SUPPORT DISABILITY SUPPORT WORKERS

Health Services Union

SUBMISSION: Inquiry on Participant Experience in Regional, Remote and Rural Australia

Parliamentary Joint Standing Committee on the NDIS

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This submission has been authorised by:
Tim Jacobson, Acting National Secretary, Health Services Union

For questions regarding this submission, please contact:
Andie Moore, National Policy and Projects Officer, Health Services Union
m. 0488 576 342; e. andiem@hsu.net.au

About the HSU

The Health Services Union (HSU) is one of Australia's fastest growing unions with over 95,000 members working in the health and community services sectors across the country.

Our members work in aged care, disability services, community health, mental health, alcohol and other drugs services, private practices and hospitals. Members are health professionals, paramedics, scientists, disability support workers, aged care workers, nurses, technicians, doctors, medical librarians, clerical and administrative staff, managers and other support staff.

HSU Disability Coverage

The HSU is the primary disability services union in Victoria and Tasmania, representing support workers at the frontline of service delivery. Furthermore, the HSU represents allied health professionals in every jurisdiction, including those engaged in providing services to National Disability Insurance Scheme (NDIS) participants.

Additionally, we represent a number of disability support workers in New South Wales (NSW), Western Australia, South Australia, Queensland and the Australian Capital Territory (ACT); however, the HSU is not the primary union for direct disability support workers in those jurisdictions.

Our broad disability membership across a range of professions gives us a unique insight into the rollout of the NDIS, how the Scheme is interfacing with other mainstream services and the market and workforce issues critical to the Scheme's success.

Overview

The Health Services Union (HSU) welcomes the opportunity to contribute to the Parliamentary Joint Standing Committee's Inquiry on *NDIS participant experience in rural, regional and remote Australia.* HSU members see the barriers to improving outcomes for participants in rural, regional and remote areas. While we approach this inquiry representing NDIS workers, we recognise that in thin markets, participants and workers are often confronted by the same issues and that many of the barriers people with disability face relate to workforce supply and working conditions.

Key points:

- Participants should not face additional barriers to accessing supports because they do not live in a major city.
- To ensure this, workers should not face less support, funding or resourcing to deliver the same supports in these areas.
- Ensuring participants have the same degree of choice over NDIS services and supports that are reliable, person-centred and reasonably priced requires a market that can attract and retain high quality support workers no matter where they live.
- To do this:
    - Funding needs to be reliable, support bargaining above the award, factor in the barriers that specific barriers regional and remote participants face.
    - Staffing levels, training and supervision need to be improved and enforced through effective regulation of providers and workers.
    - Training, health services beyond the NDIS, relocation and retention allowances will ensure regional participants have equal access to highly-qualified workers.

In this submission, we draw on disaggregated data from a 2023 survey of 1,659 members, broken down by remoteness, and a recent survey targeted at members in regional, rural and remote areas across all states and territories except Western Australia.

Survey Demographics

Of the 502 respondents, 75.2% worked in residential settings, 23.9% in home-based supports, 34.5% in community access, 15.9% in day programs, 5.3% as support coordinators or case managers, 4.24% in allied or mental health, 2.75% in supported employment, and 2.32% in other settings.

Most of the respondents are on Enterprise Agreements (64.9%), women (72.7%), aged between 45-64 (61.2%), and the vast majority (90%) work with people with intellectual or cognitive disability. 54.4% assist clients with higher support needs, 42.3% with moderate support needs and 3.3% with lower support needs. 10.8% had lived experience of disadvantage and/or welfare service use, 7.13% speak a language other than English at home, 6.05% are Aboriginal and/or Torres Strait Islander, 4.1% identify as a person with a disability, and 1.73% are on a temporary visa.

Choice of supports and workers

A 2023 survey of HSU members found that 69.1% of workers in metropolitan areas worry that participants do not get what they need from services. However, this increases to 71.9% in regional and 75.4% in remote areas. This can essentially be attributed to the limited choice participants are presented with. Labour shortages prevent clients from finding appropriately qualified workers who are the right fit for them, which impacts their experience with the NDIS and their social participation.

Shortages of support providers and workers

In regional and remote Australia high barriers to entry, low funding and competitive market conditions mean only one provider might serve an entire area. In reality, choice and control is quite limited for these participants.

