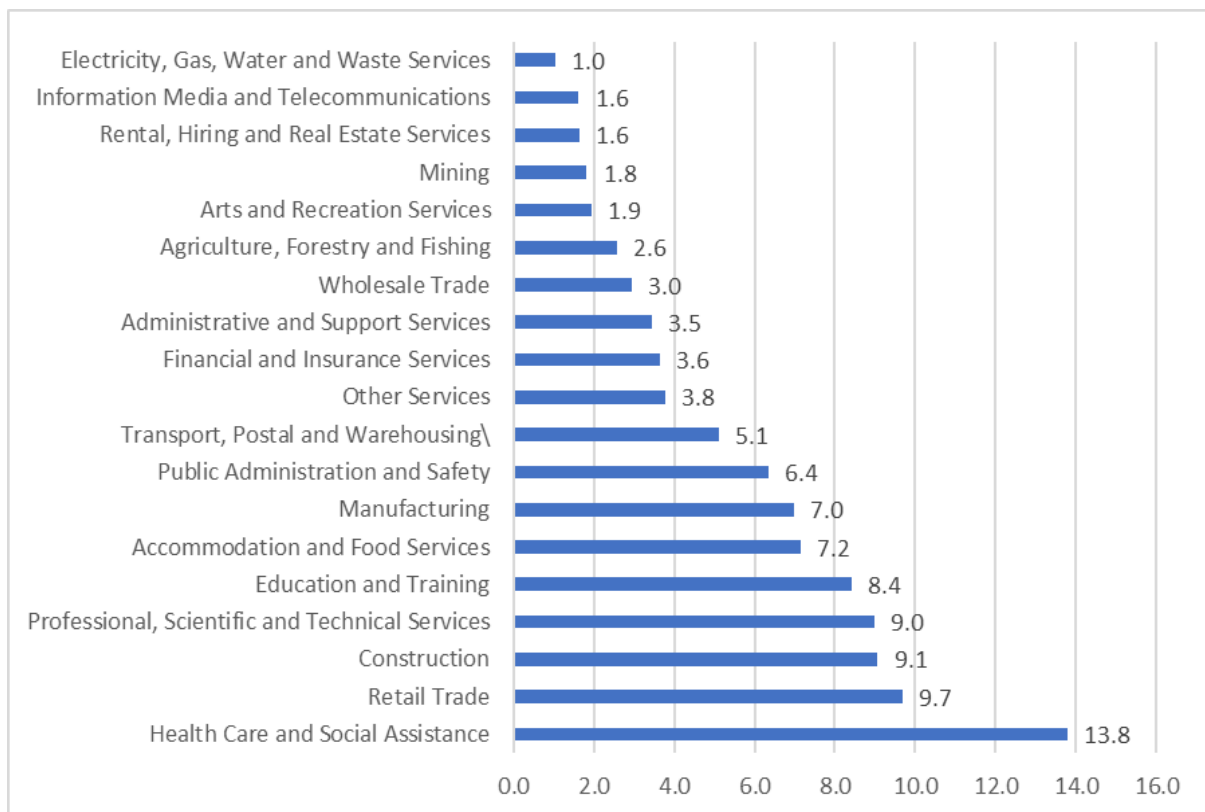


Figure 8: Persons employed in the Australian health care and social assistance industry 2010-2020, proportion of all employment



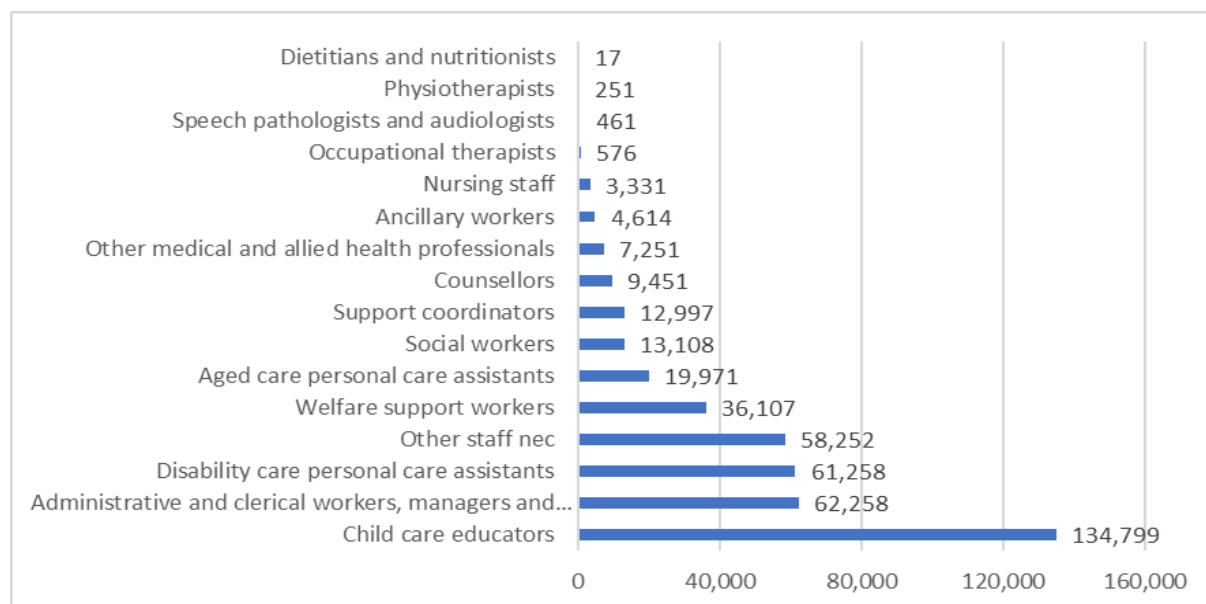
Employment in this industry of February 2020 made up 13.8% of the nation’s 13-million-person total workforce. Health care and social assistance is the largest employing sector of the economy and is expected to continue to be for the foreseeable future. The industry represents an important source of employment to the national economy.

Figure 9: Share of Australian employment by ANZSIC industry, February quarter 2020



The following figure shows the employment of specific occupations within the health care and social assistance industry. The 3 occupations with the largest number of employees were child-care educators (134,799 persons), administrative and clerical managers and professionals (62,258), and disability care personal care assistants (61,258). By these figures, there are 3 times more disability carers than there are aged carers, illustrating the size of the opportunity available to the PLS.

Figure 10: Employment by occupation in social assistance services, Australia 2009-19



Job advertisements

The internet vacancy index (IVI) has recorded monthly counts of job vacancies (advertisements) at a 4-digit ANZSIC Code level on a 3-month rolling average for jobs newly uploaded to Seek, CareerOne and Australian JobSearch. The data contains information by occupation and skill level and is provided at a state and territory level from March 2006 to the present. The IVI is estimated to cover 68% of all vacancies on the internet.²²

Table 3: Internet vacancy index for welfare support workers March 2006 to current, 3-month average²³

| Region | March 2006 | August 2019 | August 2020 |
|-----------------|------------|-------------|-------------|
| Australia | 299.2 | 640.7 | 682.7 |
| New South Wales | 105.8 | 212 | 218.3 |
| Victoria | 58 | 139.7 | 111.7 |
| Queensland | 70.7 | 135.3 | 154.7 |
| South Australia | 27.7 | 38.3 | 57 |

²² (Department of Education, Skills and Employment, 2018)

²³ (Australian Government, 2020)

| | | | |
|------------------------------|------|------|------|
| Western Australia | 14.9 | 61 | 79 |
| Tasmania | 9.7 | 17 | 18 |
| Northern Territory | 10.4 | 21.7 | 24.3 |
| Australian Capital Territory | 2 | 15.7 | 19.7 |

Table 4: Internet vacancy index for welfare support workers percentage to Australian jobs advertised by state March 2006 to current²⁴

| Region | March 2006 (% of total jobs) | August 2019 (% of total jobs) | August 2020 (% of total jobs) |
|------------------------------|---------------------------------|----------------------------------|----------------------------------|
| Australia | 0.14 | 0.37 | 0.51 |
| Australian Capital Territory | 0.06 | 0.26 | 0.41 |
| New South Wales | 0.14 | 0.35 | 0.49 |
| Northern Territory | 0.42 | 1.25 | 1.53 |
| Queensland | 0.14 | 0.42 | 0.55 |
| South Australia | 0.21 | 0.49 | 0.74 |
| Tasmania | 0.30 | 0.98 | 1.13 |
| Victoria | 0.11 | 0.29 | 0.40 |
| Western Australia | 0.08 | 0.37 | 0.48 |

In the welfare support industry, all states have been recording growth since March 2006 when the IVI was started. The most significant growth occurred in the Australian Capital Territory (nearly 10-fold increase) and Western Australia (nearly 6-fold increase). The substantial increase in jobs advertised in WA, ACT and the Northern Territory for welfare support roles is a result of growth welfare support infrastructure in these states and territories. These states were among the last to join the NDIS, which was rolled out in stages across the nation. The largest 3 contributors to the welfare support industry job advertising in Australia are New South Wales, Victoria and Queensland, supporting the notion that jobs for disability support workers follow broader population patterns.

Examining pre- and post-COVID-19 advertisements, only Victoria has seen a reduction in the number of advertisements. This indicates supports the notion of an industry well insulated from economic shocks.

²⁴ (Australian Government, 2020)

Job projections

The Australian Government Labour Market Information Portal provides detailed 5-year employment projections by the Department of Employment, Skills, Small and Family Business, down to the 4-digit level from 2019 to 2024 for industry subdivisions and occupations. Social assistance services at 17% projected growth, and other social assistance services (including disability services), at 20% projected growth, have the highest expected growth in demand for labour.

Table 5: Projected employment growth in health care and social assistance (by industry code)²⁵

| ANZSIC Industry Code | | Employment May 2019 | Projected to May 2024 | Projected growth to May 2024 | Growth (%) |
|----------------------|---|---------------------|-----------------------|------------------------------|------------|
| Q | Health Care and Social Assistance | 1,688,951 | 1,941,520 | 252,568 | 15.0% |
| 84 | Hospitals | 454,410 | 515,412 | 61,002 | 13.4% |
| 85 | Medical and Other Health Care Services | 532,575 | 618,580 | 86,005 | 16.1% |
| 850 | Medical and Other Health Care Services, nfd | 32,744 | 37,891 | 5,147 | 15.7% |
| 851 | Medical Services | 198,555 | 232,138 | 33,582 | 16.9% |
| 852 | Pathology and Diagnostic Imaging Services | 56,846 | 63,108 | 6,262 | 11.0% |
| 853 | Allied Health Services | 215,360 | 251,071 | 35,711 | 16.6% |
| 859 | Other Health Care Services | 34,081 | 39,384 | 5,303 | 15.6% |
| 860 | Residential Care Services | 258,028 | 288,086 | 30,058 | 11.6% |
| 87 | Social Assistance Services | 441,798 | 517,300 | 75,503 | 17.1% |
| 871 | Child Care Services | 147,350 | 165,911 | 18,561 | 12.6% |
| 879 | Other Social Assistance Services | 284,580 | 341,522 | 56,942 | 20.0% |

Projected employment growth by occupation code tells a similar story. For example, we can see that projections for employment growth for carers and aides has the highest growth rate among health and welfare support workers. The employment growth rate is projected at 11.9% for nurses, and at 25.4% for aged and disabled carers. The projections indicate that the health care and social services industry is expected to continue to experience strong growth in employment opportunities over the next 5 years at least, indicating strong demand for new workers.