Participant choice is also exceptionally constrained because the supply of workers is limited. Just under 15% of HSU members in regional areas of the disability sector believe that participants can find workers that suit their needs or that they can expect a consistent quality of service. A lack of investment in regional workforce development has pushed support workers out of regional centres and rural towns towards major cities, and continually restrictive funding has prevented regional and remote providers from offering workers incentives to relocate.

This has created a vicious cycle where poor working conditions leads to shortages, which worsens those conditions through lower supervision, less training, fewer staffing and increased workloads.

While smaller, more remote facilities in more remote areas offer a tighter-knit community, there is little room for workers to be rostered off to undertake training or take leave. Workers in regional and remote areas often need to work long hours to fill rosters and have many fewer pathways for training and career progression compared to workers in major cities. Even still, they tend to earn the same pay rates because of the limits imposed by the NDIA's Price Guide. This gives support workers few incentives to stay, especially as Australia's housing crisis makes its way beyond the capital cities.

What do workforce shortages mean for participants you support?

Regular staff burnout, which in turn can lead to sluggish work performance. Therefore, the client misses out. – ***SIL worker, rural VIC***

Workers are forced to care for more participants per shift than participants are paying for. – ***Day program worker, rural VIC***

Evidence is not gathered for NDIS plan reviews leaving residents underfunded in their NDIS plan. It means untrained and unqualified staff working with residents with high support needs or behaviours of concern. – ***SIL worker, regional VIC***

Clients aren't getting support on days and times that they require – they're without support when they most need it. – ***Freelance community access worker, rural Tasmania***

People are suffering and dying at home without proper support or feeling cared for. – ***Home care worker, regional NSW***

In more remote areas, the market settings of the NDIS have diminished choice and control for participants by steering support workers away from the major cities. While participants are entitled to choice and control under the NDIS Act, they have fewer and fewer workers to choose from. This also means support workers are matched with participants they are not the best fit for, limiting their ability to make a difference in the lives of others.

Contradictorily, to make up for these shortages, workers from agencies in cities like Melbourne are being flown into regional areas to fill this gap. If regional areas were supported to retain and attract support workers with decent working conditions, not only would this travel be unnecessary, the NDIA would also save a lot of money.

Services must be put in place by governments when no private services are available, - ***SIL worker, regional VIC***

After years of a laissez-faire approach, government needs to be brought back in where markets fail to ensure quality supports no matter where a participant lives. The NDIS Review's recommendations of publishing the provider of last resort scheme and a contestable approach to funding regional providers are welcome ones – but more needs to be done to improve choice of workers.

Shortages of allied health workers

Shortages of allied health workers are also widespread. Workers surveyed this year for the inquiry reporting travelling over 300km and participants often waiting over six months to see specialists, and only 1 in 4 found that participants can access allied health professionals when needed. Given the high demand for allied health professionals (AHPs) across the disability sector, there needs to be extra incentive for AHPS to work outside metropolitan areas, and yet there are so few. This often means the few, already-stretched support providers in regional and remote areas need to fill the gap, putting further strain on their staff, further increasing the risk of workforce attrition.

For support workers there's a lot of time in the car between places. People are hard to get to and specialists aren't easy to come by (eg. psychology, physio) – ***Casual in-home support worker, regional SA***

There's a lack of access to basic medical services. Support services end up trying to fill the gap or provide support in a harder environment to link people with basic medical services. Makes the job way harder. – ***Disability support worker, regional NSW***

Price limits for therapy supports that have not been raised for years prevent the NDIA from attracting workers to outer areas of Australia. Occupational therapy, speech pathology and psychology courses are predominantly taught out of universities in major cities with few all options to study remotely. Continuous professional development (CPD) is required for many AHPs to practice under registration schemes, yet in regional and rural areas, there are few training providers with training courses.

Dire shortages in allied health have life-changing consequences. Participants without access to AHPs are less likely to secure sufficient funding through plan reviews to support their livelihoods, as they cannot source reports from therapists or professionals to support their case, leading to low levels of funding being "rolled over". Hours of travel, if paid, chew up a participant's allied health buidget.