²⁵ (Australian Government, 2019)

Table 6: Projected employment growth in health and welfare support workers²⁶

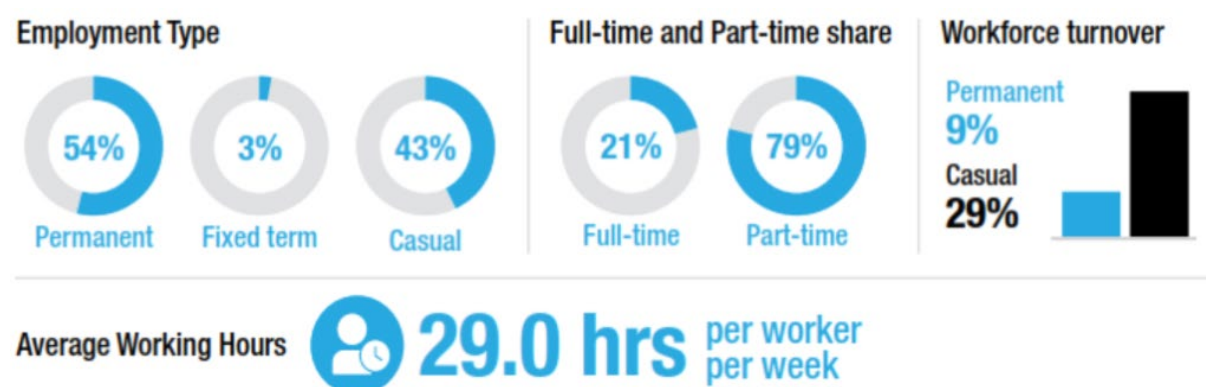
| ANZSIC Occupation Code | | Employment May 2019 | Projected to May 2024 | Projected growth to May 2024 | Growth (%) |
|------------------------|---|---------------------|-----------------------|------------------------------|--------------|
| 41 | Health and Welfare Support Workers | 143,061 | 166,751 | 23,690 | 16.6% |
| 4111 | Ambulance Officers and Paramedics | 19,701 | 22,413 | 2,711 | 13.8% |
| 4112 | Dental Hygienists, Technicians and Thera | 8,402 | 8,864 | 462 | 5.5% |
| 4113 | Diversional Therapists | 7,838 | 8,268 | 431 | 5.5% |
| 4114 | Enrolled and Mothercraft Nurses | 25,081 | 28,065 | 2,984 | 11.9% |
| 4115 | Indigenous Health Workers | 1,332 | 1,332 | - | 0.0% |
| 4116 | Massage Therapists | 15,960 | 18,176 | 2,216 | 13.9% |
| 4117 | Welfare Support Workers | 65,580 | 80,466 | 14,886 | 22.7% |
| 42 | Carers and Aides | 567,530 | 677,018 | 109,488 | 19.3% |
| 421 | Child Carers | 152,160 | 182,317 | 30,158 | 19.8% |
| 422 | Education Aides | 110,265 | 133,512 | 23,246 | 21.1% |
| 423 | Personal Carers and Assistants | 301,160 | 357,006 | 55,846 | 18.5% |
| 4231 | Aged and Disabled Carers | 177,244 | 222,306 | 45,062 | 25.4% |
| 4232 | Dental Assistants | 31,901 | 36,441 | 4,540 | 14.2% |
| 4233 | Nursing Support and Personal Care Work | 91,197 | 96,702 | 5,506 | 6.0% |
| 4234 | Special Care Workers | 2,855 | 3,422 | 568 | 19.9% |
| 4230 | Personal Carers and Assistants nfd | 579 | 750 | 171 | 29.6% |

3.3 Labour force characteristics

The following figure is an employment snapshot of disability support workers – as opposed to allied health workers – operating under the NDS as of December 2019⁶.

As illustrated, the workforce is highly casualised, with almost 4 out of every 5 workers working part time. Assuming that full-time workers average 40 hours a week, simple arithmetic reveals that part-time workers average 26 hours a week – slightly below the 30-hour requirement of the PLS. Consultations revealed that many disability workers prefer part-time work to meet their lifestyle needs, such as raising children. However, given the smaller number of 30+ hour opportunities, there may be increased competition with Australian workers for these positions.

Figure 11: NDS workforce census – December 2019 snapshot



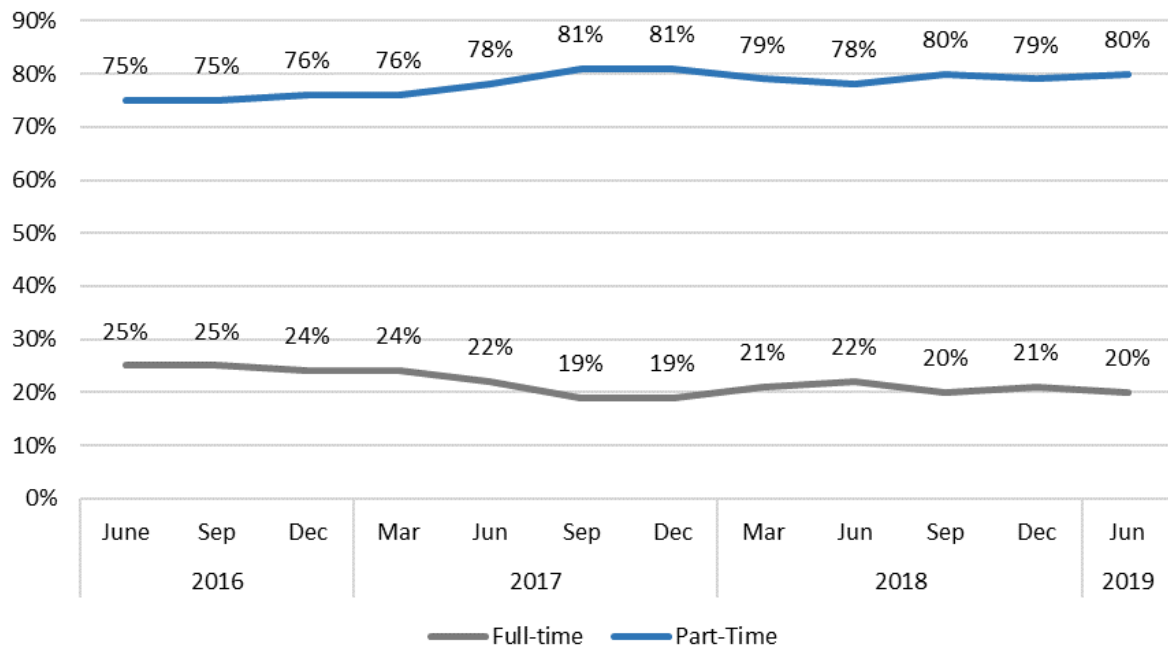
The average hourly rate for disability support workers in Australia is \$30.61, however this includes both experienced and new workers to the industry. Hourly rates for new and inexperienced workers average \$20 per hour, with a minimum of \$17.25⁷. Using a 30-hour week, which is slightly

²⁶ (Australian Government, 2019)

above the average for workers in the industry and the minimum for PLF, this equates to \$45,900 a year for experienced workers and \$26,400 at the lowest end of the range. Workers on the lowest rate of \$17.25, and working only 30 hours a week, would see their earnings materially below the total PLS worker cohort. This of course has implications for savings and remittances, and reduces the attractiveness of the scheme to potential workers. To mitigate this, the PLF should focus on full-time opportunities, or opportunities where a higher hourly rate can be achieved to offset the part-time hours.

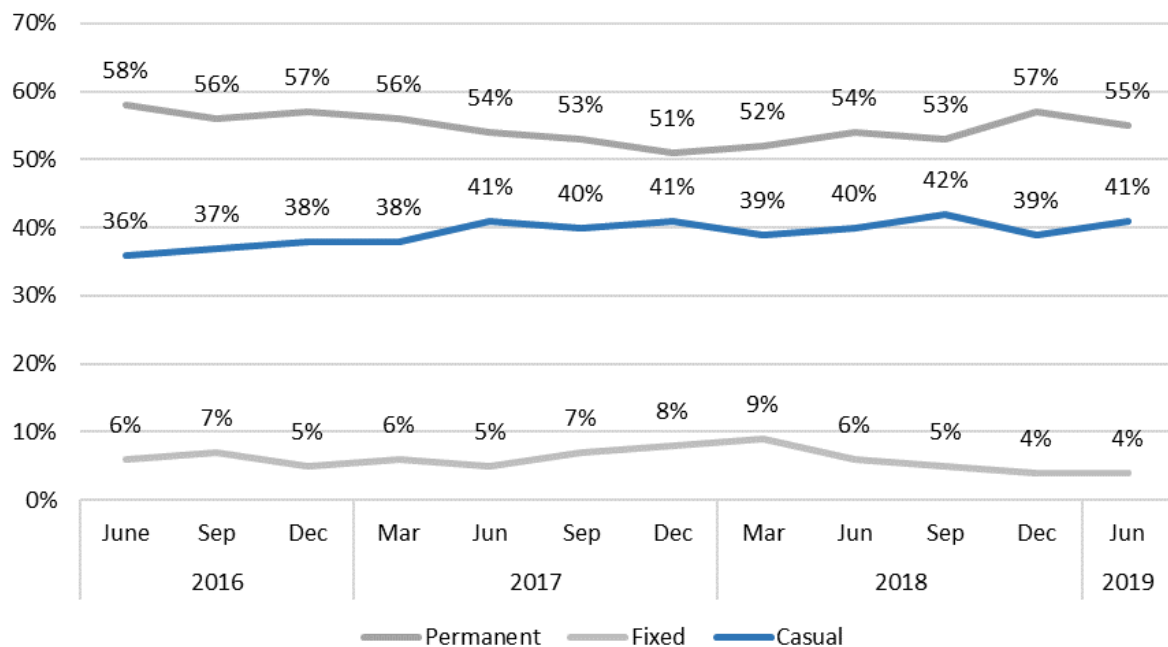
Most workers within the NDS are engaged on a part-time basis, and as illustrated below, have been so since inception of the scheme. This trend is expected to continue for the foreseeable future.

Figure 12: NDS workforce – full-time and part-time work



The proportion of casually employed workers has been steadily increasing since the inception of the scheme, with both permanent and fixed employees declining. With no evidence of policy reform structural changes to the sector, this trend is expected to continue.

Figure 13: NDS workforce – employment type



As the industry is highly casualised, PLS workers will be competing for a declining share of permanent and fixed positions, albeit the overall size of the workforce is markedly increasing.

The following table shows the NDIS workforce by gender during the 2018 and 2019 financial years for both ongoing and non-ongoing employees. As shown, the NDIS is dominated by women, about

75% of the workforce. This is relatively consistent with the broader health care and social assistance services industry, with about 80% of the workforce being female, as well as the various sub-industries with between 75-80% of the workforce being female as at February quarter 2020.

Table 7: NDIS workforce – gender demographics of ongoing employees of NDIS²⁷

| Year | Total 2017-18 | Total 2018-19 |
|-------------------|---------------|---------------|
| Male (%) | 26.1 | 25.1 |
| Female (%) | 73.9 | 74.9 |
| Indeterminate (%) | 0.00 | 0.04 |

In consultation with the Queensland state manager of the NDS, it was noted that although the NDIS workforce is female dominated, men are increasingly sought after. Participants generally prefer a carer with the same characteristics of sex, age, and cultural background. Given that two-thirds of participants are men, there is a large, unmet, demand for male carers.

3.4 Risk of displacement of Australian workers

Given the significant growth of the industry and chronic labour shortages, the risk of displacement of Australian workers by PLS workers is considered low. However, remote regions of Australia, and those with high youth and Indigenous unemployment, may be more sensitive to foreign workers. The labour market analysis, and subsequent updates, should be used as a guide to indicate regions with high unemployment, youth unemployment and Indigenous unemployment, before engaging.

²⁷ (National Disability Insurance Scheme)

4. Australian demand and provider characteristics

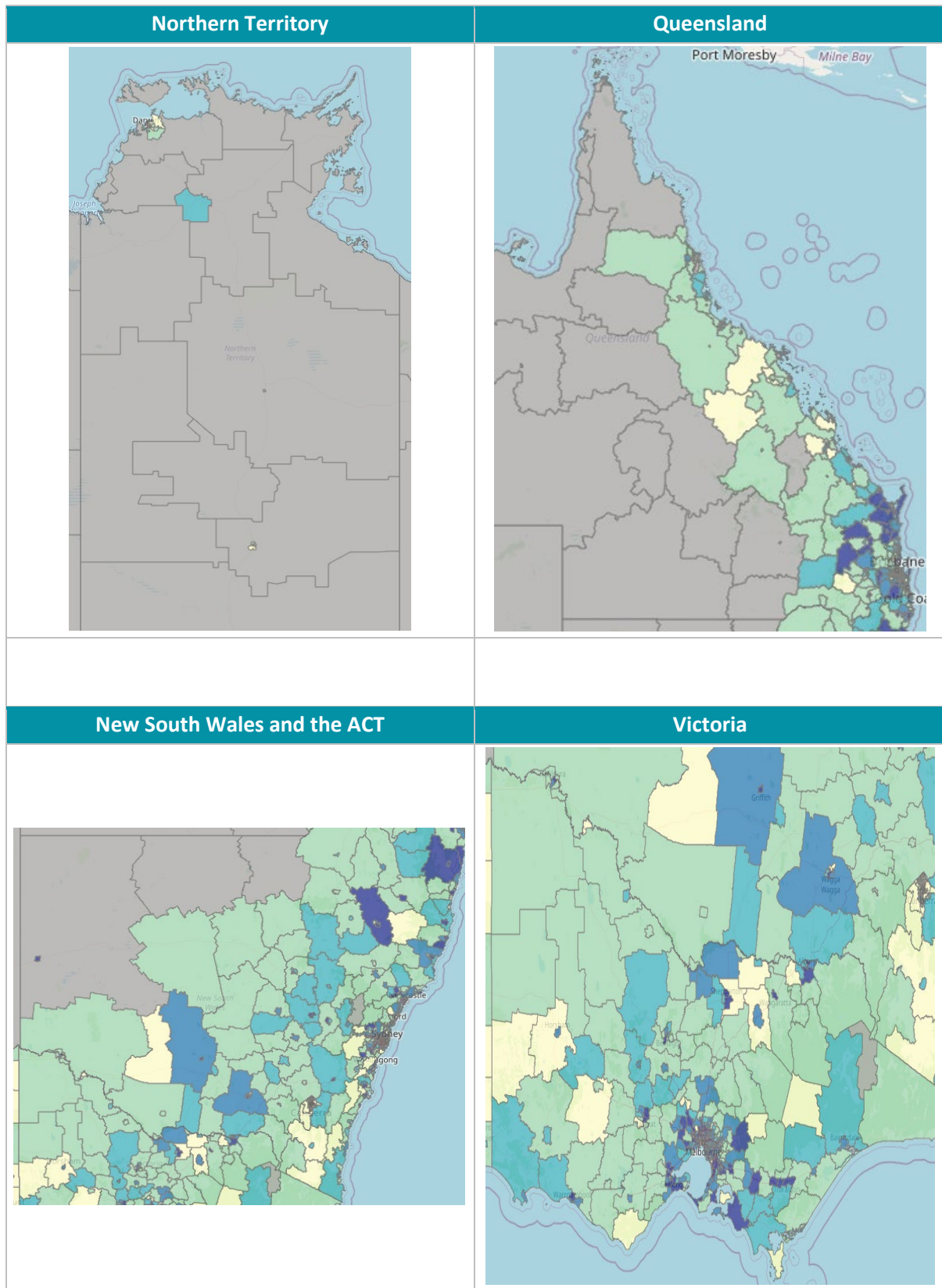
| Section summary | |
|---|---|
| The industry is highly fragmented | <ul style="list-style-type: none"> - The industry is highly fragmented, with businesses with more than 200 staff accounting for less than 1% of all business. - Many providers are also concentrated in single region or city, and there appears to be no providers with a national presence. This was the intention of the NDIS design. |
| There are no significant geographic clusters of demand or under-served regions ideal for engagement | <ul style="list-style-type: none"> - Unlike industries such as mining or agriculture, there are no significant geographic clusters of demand for disability services, however some areas are slightly over-represented. - Several regions are under-served by providers – almost entirely in regional and rural locations such as the outback of Northern Territory and Western Australia, far western New South Wales, and parts of South Australia outside Adelaide. Given their remote location, they are not recommended for engagement. - Instead, the PLF should look to locate workers where supports such as a significant Pacific diaspora, or a hub of PLS workers in other industries, are available. |
| The Alliance20 is likely an ideal place to begin industry engagement | <ul style="list-style-type: none"> - The Alliance20 represents the largest 20 disability services providers in Australia, collectively supporting more than 75,000 participants. Given its large and national presence, it appears an ideal candidate to begin industry engagement. |

4.1 Geography of demand

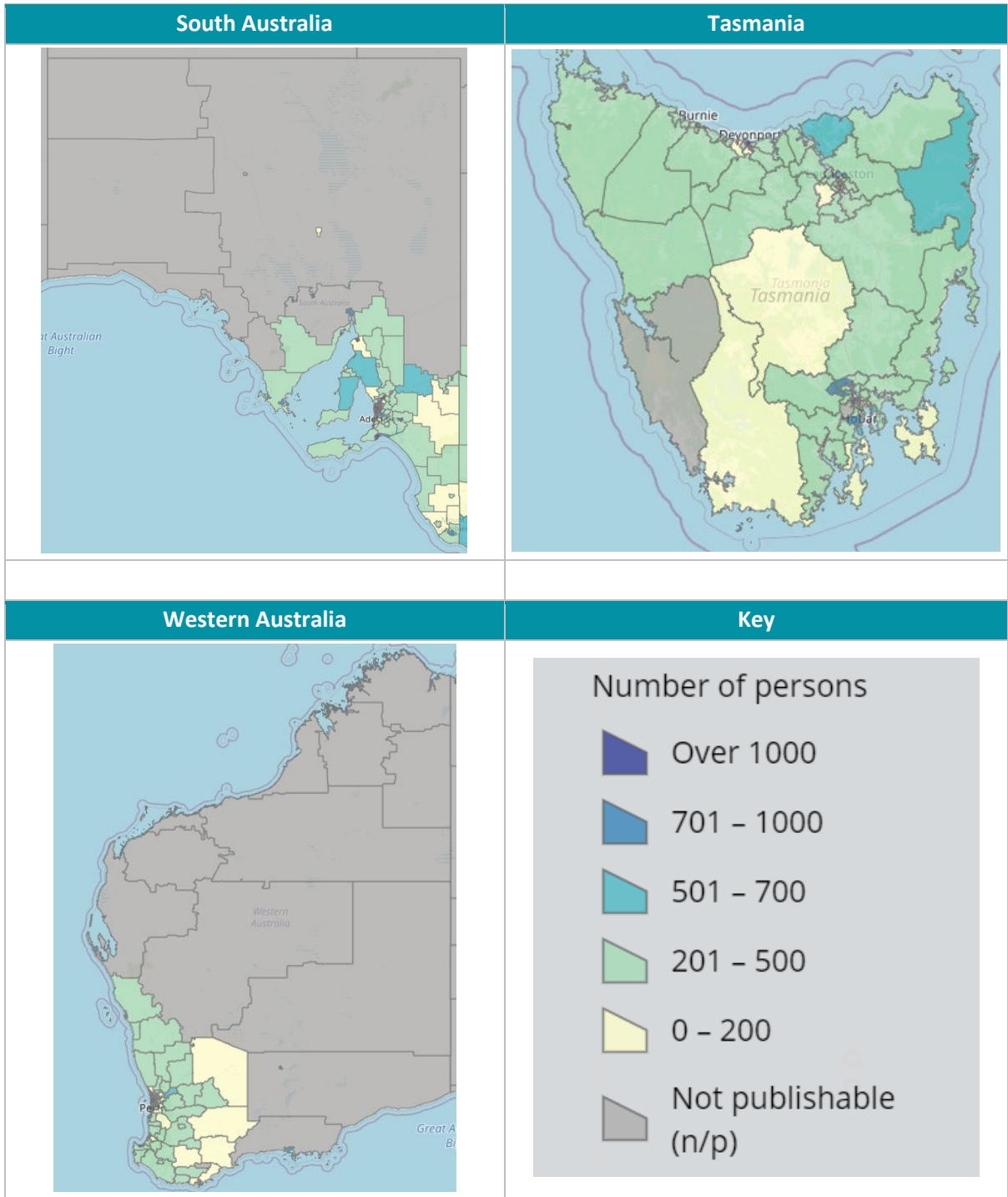
Geographic prevalence of disability

The state maps below show areas where persons are reporting a profound or severe disability – indicated by the depth of the colour. While the prevalence of disability broadly follows the general population patterns, there are noticeably several regions with higher instances of disability. However, none of these have been flagged as ‘hotspots’ by the NDIS themselves, suggesting that providers have been able to meet demand in most instances.

Figure 14: Geographic prevalence of disability²⁸



²⁸ (Australian Bureau of Statistics, 2020)



NDIS identified geographic hotspots

Contrary to the above, this map shows the ‘hotspots’ identified by the NDIS as of June 2020, flagged due to limited supply of providers. Metrics for identification included low utilisation of allocated funding and a high provider concentration, with obvious linkages between the two. The remote location of these low population hotspots makes service delivery difficult. While these undersupplied locations may be desirable to some providers, they are not recommended for targeting by the PLS due to a variety of worker welfare concerns.



4.2 Local area coordinators by state and provider concentration

The NDIS has been structured in a way that local area coordinators (LACs) help people navigate the NDIS and connect participants to disability service providers. They help participants maximise their choice and the services they receive. The PLF, or its partners, should contact the designated LAC during initial stages of engagement with a region.

The table below shows the Local Area Coordinators in each state. As shown, most LACs operate in a single region, with none having a national presence. However, Feros Care, APM, Mission Australia and Baptcare are the largest providers to regional Australia, having the largest presence outside the east coast. The largest coordinators in each state have been bolded and all names have a link to their website.

A full list of LACs by region, including mapping, is included in the appendices.

Table 8: Local area coordinators by state

| State | Number of participants | Local area coordinator |
|-------|------------------------|--|
| NSW | 127,139 | <ul style="list-style-type: none"> - Social Futures (regional NSW, significant presence) - Uniting (Hunter and Southern NSW, significant presence) - Latrobe Community Health Services (Sydney only) - Settlement Services International (Sydney only) - Blue Sky (Mid-North Coast, limited presence) - Intereach (regional, limited presence) |
| Vic | 108,630 | <ul style="list-style-type: none"> - Latrobe Community Health Services - Brotherhood of St Laurence (metro only) |

| | | |
|------------------|----------------|---|
| | | - Intereach (regional, limited presence) |
| Qld | 75,925 | - Carers Qld (state-wide, significant presence) - APM (regional only, limited presence) - IWC (regional only, limited presence) - Feros Care (regional only, limited presence) - Mission Australia (regional only, limited presence) |
| SA | 35,544 | - Feros Care (North Adelaide) - Baptcare (South and central Adelaide) - Mission Australia (West Adelaide and broader region) |
| WA | 32,547 | - Mission Australia (metro only) - APM |
| Tas | 9,110 | - Mission Australia (East and West Tasmania) - Baptcare (South and North Tasmania) |
| ACT | 7,753 | - Feros Care |
| NT | 3,511 | - APM (Darwin, Litchfield and Palmerston only) - No partners in other areas |
| Australia | 391,999 | |

Provider concentration in the disability services industry is very low with the top 4 players having less than 20% of industry revenue. There are a lot of small players, many operating in only one city or region. Further, enterprises with more than 200 staff account for less than 1% of all industry enterprises⁸. This low level of concentration will limit the ability of the PLF to achieve economies of scale when engaging with industry.