BSPs often run out of funds without even completing interim plans. – ***Community access worker, rural VIC***

Access to planning and advocacy

HSU members often find that planning processes have little regard for the circumstances of participants in rural areas. Because plan reviews are largely coordinated over the phone, members tell us that these reviews feel detached from the participant, particularly as planners rarely know the participant or can visit regional or rural participants easily. This often prevents participants from getting the changes in funding that they need. Planners are also often based in the city and might not consider what services participants have access to.

While Level 1 Support Connection price limits increased (as the only support coordination limit based on the disability support worker cost model), they had no impact on the market: in 2023 only $1.4 million was paid for support connection to an average of 283 active participants across the scheme, compared $836 million at an average of 35,227 participants and $95.2 million to an average of 1484 participants at Support Coordination Levels 2 and 3.[1]

[1] NDIA, 'Payments Datasets' <https://data.ndis.gov.au/datasets/payments-datasets> [accessed 4 March 2024].

Shortages of intermediaries are also dire in regional areas. The HSU is aware of instances where due to shortages, some disability support workers are also acting as the support coordinator for many participants. This highlights the need for a new navigation function, as recommended by the NDIS Review, to replace the unregulated model of support coordination currently in existence.

We would also note that price limits for Level 2 and 3 Support Coordination have not been increased since they were set in 2020[2]. These have placed further constraints on access for regional and remote participants, and led to support coordinators having reduced time to support participants with their plans and goals:

If support coordination is to continue, support coordinators should have less participants on their books and get more funding to ensure continuing support to participants and their providers to achieve goals. – ***SIL worker, regional VIC***

Addressing regional workforce churn improves quality of supports

It is no surprise that workforce shortages are rife in more regional areas of the disability sector. Last year, around a quarter of our members in the NDIS told us they were leaving the sector in the next four years. This increased to over a third amongst rural and regional respondents (34.8%). This year, we heard that only 36.8% of HSU members in the NDIS thought it was likely they would consider working in regional areas of the disability sector.

Workforce churn is exacerbating already existing shortages and constrains the choice of participants. In order to address workforce churn, we need to lift working conditions across the scheme. However, the solutions to workforce retention also improve the quality of supports.

There's a lower number of people living in these areas and therefore a lower number of workers with experience and qualifications. It's harder to offer clients choice and control when it comes to choosing their workers. – ***SIL worker, Hobart, TAS***

No one wants to work for companies who don't appreciate them. Everywhere is understaffed and then staff are expected to work crazy hours to cover shifts. – ***SIL worker, regional TAS***

Pay and allowances

An astounding 70% of regional and remote disability workers tell us they cannot keep up with current cost of living. Meanwhile, 58.9% frequently have to pay for work expenses out of pocket. Some HSU EBAs provide graduated classification structures with higher rates of pay, but these have been sustained by government subsidies or resulted in providers taking a loss.

Pay a competitive wage, give staff the hours they need not only to support customers but also the required admin hours to complete all administrative task expected of them. Pay overtime as required, - ***Day program worker, rural VIC***

Sleepover allowances in the SCHADS Award also remain excruciatingly low compared to wage work in other workplaces at only $55.89[3]. Although workers are given a bed to sleep in, they are practically on call during the eight hour "sleepover", making it hard for these workers to get sufficient rest. This

[2] NDIA, *Price Guide 2020-21* (Geelong: National Disability Insurance Agency), p. 51.
[3] Fair Work Ombudsman, *Pay Guide - Social, Community, Home Care and Disability Services Industry Award [MA000100]*, 2023; *Social, Community, Home Care and Disability Services Industry Award 2010*.

rate of around $7 an hour reflects a lack of respect for the profession which is pushing workers out of the sector, and particularly out of regional and remote areas.

Review sleepovers, A lot of people will not do them at those rates. – ***SIL worker, regional VIC***

16 hour sleepover shifts - $60 sleepover allowance not enough. Stuff all sleep in a single bed. A long time to be at the workplace.– ***Child protection worker, regional VIC***

Some employers provide much higher sleepover allowances in their EBA, at times at double the Award rate[4], but these remain unfunded by the pricing arrangements which are based on the Award. On the other hand, we know that when providers pay workers fairly, they are less stressed, do not need to take excessive shifts to make ends meet, and are therefore more able to focus on clients at work and give them the attention they deserve. Increasing pay and conditions in regional, rural and remote areas is paramount to filling workforce shortages and improving quality of supports.