4.3 Alliance20

The Alliance20 is a partnership between the largest disability service providers in Australia, collectively covering all states and territories. Its members support over 75,000 participants across 1,800 service locations and receive \$2 billion in disability funding¹⁰. Members, as well as their state of operations are listed below, with providers that have a presence in several states bolded:

- Achieve Australia (NSW)
- **Aruma (formerly known as House with No Steps) (Vic, NSW, ACT, Qld)**
- Australian Unity (Vic, NSW, Qld)
- Bedford (SA)
- **The Benevolent Society (ACT, NSW, SA, Qld)**
- Cerebral Palsy Alliance (ACT, NSW)
- Challenge Community Services (NSW)
- Endeavour Foundation (Vic, NSW, Qld)
- **Life Without Barriers (All states and territories)**

- **Lifestyle Solutions (Tas, WA, NSW, Qld, NT)**
- Melbourne City Mission (Vic)
- **Mind Australia (Qld, WA, Vic, SA)**
- Minda (SA)
- Novita (SA)
- Oak Possability (Vic, Tas)
- Rise (WA)
- Somerville (NT)
- Southern Cross Support Services (Queensland)
- Sunnyfield (NSW and ACT)
- Sylvanvale (NSW)

The providers in bold, as large providers with significant geographic presence, may represent good opportunities to achieve economies of scale for industry engagement.

Note that these 20 largest providers collectively still only service approximately 20% of the market, demonstrating the highly fragmented nature of the industry.

4.4 Existing engagement with providers

Approved employers

At the time of writing this report, there is one approved employer – Carers NT.

Carers NT is a non-profit, community-based organisation and a registered charity dedicated to improving the lives of the estimated 30,000 family carers living in the Northern Territory. Carers NT represents carers interests in the Northern Territory and is part of the national network of carers' associations. Carers NT operates as a public benevolent institution.

Carers NT is a registered National Disability Insurance Scheme (NDIS) provider that delivers both direct disability support and aged care services in the Northern Territory. Carers NT would like to use the PLS workforce to deliver these services.

Its intention is to recruit between 6 and 10 aged care or disability support workers specifically from Fiji for a period of 24 months. All the positions would be based in Nhulunbuy, NT. Carers NT has engaged with the traditional owners of northeast Arnhem Land, the Yolngu, to ensure community understanding of the PLS and the reasoning behind using the Scheme. Due to the current COVID-19 travel restrictions, PLF's demand team has not been able to visit Nhulunbuy.

Prospective employers

There is currently one prospective employer – LiveBetter. The company has submitted an application to become an approved employer, but this is on hold while travel and access to worksites are restricted due to COVID-19.

LiveBetter a not-for-profit community organisation created by the 2017 amalgamation with 6 other service providers. It specifically services the needs of regional and remote communities in

south eastern and western New South Wales, the Murrumbidgee region and central Queensland. It has more than 1,500 employees.

Employers who did not engage

The demand team engaged with 5 other prospective employers that chose not to proceed:

- CentaCare CQ
- Access Recreation
- Catholic Care Central
- Mercy CQ
- Cootharinga (FNQ)

No systemic feedback was collected as to why the above providers did not proceed. Anecdotally, however, they were seeking workers who owned a vehicle and could work in the home-care sector of the industry. This requirement is expected to be consistent across most of the service providers.

5. Workforce skill requirements

| Section summary | |
|--|--|
| There are no mandatory skill requirements | <ul style="list-style-type: none"> - While there are no mandatory training requirements, employers typically prefer applicants with a Certificates in Individual Support (Disability), as well as short courses such as cardiopulmonary resuscitation (CPR) and manual handling. - They also require a yellow card and a blue card (if working with children). - Workers in the home-care sector need a driver's license. |
| Several roles have been identified as being eligible for PLS workers | <ul style="list-style-type: none"> - Given the modest formal requirements, many roles within the ANZSCO disability classification are eligible for PLS workers. These include both skilled direct-care roles and lower-skilled industry support roles such as gardeners or cleaners. |
| Employers focus on soft skills and cultural fit | <ul style="list-style-type: none"> - Given the low formal requirements, employers focus on soft skills such as communication and empathy, or the ability to work independently. - Employers also look for applicants with experience working with culturally and linguistically diverse communities |

5.1 Australian employer requirements

According to the NDS, there are no mandatory qualification requirements for working in the sector. However, Australian employers maintain a preference for particular skillsets and qualifications when recruiting workers. The below table outlines Australian employer requirements and desirable qualifications.

Table 9: Australian employer requirements

| | |
|---|---|
| Qualifications (desirable but not mandatory) | <ul style="list-style-type: none"> - Certificate III in Individual Support (Disability) - Certificate IV in Individual Support (Disability) - Certificate III in Allied Health Assistance - Certificate IV in Allied Health Assistance - Certificate IV in Leisure and Health - Diploma of Leisure and Health |
| Short courses/ certifications (desirable but not mandatory) | <ul style="list-style-type: none"> - First aid - CPR - Manual handling - NDIS Quality and Safeguard Commission's Worker Orientation - Australian Department of Health's COVID-19 infection control |

| | |
|---------------------------------------|---|
| Mandatory screening checks | <ul style="list-style-type: none"> - Yellow card - Blue card |
| Registrations & licenses | <ul style="list-style-type: none"> - Driver's licence |
| Other desirable traits and experience | <ul style="list-style-type: none"> - Experience working with Culturally and Linguistically Diverse (CALD) communities - Experience working with Aboriginal and Torres Strait Islander communities |

5.2 TAFE Certificate III in Individual Support (Disability)

This Certificate III is a nationally recognised training qualification designed to provide students with the skills and knowledge for employment in disability support services. It is the entry qualification for a personal support worker in either a client's home or a facility.

The course teaches students develop the skills and knowledge to work one-on-one with clients to maximise and maintain independence and well-being.

There are no formal entry requirements, but students are expected to have or be able to achieve written and spoken English skills to the certificate level of the course, or the ability to develop these skills in training. Students also need to be able to achieve a clear police check and meet relevant state-based requirements for working with children or vulnerable people.

The course is delivered online or in classroom (or blended) plus a minimum of 120 hours of work placement. Full time is 12 months' study, part time 24 months.

5.3 TAFE Certificate IV in Disability

This course is a pathway to a position with greater responsibility and opportunities so people to advance within the disability services sector. It enables graduates to become a supervisor or manage the performance of other team members in their role. The course prepares people for a role in the disability sector as a

- senior personal care assistant
- lifestyle support officer
- disability team leader
- local area coordinator
- disability support facilitator.

It can be undertaken by people who have:

- completed a Certificate III in Individual Support
- no formal qualification but some experience working in a related job role
- a job within the disability sector.

It requires a minimum of 120 hours of work placement.

5.4 Soft skills

Given the low mandatory qualification requirements, the focus of worker requirement has shifted toward soft skills and interpersonal skills, as well cultural fit. The following table lists desirable skills and attributes of workers in disability care¹³.

Table 10: Australian employer soft skill requirements

| Skills | Attributes |
|-----------------------------|---------------------------------|
| - computer literacy | - caring |
| - coordination | - compassionate |
| - communication | - integrity |
| - team building | - professional |
| - computer literacy | - willingness to learn |
| - problem solving | - positive attitude |
| - time management | - honesty |
| - client engagement | - attention to detail |
| - organisational skills | - reliable |
| - risk assessment | - trustworthy |
| - mediation | - empathetic |
| - writing skills | - respectful |
| - case management | - self-motivated |
| - interpersonal | - self-managing |
| - verbal skills | - solutions-focused |
| - outreach support | - flexible |
| - service delivery | - ethical |
| - group facilitation | - confidentiality |
| - conflict resolution | - person-centred |
| - negotiation skills | - ability to work independently |
| - complaint management | - ability to work in a team |
| - technologically competent | - embraces diversity |
| | - resilience |
| | - self-awareness |
| | - enthusiastic |

When the PLF spoke with the CEO of the NDS, the importance of having the right behaviours, values and attitudes was reiterated. It is also important to consider cultural alignment with the ‘support’ model of disability, rather than the ‘care’ model of industries such as aged care.

Our members continue to tell us that when it comes to disability support workers it's important they have the right values, behaviours and qualities; that they are comfortable supporting people with disability (as distinct from 'caring' for them); and that in providing such support they are working with the person with disability as a client.

- From conversation with the CEO of the NDS

5.5 PLS eligible roles (as per ANZSCO classifications)

Under the Australian and New Zealand Standard Classification of Occupations (ANZSCO), *Aged and Disabled Carers* provide general household assistance, emotional support, and care and companionship for aged and disabled persons in their own homes. Most occupations in this unit group have a level of skill commensurate with the Australian Qualifications Framework Certificate II or III, or at least one year of relevant experience (ANZSCO Skill Level 4, although some roles are at Skill Level 3)²⁹. In some instances, relevant experience or on-the-job training may be required in addition to the formal qualification. Expected daily tasks include:

- accompanying aged and people with disability during daily activities
- helping clients with their mobility
- preparing food for clients
- arranging social activities
- performing housekeeping tasks such as vacuuming and cleaning
- assisting in personal hygiene and dressing
- providing companionship, friendship and emotional support
- shopping and running errands.

Given the program and visa requirements, the following roles have been identified as being potentially eligible for PLS workers:

ANZSCO ID 423313 Personal Care Assistant/Disability Carers (also known as disability support worker or support worker)

Personal care assistants are responsible for the routine personal care either in health care facilities or in-home care. Workers are recommended to have experience in the industry (or in related fields), or have a Certificate III or IV in a relevant course. Personal carers perform tasks such as helping people with showering and eating. Personal care workers are also responsible for helping with rehabilitation exercises, basic treatments and delivery of medications. Estimated weekly pay for personal carers is \$1,200 for mid-career carers. The current workforce is estimated at 29,000 workers at a full-time rate of 31%, with the workforce being 85% female.³⁰

²⁹<https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/C4BA2D80393F55C4CA2584A8000E78BB?opendocument>

³⁰ (JobOutlook, n.d.)

ANZSCO ID 423314 Therapy Aide (also known as allied health assistant)

A therapy aide helps a therapist conduct a therapy program and provides direct care to patients in health, welfare and community settings. Workers would require experience or formal qualifications in allied health assistance or relevant fields (like disability or aged care). Responsibilities include helping persons with disability with mobility and communication needs, rehabilitation exercises and basic treatment, delivery of medication. A therapy aide also observes and reports on changes in a patient's, and on complaints about provided care. Estimated weekly pay for the industry is \$1,200. The current workforce is estimated at 5,400, with a full-time rate of 34%, and composed of 86% women.³¹

ANZSCO 411711 – Community Worker

Community workers are responsible for communicating community development initiatives and for collective solutions of communities on issues of needs arising from various welfare-related streams such as health, housing and employment. Workers typically require formal qualifications in fields like community services and social sciences. A community worker assesses community needs and resources for welfare-related issues, liaises with relevant groups and organisations about community issues and promotes awareness of community resources and services. Estimated weekly pay for the industry is \$1,300. The current workforce is 80% female with an estimated 24,400 workers, working at a full-time rate of 61%.³²

5.6 Types of disability services and associated professions

The NDIS has a registration guide for providers of services. Those that are directly related to welfare or disability support, and potentially eligible for PLS workers are outlined in the following table.