Precarious work

Members tell us that job security has compounding effects in rural, regional and remote areas. Rural and remote members are three times more likely than metropolitan members to be on a fixed-term contract, and while only 14.9% of metropolitan members are casualised, this increases to 18% in regional and remote areas.[5]

The NDIS has created so many positions while not taking into account the size of the existing workforce. Casualisation of the workforce means that workers have little to no stable employment or job security. The NDIS seems to only fund direct support hours which leaves gaps for employers such as staff training, staff leave, etc. - ***SIL worker, regional VIC***

Shifts can change unexpectedly for 53.8% of regional members, and a whopping 70.9% of members in rural and remote areas, compared to 47.9% in metropolitan areas. This year, we heard that less than a third of regional, rural and remote workers had reliable hours of work each week.

Precariousness reproduces itself. Workers in regional and remote areas already face reduced access to schools and healthcare and pay increased prices for groceries and amenities. Reduced employment opportunities give workers fewer options to "top up" their pay if their rosters vary week to week.

In a cost-of-living crisis, increased casualisation in regional and remote areas punishes workers who are already doing in tough. Given this, many workers are being forced to move to "the big smoke" to move ends meet against their will, leaving behind participants they have built good rapport with.

What we also know, however, is that when workers are continually supported to work with a participant for whom they are good fit, clients grow in confidence and independence. Promoting ongoing employment doesn't just address workforce attraction and retention, it supports quality outcomes through continuity of supports.

We note that some have suggested that supposedly "flexible" employment arrangements, like gig work, are helping to resolve the NDIS' workforce shortages. Members tell us this could not be further than the truth. Compared to 12.8% of metropolitan workers, only 7.3% of regional workers had previously used a platform to find work, and only 4.4% of rural and remote workers. Platforms are not retaining those workers in regional and remote areas either—less than half of those workers who had performed "gig work" in disability still do so.

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[4] *Social, Community, Home Care and Disability Services Industry Award 2010; Disability Services Enterprise Agreement Victoria 2018-2022; Life Without Barriers Disability Services Enterprise Agreement Victoria 2022-2025; Victorian Disability Services (NGO) Agreement 2023; Anglicare Tasmania Inc. Enterprise Bargaining Agreement 2021; NextSense Employees Enterprise Agreement 2021 – 2023.*

Supervision rates and staffing

A precarious workforce is also less empowered to deliver safe disability supports. 34.1% of metropolitan workers find they cannot reliably escalate issues, report incidents, and expect them to be resolved. While a high figure, it jumps to 37.2% in regional areas and 45.4% in rural/remote areas.

In both regional and remote areas, almost half of the applicable workers surveyed reported lacking enough time to supervise staff. Workers are not getting the time needed to improve practice and supports, compromising quality and opening up safeguarding risks.

Low supervision levels exacerbate pre-existing workforce shortages in these areas. This dangerous combination is causing inexperienced workers to be rostered alone with higher-complexity clients with little guarantee they are a good fit for each other. In these areas, supervision is also more likely to be remote, meaning a supervisor is less accessible in the case of an emergency.

All these factors result in new workers with a calling to support work feeling an overwhelming duty of care but having little training to carry out and manage that duty. When this lack of support results in an incident, the worker is often disciplined and without the training, advice and guidance to improve – a vicious cycle that burns out prospective workers.

Low rates of supervision intersect with low staffing levels, which creates major issues with leave and rosters. Workers in regional areas often feel they cannot take leave because there is simply no other worker to take their place. As a result, only 27.8% of workers in regional areas say clients they work with have enough workers supporting them.

As an organisation we have had to strip our supports down to a bare minimum of medication support and emergency appointment support only for periods of time as a result of this. It is devastating when it becomes "we need to keep everyone alive" instead of "let's work towards everyone thriving". – ***Disability Support Worker, regional NSW***

Staff have become scared of the duty of care to participants and become easily burnt out when a situation does arise due to lack of training, especially in highly complex care. – ***Casual support worker, regional TAS***

Wafer-thin staffing levels are burning out workers and supervisors who often feel helpless given unreasonable work demands and workloads. Regional and remote workers are constantly asked to fill shifts no one else can take, so they turn up to the next shift exhausted and are unable to give clients extensive support. In high-intensity supports, this can have life-threatening consequences.