Table 11: Selected NDIS registration groups and suitability for PLS workers in disability stream³³

| Registration group | Description | Occupations |
|--|---|---|
| High intensity daily personal activities | Assisting with or supervising personal tasks of daily life to enable the participant to live as autonomously as possible. These individual supports can be provided in a range of environments including, but not limited to, the participant's own home. | <ul style="list-style-type: none">- Disability support worker- Welfare worker- Aboriginal health worker |
| Development of daily personal activities | Assisting with or supervising personal tasks of daily life to enable the participant to live as autonomously as possible. These individual supports can be provided in a range of | <ul style="list-style-type: none">- Disability support worker- Welfare worker- Aboriginal health worker |

³¹ (JobOutlook, n.d.)

³² (JobOutlook, n.d.)

³³ (National Disability Insurance Scheme, 2018)

| | | |
|--|---|--|
| | environments, including participant's own home. | |
| Daily tasks/shared living | Assistance with or supervising tasks of daily life in a shared living environment, which is either temporary or ongoing, with a focus on developing the skills of each individual to live as autonomously as possible. This includes short-term accommodation and respite care. | <ul style="list-style-type: none"> - Disability support worker - Welfare worker - Aboriginal health worker |
| Development of daily living and life skills | Development of daily living and life skills focusing on training and development activities undertaken by the participant or their carer to increase their ability to live as autonomously as possible, including supports that will enhance the ability of the participant to travel and use public transport independently. | <ul style="list-style-type: none"> - Disability support worker - Welfare worker - Aboriginal health worker |
| Participation in community, social and civic activities | Assisting active participation in community, social and civic activities. Includes supporting participants during these activities, and developing participants' ability to partake in these activities. | <ul style="list-style-type: none"> - Disability support worker - Welfare worker - Social worker - Aboriginal health worker |
| Group and centre-based activities | Assisting participation in group-based community, social and recreational activities. | <ul style="list-style-type: none"> - Disability support worker - Welfare worker - Social worker |

6. Worker supply and Pacific island country considerations

| Section Summary | |
|---|---|
| 36 places in Certificate III are planned for delivery next year, with potential to increase, in addition to a pool of over 200 APTC graduates | <ul style="list-style-type: none"> - The APTC has 18 places available in a Certificate III in Community Services (Disability Stream) planned for delivery in 2021 (pending COVID-19 related restrictions). APTC have indicated that the number of graduates could be increased following successful trials. - An addition 233 APTC graduates have Certificate III, or higher, level qualifications and may be eligible to join the PLS working in disability services following a brief refresher course. Most are from Fiji and Samoa. |
| Formal employment opportunities in disability services are limited in the Pacific | <ul style="list-style-type: none"> - While opportunities for formal employment in disability services in Australia are some of the highest in the world, there are limited opportunities for formal employment upon returning home to the Pacific - Fiji and Samoa have the highest levels of public expenditure on incapacity-related services, but are still below the global average - While there are limited opportunities for workers upon their return home, roles are available in community-based rehabilitation and community support programs, and aged care. Many of these programs are implemented by NGOs. |

6.1 Supply of Pacific workers – APTC

APTC has a cohort of 18 places in a Certificate III in Community Services (Disability Stream) planned for delivery in Samoa in Semester 1, 2021. Due to COVID-19 related restrictions this cohort will consist largely of Samoans and is still contingent upon the Samoa government allowing entry of an international trainer into the country. APTC has indicated that should demand be secured, and successful pilots of PLS workers conducted, there is capacity to increase the ongoing supply of graduates. The number of potential graduates will need to be confirmed following successful trials with approved employers.

In addition, APTC has identified 233 people in the Pacific who hold Certificate III, or higher, level qualifications that may be eligible to join the PLS and work in disability services in Australia following a brief refresher course. The table below shows the number of qualified graduates by nationality and gender. Consistent with the Australian workforce, female graduates are approximately 80% of the total, with most from Samoa and Fiji.

Table 12: Existing APTC graduates with disability qualifications

| Course / citizenship | Female | Male | Total |
|--------------------------------------|------------|-----------|------------|
| Certificate III in Disability | 81 | 22 | 103 |
| Samoa | 52 | 16 | 68 |
| Fiji | 11 | 2 | 13 |
| Tonga | 5 | 1 | 6 |
| Papua New Guinea | 4 | 1 | 5 |
| Solomon Islands | 4 | 1 | 5 |
| Nauru | 2 | | 2 |
| Tuvalu | 1 | 1 | 2 |
| Kiribati | 1 | | 1 |
| Vanuatu | 1 | | 1 |
| (Non-PLS countries) | (2) | | (2) |
| Certificate IV in Disability | 103 | 27 | 130 |
| Fiji | 79 | 18 | 97 |
| Samoa | 17 | 3 | 20 |
| Papua New Guinea | 3 | 4 | 7 |
| Tuvalu | 4 | | 4 |
| Vanuatu | | 2 | 2 |
| All qualifications | 184 | 49 | 233 |

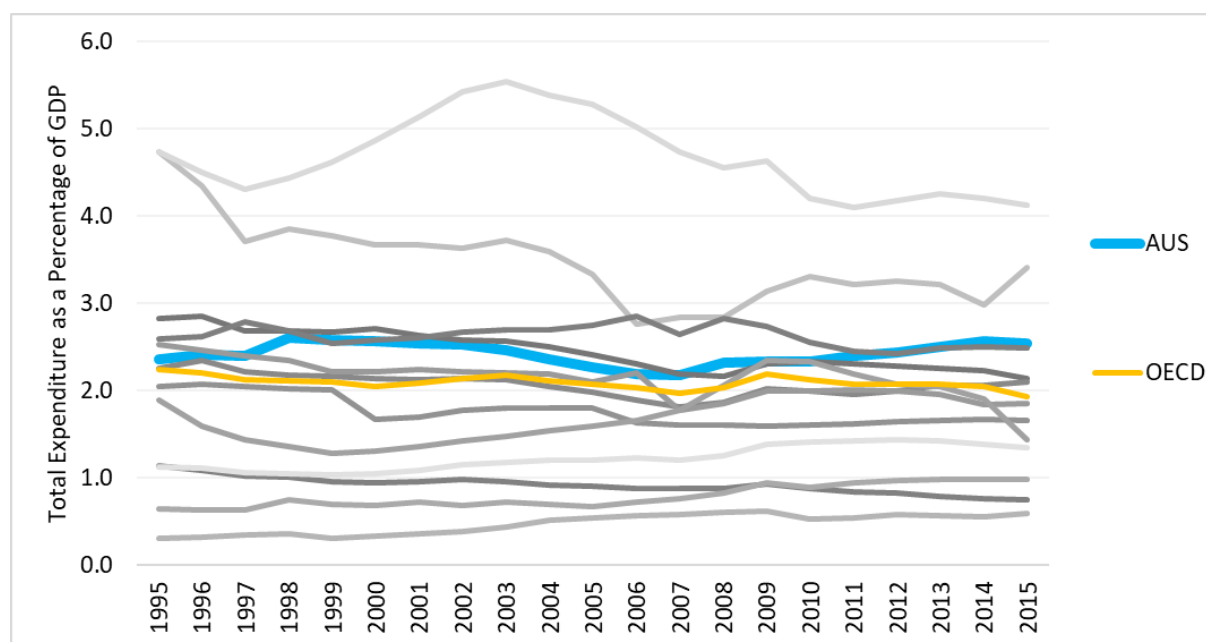
6.2 Synergy with Pacific opportunities

International expenditure on disability and personal care

The Australian Government invests significant public funds into incapacity related expenditure. The below graph shows the public spending on incapacity of OECD countries. This includes expenditure on sickness, disability and occupational injury¹¹. Social expenditure for people with disability includes day care, rehabilitation services, home-care services, and other related services. This expenditure is expressed as a percentage of GDP in the following figure.

As illustrated, Australian expenditure is significantly above the OECD average, with 2.4% of GDP publicly spent on incapacity. Only the Nordic countries and a handful of EU countries spent more.

Figure 15: Public expenditure on incapacity – OECD countries only



Similar expenditure indicators were more difficult to obtain outside of the OECD, particularly for the Pacific, however the following expenditure was obtained on the social safety nets (conducted by the World Bank¹²):

- 1.5% world
- 1.1% East Asia and the Pacific
- ~1.3% Fiji
- ~1.25% Fiji
- ~1.0% Samoa
- ~0.8% Kiribati
- ~0.3% Vanuatu
- <0.1% Papua New Guinea

The above data confirms anecdotal evidence that employment opportunities in disability care in the Pacific are limited.

Pacific employment opportunities

The past decade has seen strengthened commitment from Pacific Island countries to reducing barriers faced by persons living with disability, with most nations now having ratified the Convention on the Rights of Persons with Disabilities (CRPD). Progress has been made in terms of awareness raising, data collection, inclusive education, social protection and access to assistive devices. Several Pacific countries have now included disaggregated disability questions in their censuses and are

incorporating the use of the Washington Group Short Set of Questions on Disability. This this will provide invaluable data to policy makers and is crucial step toward greater inclusiveness³⁴.

Increased awareness and data-collection efforts will take time before improved job opportunities in disability care or community support workers materialise. Programs to support people with disability in their homes and communities exist, but there is limited funding to enable the engagement of sufficient workers to support this. Expenditure on inclusion of persons with disability is still low – generally below 0.15% of GDP across the Pacific. Some of these programs, frequently known as community-based rehabilitation programs, are facilitated through government, while others are managed by NGOs. A small number of work opportunities also exist through aged and rehabilitation outreach services, and aged care homes where they exist in larger countries.

Aid-funded programs are a further opportunity for employment of returned PLS workers. For example, Australia’s Department of Foreign Affairs and Trade’s Development for All strategy seeks to support and strengthen disability-inclusive development across the region. Since the inception of this strategy in 2008, support for disability inclusion has been strengthened through mainstreaming disability in aid investments and supporting advocacy for the rights of people with disability through Organisations of People with Disabilities (OPDs). While not specifically linked to disability support services, employment opportunities for returning workers with a deeper understanding of the rights and requirements of people with disability may exist within Australian-aid funded partners and programs that use a disability-inclusive approach, and within OPDs (noting that OPDs are mandated to prioritise the recruitment of people with disability).