Training and upskilling

There are wide discrepancies in training and upskilling within the sector. While 40.1% of metropolitan workers don't receive regular work practice support and coaching, this increases to 42.6% in regional areas and 48.9% with rural and remote workers.

Many workers in regional, rural, and remote areas want more training but cannot access it. This year, we heard only around a third of regional and remote workers (36.4%) could readily access relevant training within a reasonable distance. In our 2023 NDIS survey, we found that rural and remote workers had the greatest demand for training in every category except complex behaviours.

Across the sector, all workers want to see more training in complex behaviours/behaviours of concern (80.38%/83.2%/79.6%), psychosocial disability (61.6%/65.7%/72.7%), human rights (45.1%/42.4%/47.7%) and seizure management (34.7%/41%/43.2%). Notably, we found that almost twice as many rural respondents would like to see more for cultural awareness training available compared to metropolitan respondents.

There are also issues with choice of training. Facing much higher operating costs, regional and rural providers often lack the same ability to provide on-job placements. This creates accessibility issues for thousands of workers, namely those with disability who want to enter the sector but prefer hands-on learning and cannot learn well in a simulated environment.

It has been hard to complete meaningful, in-person training while providing adequate support. It is also extremely difficult to find the space for training as an organisation when we need to meet billable hours to be financially sustainable. – ***Mental health, support coordination and day program worker, regional NSW***

My managers insist that training must be completed by a scheduled date but won't offer paid hours or overtime... To push staff through online training, managers supply answers to staff so they can tick and flick through the modules. Staff complete training in their own time after hours with no additional or overtime hours paid. – ***Day program worker, rural NSW***

Behind this unmet demand for training is a lack of training infrastructure in regional areas. Regional workers need to travel for hours, often without pay, to receive positive training to support clients because these areas do not benefit from the economies of scale achieved in metropolitan areas. This impacts workers' ability to upskill – for example, we often hear that training to get a medication endorsement needs to be done in larger cities. However, it also means workers cannot easily refresh their training with changes in sector practice.

Better pay rates and more mandatory on-the-job training are needed. Make providers responsible for their workers. Often, staff are put on with little to no experience and left to sink or swim. – ***Casual community access worker, regional TAS***

This only reinforces existing workforce shortages in regional areas by incentivising workers to leave for cities, perpetuating gaps in participant outcomes between different parts of Australia. If we are to ensure participants have the same quality of supports by virtue of where they live, we need to ensure workers have the same access to training to improve quality of practice.

Moreover, wage progression is disjointed from career progression across the NDIS, but even more so in regional and remote areas. While only 28.4% of workers in capital cities find their wages will increase with additional study and training, this drops to 25.3% in regional areas, and as low as 23.4% in remote ones. Because NDIS funding is largely pegged to lower levels of the SCHADS Award, providers cannot fund wages that recognise workers who upskill.

Regional and remote support workers are keen to pursue training that adds value to their clients. But what is the incentive to upskill if workers cannot be recognised for those skills? And what message does that send to support workers?

Travel time

Only 17% of HSU members in the NDIS in regional and remote areas are often reimbursed for travel between jobs, and 79.3% travelled to and work without pay, with 7.37% reporting over 20 hours of unpaid travel.

There are two major issues with unpaid and unfunded travel time. On the one hand, participants often do not get the funding they need to travel in the community, meaning they cannot do the things they like or see the people they want to, limiting their participation in the community. In the worst cases, this can lead to participants being stranded in their own homes, as the travel required to attend appointments and activities is far too costly.

On the other hand, workers in regional areas find it difficult to claim for much travel, causing workers to forgo high fuel costs and work unpaid hours without any hope of reimbursement. A maximum claiming limit of 60 minutes in MM-45 regional areas limits what activities a participant can partake in with their support worker. This minimises the participant's choice and control or forces the worker to go without pay to support the client's goals and preferences.

The consequence for participants is that casual workers often will not take shorter shifts due to the associated travel time. While in other industries, workers might be able to move closer to their place of work to reduce costs, the casualised nature of the sector means workers might be travelling to different homes every week.