³⁴ Pacific Disability Forum, Pacific Disability Forum SDG-CRPD Monitoring Report 2018

7. NDIS strategy and workforce growth initiatives

| Section summary | |
|---|---|
| The government has recognised the labour shortage and multiple initiatives are in place to grow the NDIS workforce | <ul style="list-style-type: none"> - Multiple government initiatives, including the NDIS Jobs and Market Fund, and the Boosting Local Care Workforce Program, are in place for providers to grow the disability services workforce. - Wherever possible the PLF should engage with these programs for benefits including funding, coordination assistance and an introduction to potential partners |
| The NDIS and disability services workforce will likely be impacted by the strategy updates and government inquiries into the sector | <ul style="list-style-type: none"> - Several reviews and strategy updates, including the National Disability Strategy, NDIS Capability Framework and Disability Royal Commission, are currently occurring in the sector. These reviews and inquiries aim to benefit the disability and will no doubt have recommendations for workforce improvements. The PLF should monitor outcomes of these initiatives. |

7.1 Workforce growth initiatives

NDIS workforce plan

The NDIS workforce needs to grow significantly to meet the needs of people with disabilities and realise the benefits of the NDIS. More support workers, allied health professionals and others are required. In recognition of this, the *Growing the NDIS Market and Workforce* report was released in March 2019. It set out a long-term vision for a capable and adaptable NDIS workforce, including 2 workforce priorities:

- Fostering a **capable** NDIS workforce (developing capabilities and improving formal qualifications for the sector)
- **Growing** the NDIS workforce³⁵

In recognition of these workforce needs, the Australian Government is working with the state governments to develop a nationally consistent NDIS Workforce Plan ahead of the national rollout of the NDIS. The plan aims to deliver a cohesive, national approach to developing the capacity and capability of the NDIS workforce. The NDIS workforce plan will need to achieve the following outcomes:

- **Attracting workers** and addressing existing known shortages

³⁵ In response to the Strategy, the Government has funded the development of the NDIS Capability Framework, which will be incorporated into the National NDIS Workforce Plan. DSS and the National Disability Insurance Agency are working together on the NDIS Thin Markets Project to address market gaps in thin sub-markets. The NDIS Participant Employment Strategy 2019-2022, released in November 2019, outlines the practical steps to improve employment outcomes for participants, including how the NDIS can better support participants to aspire to and prepare for work.

- **Retaining workers** through reducing high turnover rates among workers in the NDIS sector.
- **Workforce innovation and productivity** through developing innovative and responsive service models using technology and other tools that maximise workforce productivity and effectiveness. This will address the decline in average weekly hours completed per disability worker.
- **Quality and capability** to ensure workers are equipped with the relevant skills, values and attributes, through training and mentoring.

Stakeholder consultation occurred as part of the development of the NDIS National Workforce Plan in early 2020 (February to March). Currently, feedback is being sought through the National NDIS Workforce Plan survey³⁶. The Disability Reform Council is considering the plan.³⁷

NDIS Jobs and Market Fund

The Australian Government calculates that the disability workforce will need to more than double by 2020 when the NDIS is fully rolled out³⁸. To address this, the NDIS Jobs and Market Fund (JMF) funded projects to prioritise opportunities for workforce and market growth³⁹.

A total of \$45.6 million was available over 3 years (1 July 2018-30 June 2021) for projects to “grow the provider market and workforce in number and capability”⁴⁰.

The investment was targeted at overcoming barriers such as low awareness of NDIS job opportunities and under-developed disability provider services in rural and remote areas. It aimed to support businesses to build both their capability and a strong care market. The activities had to provide collective benefit to the NDIS market and workforce generally, or sub-markets (by support type, participant type, or geography), or multiple providers. Examples of eligible projects included:

- work to support the development of an e-marketplace
- initiatives to support Aboriginal and Torres Strait Islander organisations to provide NDIS services
- projects to develop new delivery models for rural and remote communities
- development of frameworks and resources to assist providers to train NDIS workers
- information and programs that link jobseekers with NDIS career opportunities.

Round 1, which made \$10 million available for up to 2 years; opened in November 2018 and closed 17 January 2019. The minimum grant amount was \$50,000, with most grants between \$100,000 and

³⁶ <https://www.nds.org.au/news/national-ndis-workforce-plan-survey>

³⁷ Joint Standing Committee on the National Disability Insurance Scheme, Inquiry into implementation, performance and governance of the National Disability Insurance Scheme (NDIS): the NDIS Workforce Submission June 2020, Submission 48.

³⁸ The disability workforce will need to grow from 73,000 full-time equivalent jobs in 2013 to about 162,000 jobs by 2020 (<https://www.dss.gov.au/publications-articles/corporate-publications/budget-and-additional-estimates-statements/ndis-jobs-and-market-fund>).

³⁹ It replaced the previous Sector Development Fund, which funded projects to support people with disability, providers and the workforce to transition to the NDIS.

⁴⁰ In total, \$64.3 million is being provided through the JMF and “broader communication activity” to raise awareness of NDIS job opportunities.

\$1 million. Information on successful applicants is available at <https://www.communitygrants.gov.au/grants/ndis-jobs-and-market-fund-round-1>. As the grants run over 2 financial years from 2019-20 to 2020-21, a second round is yet to take place.

Boosting Local Care Workforce Program

The Boosting the Local Care Workforce (BLCW) Program supports the implementation of the NDIS and aims to develop the capacity of disability and aged care service providers to operate effectively and expand their workforce.

It is funded by the Department of Social Services, and delivered by Ernst & Young, with the First Peoples Disability Network (Australia), and the Community Services Industry Alliance. There are 3 main objectives under the program:

- Reduce barriers that impact providers' ability and willingness to start, continue or grow their service offer.
- Improve the operation and efficiency of labour markets by better matching supply and demand through measures such as providing information, resources and links to relevant government programs.
- Provide local-level knowledge on the disability and aged care service provider and workforce markets.

The BLCW program provides regional coordinators and subject matter specialists under its initiatives. Twenty-five regional coordinators work with existing and prospective service providers and key stakeholders in their geographic area to provide localised support, gather intelligence on local issues, facilitate workshops and connect stakeholders with complementary programs and initiatives in the disability and aged care sectors. Subject matter specialists provide a national approach to address specific issues including:

- rural and remote services
- participant self-direction and self-management
- allied health.

Under the BLCW Program, eligible disability service providers were able to apply for [Transition Assistance Funding](#) of up to \$20,000 in 2 rounds in 2019 and 2020. This funded the purchase of tailored professional services, including business advice, to grow their business and workforce capability.

The Transition Assistance Funding aimed to help organisations:

- attract retain and optimise their workforce
- improve awareness of the opportunities and ability to enter or expand and collaborate in the disability sector
- develop skills and capabilities required to effectively operate in a competitive disability market.

A funding pool of approximately \$8,800,000 (GST exclusive) was available for Round 2, with grants up to \$20,000. A full list of projects funded under Rounds 1 and 2 is available at <https://blcw.dss.gov.au/media/1102/taf-recipient-list-as-at-17-february-2020-v2.pdf>

7.2 NDIS strategy and industry reviews

National Disability Strategy 2010-2020

The National Disability Strategy 2010-2020 sets out a 10-year national plan for improving life for Australians with disability, their families and carers. It is the first national disability strategy in Australia, although states and territories have previously had individual strategies. The strategy's vision is for "an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens" Its purpose is to:

- establish a high-level policy framework to give coherence to, and guide government activity
- drive improved performance of mainstream services in delivering outcomes
- give visibility to disability issues and ensure they are included in the development and implementation of all public policy
- provide national leadership toward greater inclusion of people with disability.

The strategy specifies roles and responsibilities for governments across the range of policies and programs that impact on people with disability, their families and carers, and aims for a more cohesive approach across all governments. It is due to be reviewed for 2021, and a position paper has been released in July 2020.

The position paper notes that the 6 outcomes of the 2010-2020 strategy are being carried forward to the new strategy as the feedback was positive that these areas are correct. These are economic security, inclusive and accessible communities, rights protection, justice and legislation, personal and community support, learning and skills, and health and wellbeing. Suggested additions to the new strategy include:

- developing guiding principles for development of policy and program design
- increased focus on community attitudes
- greater government accountability, such as clearly described roles, measurement and reporting of outcomes, data collection, coordinated evaluation approach.
- targeted action plans and engagement plan

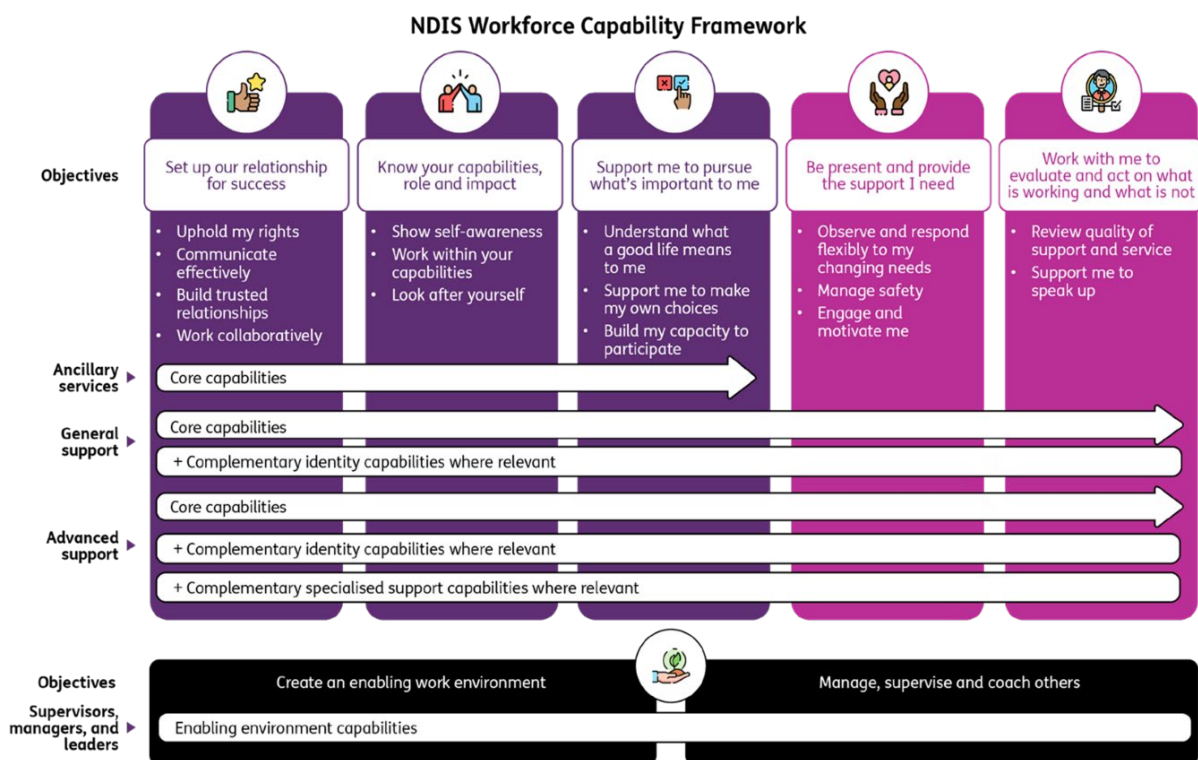
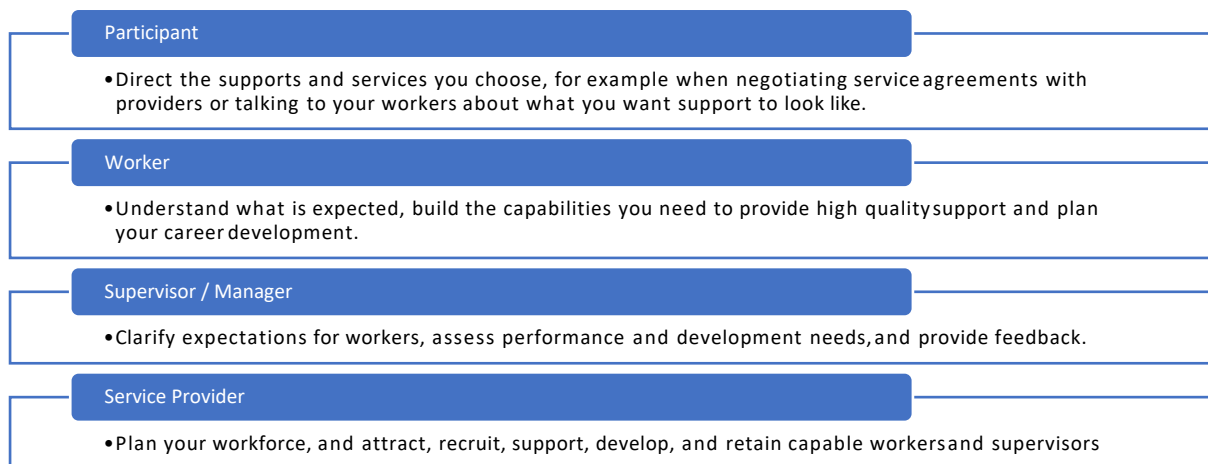
Consultations occurred up to 31 October 2020, for the new National Disability Strategy⁴¹.

NDIS Capability Framework

The Safeguards Commission is developing a NDIS Capability Framework to help formalise and provide guidance to industry actors. It remains in draft and is expected to be formalised before the end of 2020. It should be considered an important guidance document by PLF. The following figures provide an indication of the likely parameters and outcomes the NDIS Capability Framework ahead of its finalisation.

⁴¹ <https://www.dss.gov.au/disability-and-carers/a-new-national-disability-strategy>

Figure 16: Indicative NDIS Capability Framework



A number of reviews and inquiries have looked at how the current strategy has applied the principles of the United Nations Convention on the Rights of Persons with Disabilities. There is a standing Australian Parliamentary Inquiry on the NDIS workforce, which reflects the importance of workforce issues to deliver the targeted NDIS outcomes.

The Senate Inquiry 2017

The Senate Inquiry found that the main concerns and criticisms of the disability strategy related to “consistent themes of consultation, coordination, and a lack of commitment leading to a lack of progress on implementation”. Evidence pointed to a lack of ongoing consultation with people with disability, resulting in outcomes that were ineffective in resolving barriers to accessibility. Other evidence pointed to a lack of proactive coordination across a range of policy areas, meaning outcomes were significantly delayed and in some cases no concrete progress was seen to be made

at all. Beyond these themes, many submitters and witnesses provided specific examples of ongoing accessibility concerns across various parts of the physical environment, such as the built environment, housing, transport and communication, and for groups with particular needs, such as Aboriginal and Torres Strait Islander peoples. These issues were presented to the inquiry as examples of a lack of progress under the disability strategy.⁴²

The Social Policy Research Centre 2019

The Social Policy Research Centre found that parts of the current strategy were working well and the overall principles and goals were valuable, however there were areas for improvement, particularly on how the strategy was implemented. Stakeholder consultation for the report found that the implementation of the strategy had been uneven, and a consistent, systematic approach to implementation across Australia had been absent. Thus, “overwhelmingly, stakeholders were critical of NDS implementation processes and outcomes”. It found that central leadership of the strategy, funding allocations to support the governance and coordination of the strategy, and a stronger evidence base for measuring and reporting implementation progress were required.⁴³

The Productivity Commission 2019

The Productivity Commission found the current National Disability Agreement (NDA) on which the National Disability Strategy is based “no longer serves its purpose, has a weak influence on policy, and its performance targets show no progress in improving the wellbeing of people with disability”. A new NDA is needed to promote cooperation, enhance accountability and clarify roles and responsibilities of governments. The PC also argued that to facilitate greater clarity in responsibilities, governments should articulate and publish which programs they are rolling into the NDIS and how they will support people with disability who are not covered by the NDIS. They should also, through the COAG Disability Reform Council (DRC), undertake a comprehensive 5-yearly gap analysis, with the new NDA outlining responsibilities for addressing any gaps.⁴⁴

Disability Royal Commission

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) was established in April 2019 in response to community concern about widespread reports of violence against, and the neglect, abuse and exploitation of, people with disability⁴. Its work is continuing and the implications for the NDIS are yet to be determined. Outcomes from this commission should be monitored to see what implications for the NDIS materialise.

The inquiry covers all forms of violence against, and abuse, neglect and exploitation of, people with disability, in all settings and contexts. In particular, the Disability Royal Commission will investigate:

- preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation

⁴²https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AccessibleCommunities/Report

⁴³ <https://www.dss.gov.au/review-of-implementation-of-the-national-disability-strategy-2010-2020>

⁴⁴ <https://www.pc.gov.au/inquiries/completed/disability-agreement/report>

- achieving best practice in reporting, investigating and responding to violence, abuse, neglect and exploitation of people with disability
- promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect and exploitation.

The Disability Royal Commission is gathering information through research, public hearings, the personal experiences people tell us about and submissions, private sessions, and other forums. Two progress reports summarise the work carried out by the Commission during 2019 and up to June 2020. Public hearings were scheduled for August - December 2020.

The Commission will deliver a final report to the Australian Government by 29 April 2022. It will include recommendations on "how to improve laws, policies, structures and practices to ensure a more inclusive and just society"⁵. An interim report was due by 30 October 2020.

7.3 Key stakeholders

NDIS Quality and Safeguards Commission

The NDIS Quality and Safeguards Commission (NDIS Commission) is an independent agency established to improve the quality and safety of NDIS supports and services. It is a Commonwealth statutory body established under the *National Disability Insurance Scheme (NDIS) Act 2013* (the Act). It regulates NDIS providers, provides national consistency, promotes safety and quality services, resolves problems and identifies areas for improvement.

At full rollout in 2022), the NDIS Commission will deliver a new, nationally consistent approach to quality and safeguards in the NDIS. Current state requirements for quality and safeguards will continue to apply until it commences national operations in 2021. The Commission commenced operations in July 2018 in New South Wales and South Australia, and from July 2019 in the Victoria, Tasmania, the Northern Territory, Queensland, and the ACT. It began operating in WA from 1 December 2020 and provided national consistency by 2021.

Responsibilities

The NDIS Commission:

- registers and regulates NDIS providers and oversees provider quality
- monitors compliance with the NDIS Practice Standards and NDIS Code of Conduct
- responds to concerns, complaints and reportable incidents
- advises providers on in-house complaints management and supporting participants to make a complaint
- advises providers on incident management systems and how to report serious incidents to the NDIS Commission
- works with people with disability, NDIS providers and workers to improve their skills and knowledge
- monitors the use of restrictive practices and educates providers and participants about behaviour support strategies
- works with states and territories to design and implement nationally consistent NDIS worker screening

- provides market oversight by monitoring changes in the market that need attention
- shares information with other regulatory bodies.

What does it do for participants?

The NDIA ensures quality and safe services, ensuring providers and workers know and follow the rules such as the NDIS Code of Conduct and NDIS Practice Standard). Once operational in all states and territories it will provide and oversee a single regulation and registration system for NDIS providers, ensuring a consistent approach to quality and safeguards Australia-wide.

Providers who register with the NDIS Commission must meet the NDIS Practice Standards, including requirements for quality and safety of the services and supports they deliver. Where providers or workers don't meet their requirements, the NDIS Commission can take educative, corrective or enforcement action. Regulation will be applied proportionately, with strong actions applied to serious breaches.

Disability Support Industry Reference Committee

The Disability Support Industry Reference Committee (IRC) was established in June 2019 by the Australian Industry and Skills Commission. It is responsible for reviewing and updating national training package qualifications, skill sets and units of competency needed by the disability support sector. It aims to ensure that the national training system is responsive to the needs of the disability workforce.

The Disability Support IRC is responsible for:

- reviewing and updating national training package qualifications, skill sets and units of competency needed by the disability support sector
- working with other IRCs which have an interest in qualifications relevant to the disability support sector to ensure industry needs are considered and met.

8. Risk assessment

| Section summary | |
|--|--|
| On-the-job decision-making regarding patient health and safety is common | - In a survey of over 2,000 NDIS workers, 59% of respondents said they had to make important decisions about participant health and safety entirely unsupervised |
| Unpaid overtime and unreimbursed travel expenses are common | - In the same survey, 41% of workers reported working unpaid hours and many had unreimbursed financials costs, typically for work-related travel expenses |
| Home-care services typically require the worker to have a driver's license and own car | - Home-care services typically require workers to provide their own transportation. Implications for PLS workers include upfront vehicle costs, ongoing vehicle costs (which are reportedly under-reimbursed), insurances and licensing requirements. |
| High-needs participants involve a higher level of risk | - Participants with intellectual disabilities (rather than physical), have severe and profound disability, and children with disability all require higher levels of care, and thus heightened risk. |
| Selectively targeting providers and specific roles can mitigate much of this risk | - The PLF should target large and reputable providers who have roles that service physical (rather than intellectual) disability, adults (rather than children), and mild and moderate disability (rather than profound and severe) in order to minimise risk. However, this comes at the cost of a reduced number of placement opportunities. |

The risks throughout this document have been identified in consultation with various stakeholders including the PLF GEDSI Coordinator; Monitoring and Evaluation Manager; demand team; and documentation including the PLF Risk Register; and the strength and risk assessment document.

Table 13: Risk assessment summary

| Risk | Impact | Risk | Treatments |
|--|---|--------|--|
| Major health and safety incident of an NDIS participant caused by a PLS worker | Death or serious injury of a participant. The PLS may also suffer reputational damage as a result. | High | Target employers who serve low-needs participants, as well as those with physical rather than intellectual disability. |
| Insufficient working hours to meet the 30-hour minimum | Reduced worker earnings and presumably a corresponding reduction in savings and remittances. | High | Work with larger employers who can provide shift rostering stability. Manage expectations with providers upfront. |
| Vehicle ownership and associated driver's licence and insurance requirements for home care placements | Upfront vehicle costs are likely prohibitive and ongoing costs may reduce the savings ability of workers. Potential legal implications regarding vehicle insurance following an incident. | High | Concentrate on geographically static placements, or employers willing to provide vehicles. |
| Limited ability of employers to support non-core NDIS activities, such as implementation of workers or provision of ongoing training | PLS workers may be disadvantaged compared to workers in other industries. Greater support from the PLF may be required. | Medium | Work with larger employers who can provide greater stability of shift rosters. Manage expectations with providers upfront. |
| Insufficient number of placement opportunities due to this report's recommendations to focus on lower needs participants | Reduced size of industry cohort and lower return of PLF resources. Pacific training organisations may over-supply. | Medium | Between 4,000 to 9,000 roles are to PLS workers over the next 5 years, which far exceeds estimated supply. Recommended placement restrictions could also be eased if considered appropriate. |
| Limited employment opportunities in disability services for ex-PLS workers returning to the Pacific | Newly acquired skills will not be utilised in the Pacific economies. Workers may be at a disadvantage compared to returning workers from other industries. | Low | Career pathways to related industries should be explored. The acquired transferrable skills could be utilised in other community care or health care roles. |
| Decline in industry demand for workers | Mass redundancies of workers which will require redeployment and potentially be returned to the Pacific. | Low | None. Government commitment to the NDIS makes this event unlikely. |

8.1 Industry maturity and reputation

The University of New South Wales surveyed 2,341 disability workers in March 2020¹⁴. The survey was designed to capture worker experiences, their perceptions of the NDIS and the changing nature of their work over time. The report identifies disability worker concerns regarding job stability, take-home pay and on the job decision-making, which should be taken into account when considering the appropriateness of the industry for PLS workers.