One participant exceeded their transport budget three times during one NDIS plan, leaving them unable to attend programs. This has happened to 2 out of 3 participants I support. - ***SIL worker, regional VIC***

If a participant wants to go to the theatre and watch a show at a metropolitan theatre, it is a two to three days round trip, two days travelling, perhaps even an overnight stay. Even when going to watch an AFL game, a participant has five hours on public transport (if there aren't any disruptions). – ***Community access worker, regional VIC***

The solutions

Funding for secure employment, quality supports and travel time

Remote workers were most likely, by far, to strongly agree that low funding levels have made it hard for unions to bargain for pay rises (42.1%), and over half strongly agreed that the government should play a more direct role in funding the NDIS (52.4%), and that to attract workers to the sector with higher wages, NDIS funding must be increased (51.1%).

A more securely employed disability workforce starts and ends with the NDIS' funding model. The disaggregated fee-for-service pricing approach, combined with constant, unsynchronised changes to plans, has sponsored an explosion in casual employment. Recent changes to industrial law provide greater entitlements to casual conversion. However, without a stable funding model to sustain it, the regional and remote disability sector workforce will remain as precarious as it is.

The NDIS needs to reform funding models for SIL homes to ensure adequate staffing and keep staff that they have. It's too uncertain so staff leave. – ***SIL worker, regional VIC***

We urge the government to move quickly on the NDIS Review's recommendations of a new funding model and, as part of it, provide funding that:

- Reflects the true cost of service delivery, particularly in regional, rural and remote areas (including administration costs, training, debrief, and most notably, travel costs)
- Provides certainty of funding and incentives to reduce casual employment.
- Is tied to staffing ratios, stricter and more manageable supervision ratios

Claiming rules around travel time, in regional and remote areas at the very least, must be changed to allow workers to claim for more hours of travel, and allow workers to claim for pay from home to work when they are travelling to multiple clients. Funding should be increased for regional and rural participants with greater attention to where they live, what transport is and is not available, and how much travel they need to pay the worker for so that travel costs do not come at the expense of funding for therapy, community access or assistance with self-care supports.

Funding for bargaining above the Award

A lack of good organisational culture ultimately filters down to the people we support. - ***Casual support worker, regional TAS***

An overwhelming 83.6% of regional and remote HSU members in the NDIS say it is hard to attract well-qualified workers in more remote areas. The solution starts and ends with bargaining, the economic lever to improve working conditions, workforce attraction and retention. However, because price limits are based on the SCHADS Award, which combined with price caps, have operated as a ceiling across the entire disability sector[6], providers have had to take significant losses when they take extra steps to retain and attract a skilled workforce.

New provider panel arrangements for regional markets should also incorporate a "workforce compact" - funding for improved conditions above the Award which are established in enterprise agreements, paid for directly by the government, and not charged onto participants. This would ensure that these providers can attract and retain workers and be funded to do so, and encourage others to follow suit. The risk, if funding is not provided for bargaining above the Award, is that those conditions become unviable, leaving thousands of workers with the bare minimum entitlements, or those workers will leave the sector entirely.

Funding health and allied health beyond the NDIS

An increase of public medical services and public education support funding is required to help meet needs from a young age. The NDIS has shortcomings but investment into high quality public education and health care makes the jobs of NDIS support providers much easier. - ***Casual support worker, regional TAS***

Set up centres/hubs where people can go to receive allied health support. Make it financially viable for practitioners to relocate, including regular training opportunities so they don't de-skill. – ***Casual in-home support worker, regional SA***

A key contributor to allied health providers is high operational costs which are felt disproportionately by smaller providers. However, creating regional and rural hubs for allied health could support providers to meet these costs and expand choice for participants outside cities. Providers could bundle funds to meet non-billable safeguarding and administration costs, achieve economies of scale to sustain access to specialist therapy services. This would reduce wait times and increase access and can be easily integrated into the NDIS Review's proposed community commissioning approach.

By pooling resources, greater labour mobility could be achieved amongst more allied health roles to cut down wait lists. This can also form part of a broader strategy to promote collaborative whole-of-person support for people with disability and help take pressure off regional health clinics, expand funding outside the NDIS for allied health and reduce pressure on acute hospital care and ER.

Members also tell us that change beyond the NDIS is critical. Increased access to GPs and better schooling options in regional and remote areas make a massive difference in the outcomes of participants, but these issues fall outside of the NDIS' remit. Improving the potential and effectiveness of community participation supports requires improved services and amenities in regional areas:

[6] Natasha Cortis and others, *Reasonable, Necessary and Valued: Pricing Disability Services for Quality Support and Decent Jobs* (Sydney: Social Policy Research Centre, UNSW, 2017), pp. 28–29.