The following is a summary of the report's findings:

- Only 21% of workers agreed that the NDIS has been positive for them as a worker. Common complaints were unpaid work, lack of training and supervision and understaffing.
- 55% of respondents worked less than full-time hours across all their disability jobs, averaging 33.8 paid hours and 2.6 unpaid hours.
- 41% of workers had at least one hour of unpaid work in the last week, most often spent completing case notes and reports.
- Home-based care and support settings commonly engaged in unpaid work.
- Many workers reported instability in their paid work hours, including changes in shift times on short notice, which undermined worker's incomes and their ability to organise other aspects of their lives.
- Satisfaction with take-home-pay is low and stays low throughout their career. Workers report that experience and skill is not proportionately rewarded.
- Many workers reported that they were not reimbursed for travel costs or time between clients.
- 54% of respondents said they were worried about job security.
- 43% of workers stated they did receive enough support from a supervisor, and 59% stated that they must make important decisions about client safety and care on their own.

The PLF should look to target large and reputable employers and ensure that rigorous checks on approved employers continue.

8.2 Industry financial fragility

In the State of the Disability Sector Report released at the end of 2019, financial stability of the industry was considered 'fragile'. Of the 667 service providers surveyed, less than half (49%) reported making a profit of 3% or more¹⁵. While these rates of profitability could be considered unsustainable in other industries, the unique nature of disability services and significant government funding should provide a high degree of certainty and this low profitability is not necessarily associated with rates of business failure higher than other industries.

However, this low profitability has other implications for workers, such as an ability to manage extraordinary situations. For example, during the border closures resulting from COVID-19, disability service providers stated they would have difficulty in funding the costs of private flights for workers. This may also have implications for training and future pay increases, noting that the UNSW paper found that wages were below the Australian average, and increases in experience were rewarded with a smaller than expected increase in pay.

8.3 Workforce characteristics

As discussed in section 3 – Economic assessment, the industry is highly casualised with the average industry hours being 29 per week. Although initiatives are underway to increase the consistency of worker rosters, as well as increasing total hours, these are not yet implemented. When engaging with industry, the PLF will need to work with large and reputable suppliers, that will have greater rostering capacity, to ensure the average hours of PLS workers in the disability sectors are not materially lower than the PLS workers in other industries. If not, there is a risk that workers in disability may be financial disadvantaged compared to PLS workers in other industries, with obvious implications of a reduced ability to save and remit money.

8.4 Experience with migrant workers

Perceptions of disability in Pacific can differ from those in Australia, with people with disability sometimes viewed as objects of charity rather than as rights-bearers. NDIS participants have the option to choose support workers, and the right to choose the support they receive and the way they spend their time. Preparatory training would be required for workers to assist them to understand the way disability is viewed in Australia, and the rights and choices available to NDIS participants.

9. Industry selection tool

Deal-breaker criteria

| No. | Criteria | Criteria met yes/no | Notes |
|-----|--|------------------------|-------|
| 1 | Has a detailed industry assessment for the industry been completed? If yes, does it recommend PLS engagement with the industry? | Yes | |
| 2 | Does the industry exhibit characteristics consistent with PLF's program goals? | Yes | |
| 3 | Is a focus on this industry consistent with ambitions for PLF's scalability and sustainability? | Yes | |
| 4 | Does the PLF risk assessment on this industry indicate that risks are manageable or treatable? | Yes | |

Essential criteria

| No. | Criteria | Criteria met yes/no | Notes |
|-----|---|------------------------|--|
| 1 | Are there indications that PLF workers can be placed in this industry with relative efficiency? | Yes | |
| 2 | Has evidence of a growth trajectory for this industry been confirmed? | Yes | High level of Government support for the industry. The industry is not prone to economic downturns and likely economically stable. |

| | | | |
|---|---|-----|---|
| 3 | Has evidence of an enduring industry labour shortage been confirmed? | Yes | The workforce is projected to grow strongly, with 90,000 FTE jobs created over the next 5 years, however 43% of these jobs are estimated to be casual. Total jobs that can be filled by PLS workers are estimated between 4,000 and 9,000. There is very strong evidence to support labour shortage, including the PWC Labour Market Assessment, an inhouse analysis of job advertisements, and government recognition through the development of workforce building initiatives. |
| 4 | Does the evidence demonstrate that demand for workers exists in PLF areas of operations or appropriate regional parts of Australia? | Yes | |
| 5 | Is the industry considered robust and secure and relatively shock proof? | Yes | |
| 6 | Does the industry provide opportunities for women or vulnerable groups and is supportive of GEDSI goals? | Yes | |
| 7 | Have impacts on Indigenous Australians been properly considered? | Yes | |
| 8 | Is the evidence of an adequate array of potential suitable Approved Employers? | Yes | The disability industry is highly fragmented with many small-scale providers, most of whom operate in a single region. The largest 20 providers, who form the Alliance20, have been outlined in this report, however none have a national presence. |

Preferential criteria

| No. | Criteria | Criteria met yes/no | Notes |
|-----|--|------------------------|---|
| 1 | Have welfare issues and risks been assessed as manageable? | Yes | Ongoing assessments required by the welfare team |
| 2 | Do PLF workers have or can acquire necessary skills and experience required by this industry? | Yes | |
| 3 | Have any potential worker cultural issues been considered? | Yes | Ongoing consideration of cultural issues required |
| 4 | Is the industry supportive of DFAT's strategic goals for the Pacific? | Yes | DFAT to monitor for alignment to strategic interests |
| 5 | Has some initial industry consultation occurred to help ground truth the DIA conclusions? | Yes | |
| 6 | Do repatriated skills to the Pacific support greater economic integration with Australia and New Zealand? | Yes | |
| 7 | Does the industry exhibit characteristics that will enable transfers of applicable skills back to PLF countries? | Yes | Disability services is a nascent industry in Pacific Island countries so this will be a long-term process |
| 8 | Have issues and risks related to COVID-19 been considered and is mitigation possible? | Yes | To date, the industry has been well insulated against the effects of COVID-19. |
| 9 | Is the lead-in-time to build relationships within the industry and place workers considered reasonable? | Yes | |

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Appendix A: Innovative Workforce Fund

PURPOSE

The Australian Government established the Innovative Workforce Fund (IWF) to encourage the development and sharing of innovative workforce practices to support the rollout of the National Disability Insurance Scheme (NDIS). The context was a lack of reliable appropriate support workers for people with disabilities.

PROJECTS

In 2017-18, funds totalling \$4 million were allocated in 2 rounds to 30 organisations around Australia. Recipients included disability providers, technology companies, universities and consultants. Funding was capped at \$200,000 per project⁴⁵.

Four streams or priority areas were identified for funding:

- support work roles
- process innovations
- applying technology
- workforce supply, utilisation and retention in rural and remote areas.

Projects were required to address at least one of the streams⁴⁶

A full list of funded projects including individual evaluation reports is available at <https://workforce.nds.org.au/projects/>.

OUTCOMES

The IWF website reports that the funding resulted in the development of 26 tools and resources for use by the sector (for full details, see <https://workforce.nds.org.au/resources/>).

A more detailed good practice report (<https://www.nds.org.au/images/files/IWF--Evidence-Base-final-report.docx>) reflects on the achievements of the program, including workforce development issues. Overall, the insufficient time frame for many projects was commented upon. In addition, the report describes lessons and areas requiring further work under 3 themes.

⁴⁵ Maximum funding per project varied depending on the type of project. "Showcase" projects involving new innovations were capped at \$200,000. Projects involving the application of proven modes were capped at \$150,000, and those evaluating and documenting existing innovations were capped at \$30,000.

⁴⁶ The full description of each stream is as follows: Stream 1: Redesign support worker roles and test new work roles including strategies to improve access to allied health-related supports in areas of thin supply such as shared workforce and allied health assistant models. Stream 2: Streamlined administration practices such as human resources, recruitment and retention of staff, including work arrangements that demonstrate more effective workforce utilisation, supervision and support. Stream 3: Role of technology in workforce practices. Stream 4: Workforce development in rural and remote areas (including Indigenous workers), and strategies to build capacity to attract and develop the workforce in thin markets.

Theme 1: Designing service user-led support

This theme relates to developing approaches and tools to "empower service-users to express and communicate what they are looking for in their workers and how to meet these needs".

A range of tools and resources were developed through the IWF projects to advise and support people with disabilities and their families to engage and manage their support workers. Examples include the Summer Foundation's 'how to' guide to develop a short video to instruct workers on their needs and preferences; and an IF 7-step workbook created by Griffith University to support participants and their families to explore and establish appropriate supports and ensure strong teamwork with 'the right relationships' in place. NDIS also developed a Guide to Self-Management that complements these projects.

The report notes that areas that require further work include:

- **Promote and track what works:** Within funding timeframes it was not possible to assess how useful or effective these tools and strategies are beyond very small user trials.
- **Consolidate information and support self-managers:** The NDIA should develop an active strategy to promote service users to explore self-direction, which is linked to improved wellbeing. Funding "communities of practice", or networks for service users to learn from others, is important. Currently such "pre-planning" is largely unfunded and delivered by service providers.
- **Provide advice and support to workers:** Although most projects rightly focus on building agency and capability of participants, there is currently a gap in terms of supporting workers to understand opportunities, rights and responsibilities to provide supports in new ways and contexts.
- **Clarify link to pricing:** The NDIA should review any pricing impediments to improving support relationships.
- **Take-up by service providers:** The projects describe what person-centred practice looks like but offer limited insights about the practicalities of integrating these approaches into business models. The Community Living project most directly explores this challenge but, as much of their experience has developed under state-based funding conditions, it provides limited insights about viability under the NDIS. Further work should explore the implications of implementing pricing approaches to incentivise providers to promote increased independence.

Theme 2: Servicing markets where demand is low

Projects under this theme demonstrate approaches to building or extending local capacity to deliver supports to locations that are poorly serviced and to support people considered 'hard to reach'.

Strategies broadly divide into 2 groups:

- Using technology to connect participants to specialist expertise (e.g. projects undertaken by Aspect and Deaf Services)
- Recruiting and building a local workforce (e.g., projects by NPY Women's Council, Synapse and Centacare)

Both are ways to address chronic support and workforce challenges experienced in thin markets. Both approaches rely on building partnerships and working together with local community stakeholders.

The report highlighted lessons and areas requiring further works:

- **Use of technology to deliver services:** This works better for some types of supports than others. For example, it's not suited to therapy that requires physical interaction such as positioning a child's hand to improve writing skills. It was also found that distance delivery is not well suited to doing assessments but is more useful for delivering supports such as speech therapy, deaf awareness training, Auslan training and support coordination. The good practice report argued that the potential for telehealth to deliver solutions should be further explored and lessons from the projects consolidated.
- **Building local workforce:** It was found that the IWF projects demonstrate that it's possible to recruit local workers. In most cases, projects exceeded their own expectations and uniformly report enthusiastic support both from service users and workers. However, the projects found that it is cost-intensive to initiate this work, and it requires continued promotion of the work opportunities and mentoring of new recruits. Further work should build understanding of the level and type of support needed to build local capacity, how this changes over time, how it is reflected in pricing or other funding streams, and common elements of critical roles such as community connector and cultural mentor. The need for a market stewardship role by the NDIS was emphasised. The IWF project experience highlights that building a workforce requires market stewardship to address the challenge of pacing recruitment and on-boarding of new staff. There are limited options available for individual providers to generate an informed and engaged market. It requires the NDIS to actively promote information on good practice support options and timely approval of NDIS plans.

Theme 3: Self-organising teams

Projects under this theme relate to introducing teamwork to change the paradigm of "a revolving door of workers directed by rigid rostering system". The projects explored solutions including the redesign of supports and related jobs to extend workforce capability. For example, using allied health assistants to alleviate workload pressures on allied health professionals and improve implementation of therapy plans.

The IWF projects highlight the need to build skills in communication, negotiation and information technology to participate effectively in teams. Establishing agreed measures to track service user and worker outcomes and financial viability of these models under the NDIS would provide useful evidence for others interested in this approach.