Clients have limited access to things they enjoy such as indoor pools, hydrotherapy, and trampolining, but are limited to access these things due to cost to them of travel and time of supports required. – ***SIL worker, rural VIC***

There aren't many activities that are affordable for people to participate in other than the usual gallery, walking around parks and gardens. It can be difficult to find affordable activities for adults with disabilities that aren't working through the day. A hub for people with outside and inside games, somewhere to bring your own lunch, a chance to socialise without the pressure of spending money would be great.. – ***Community access worker, regional VIC***

Accountability through provider registration

Our 2023 member survey identified that the more remote a worker was, the more they tended to disagree funding was well-spent in the NDIS or that it went to support for NDIS participants. Almost 80% of rural and remote workers disagreed funding was well-spent, and over half felt funding wasn't going to support for participants.

How it is possible to provide NDIS services without accreditation is beyond me. There needs to be a review into the NDIS accreditation system to ensure that every provider is accredited, even if that means having different levels of accreditation. – ***Residential worker, regional VIC***

Increases in funding are critical to boost pay and conditions in regional areas, but providers need to be accountable for that spending too. It is critical that the government pushes on with its recommended regulatory model, not only so it can ensure accountability of NDIS expenditure, but also so it can ensure regulatory compliance.

There are staff that don't understand their pay agreements, management within providers that don't understand their own agreements, and if they do, certainly are not following them. There needs to be an active governing body to ensure that providers are doing the right things with funding by participants and their workers - ***Casual support worker, rural TAS***

Track employment over multiple work sites, register of independent support workers, stop gouging of NDIS high pay rates, and regulate NDIS independent supports to outcomes. Bring back person-centred planning, auditing of supports, active support & paid employment for participants. – ***Community access worker, regional VIC***

We are glad that the NDIS Review has now recommended a provider registration scheme that is proportionate to risk. The new provider registration scheme must have regard for WHS, particularly given that these are increased risks in disability service providers outside city centres.

A new regulatory framework should specify enforceable requirements around supervision and staffing that workers and participants can refer to as part of maintaining high standards of support in the sector. Ensuring the new regulatory system monitors WHS would also allow the regulator to identify where significant workforce churn is occurring due to hazards and create space for the NDIA or NDS Commission to intervene.

It should also ensure compliance with the Award. Regional and remote areas will only be able to attract skilled workers that are a good fit for clients if providers are at the very least paying them the minimum wage, allowances, loadings and superannuation.

Professionalise the sector through workforce registration

*We're lacking pathways into disability support and not promoting well enough what support workers do – **Community services manager, Hobart, TAS***

A worker registration scheme linked to qualifications is critical to ensure workers are rewarded for their skills. Ensuring all workers enter the sector with a Certificate IV makes it easier to lift pay in the profession, the second step of Level 2 of the Award references the Certificate. We note and commend the model of worker registration previously recommended by the committee[7] and urge the government to adopt it as it develops a worker registration scheme post-NDIS Review.

Beyond entering the workforce, worker registration would ensure regional and rural workers are continually supported to upskill, as failure to complete 10 hours of training hours would prompt the regulator to investigate what steps a provider has taken to support the worker's training. Workers could complete stackable training units through funded CPD, over time, complete diplomas or higher degrees, and then reclassify at higher rates. As part of rolling out CPD requirements, agencies should collaborate to identify and fill gaps in training offerings in regional and remote areas.

Mandatory registration and minimum qualifications would not be a barrier to entry as it would allow workers without qualifications to initially register as 'provisionally registered' and undertake training with employer support to gain qualification and full registration within two years. As 92.7% of survey respondents already have at least a Certificate III, and 41.1% hold a Certificate IV, grandfathering mandatory registration would also be simple. Registration costs must not be prohibitive and should be relative to the wages of disability support workers.[8]

Worker registration must be broad in scope, applying to all disability sector workers[9] including sole traders and platform workers, but could be tiered. Most roles in the sector involve safeguarding measures with participants and would be subject to minimum qualifications and CPD requirements, as in Victoria[10]. However, some lower-risk forms of NDIS work (e.g., gardening, tenancy assistance) might involve less one-to-one interaction with participants and require worker screening checks and completion of induction modules while being exempt from a minimum qualification requirement.

Investing in regional training

Workers in regional areas often have less access to training because regional areas cannot achieve the economies of scale of metropolitan areas to sustain a wide variety of training offerings. One solution to this issue might be to fund training hubs covering a series of regional NDIS providers within a kilometre radius. These hubs could be integrated with providers to embed quality training in the sector by funding on-job placements and trainers who can supervise workers as they implement the training and post-completion check-ins to determine where refresher training is necessary.

Funding this (at least partially) through the National Skills Agreement, which lists the care and support economy as a priority, would ensure high sunk costs can be met, as limited training funds are tied to hours of support delivered to a client. These hubs could also be integrated with proposed Regional TAFE Centres of Excellence.[11]

In regional and remote areas, workforce shortages also apply intense pressure on rosters. This means that even when training is available, workers cannot get time release, let alone be paid for training or training leave. Staff shortages are forcing providers to trade off training workers for safe staffing levels, hampering the quality of supports offered in regional areas.

[7] Joint Standing Committee on the NDIS, *NDIS Workforce Final Report* (Canberra: Australian Parliament House, 2022).
[8] HSU, *Submission: Review of the National Disability Insurance Scheme* (Canberra: Department of the Prime Minister and Cabinet, 2023).
[9] HACSU, *Submission: Registration and Accreditation Scheme for the Victorian Disability Workforce – Consultation Paper* (Carlton: HACSU, 2017), p. 12.
[10] Victorian Disability Worker Commission, 'Continuing Professional Development' <https://www.vdwc.vic.gov.au/registration/CPD> [accessed 17 March 2023].
[11] Department of Prime Minister and Cabinet, *Working Future: The Australian Government's White Paper on Jobs and Opportunities*, 2023 <https://treasury.gov.au/sites/default/files/2023-09/p2023-447996-working-future.pdf> [accessed 26 September 2023].

In our 2024 survey, under 1 in 4 regional and remote workers told us they can get paid leave to pursue training. While training is funded in the price guide, training leave and backfilling costs are not. This needs to be explicitly funded in the price guide or elsewhere to increase training uptake.

Further training beyond the Certificate IV must become more affordable. Units of competency in higher diplomas carry significant fees, which impose burdensome costs on workers, who already have to forfeit shifts to attend TAFE, despite the benefits paid by a highly-skilled workforce to participants, providers and communities.

> *Low funding for courses means I can't start Uni. It's too expensive, I'd need to do training outside of work to qualify, it would mean losing my job.* – ***Mental health worker, regional SA***

Boost regional staffing capacity for planners and advocates

Improvements to planning should involve investment in a regional NDIA workforce that can see participants face-to-face as needed to ensure swift changes to plans. In line with the NDIS Review's recommendations, funding must also be made more flexible to take the pressure off support coordinators and AHPs in regional and remote areas in plan reviews, given intense workforce shortages. As one member told us:

> *Just fund people sufficiently to have a choice and be creative. Participants don't want to go to therapy or use support workers unless they really need it, they have must better things to do.*
> – ***Freelance community access worker, Hobart, TAS***

Relocation and retention allowances

The NDIS should provide relocation allowances for regional and remote workers for a fixed period, particularly scholarships for allied health workers who come from and return to regional and remote Australia as part of a broader workforce attraction and retention strategy.

Investing in this is well worth it: workers moving to more distant areas will relieve pressure on the allied health system, reduce travel costs billed to the NDIS, and increase plan utilisation. At the same time, workers supported to stay in these areas will bring families with them, providing a revenue base from which school and health facilities can be expanded, improving access for all.

Similarly, retention allowances would give workers in regional, rural and remote areas more reason to stay in areas with few workers. These, along with relocation allowances, are already funded in Victoria's Disability Services Enterprise Agreement,[12] but relies on limited funding from the state government (that is soon set to expire). Investing in these allowances for the NDIS would reflect a commitment to equal access for people with disability regardless of where they live.

These allowances could be integrated with preferred provider panel arrangements for regional supports, fixed-term employment guarantees to ensure continuity of supports and housing options that place workers close to participants they support.

[12] *Disability Services Enterprise Agreement Victoria 2018-2022*.