AUSTRALIAN SERVICES UNION

By your side

6th June 2025

Australian Government
Productivity Commission

Via email: 5pillars@pc.gov.au

Dear Commissioners

Pillar 4: *Delivering quality care more efficiently*

The ASU welcomes the opportunity to provide feedback on the Productivity Commission's inquiry into Pillar 4: *Delivering quality care more efficiently* of the Australian Government's productivity agenda.

The ASU represents its members in a range of sectors and industries, including social and community services, disability services, local government, energy, water, public transport, airlines, shipping, travel, ports, information technology and private sector clerical and administrative.

Around 30,500 ASU members work in the community and disability sectors. The workers who are part of this membership have roles in disability advocacy and representation organisations, community mental health services (which includes provision of psychosocial supports for participants who receive funding from the National Disability Insurance Scheme (NDIS)), Local Area Coordination, Support Coordination, and as sole traders in the NDIS (known as Independent Support Workers). The ASU also has coverage of disability support workers in the NDIS in non-government service providers in NSW, Queensland, the ACT, South Australia, Northern Territory and Western Australia.

The ASU provides the following feedback on the Pillar 4 consultation questions:

Reform of Quality and Safety Regulation

The ASU notes the interest in reforming quality and safety regulation to support a more cohesive care economy. We believe it is imperative that in the pursuit of alignment of the regulatory frameworks across the sectors that the effectiveness of regulation is not diminished.

There are distinct differences in the regulatory framework underpinning the safety and quality of NDIS services and supports from the framework regulating other subsectors defined as part of the 'care economy' such as aged care, veterans' care and early childhood education and care.

The NDIS was established as a scheme for the provision of supports and services chosen and controlled by people with disability participating in the scheme.

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The NDIS Quality and Safeguard Framework was developed in consultation with people with disability, and with input from frontline workers, advocates, and service providers. The Framework consists of NDIS practice standards, codes of conduct, rules, guidelines and policies for the provision of all NDIS supports and services. These regulations apply to providers and workers in the NDIS sector. The NDIS Quality and Safeguards Commission regulates and monitors compliance with NDIS regulation. The human rights of people with disability are the guiding principles of the NDIS and its regulatory framework. In fact, an object of the NDIS Act 2013 is to give effect to Australia's obligations under the Convention on the Rights of Persons with Disabilities https://www.legislation.gov.au/C2013A00020/latest/text .

The NDIS Code of Conduct and Practice Standards are a clear set of enforceable obligations that inform workers and service providers of their obligations to people with disability in the provision of NDIS supports and services. The NDIS Code of Conduct and Practice Standards reference people with disability and their rights, it also sets expectations for safe and quality standards of practice and ethical behaviours for workers in the delivery, and providers in the provision, of NDIS supports and services.

The risk of aligning the Code of Conduct to reflect non-disability sectors is that the references to people with disability will disappear from the Code of Conduct and people with disability will no longer be the focus of this set of enforceable obligations that reduce risk to and increase protection of people with disability from abuse, violence, neglect and exploitation.

The unique elements of the NDIS sector are recognised in the NDIS Capability Framework which was developed by the regulator, the NDIS Quality and Safety Commission, to define the skills, knowledge and capabilities workers need to deliver a wide range of services and supports when working with NDIS participants. The framework recognises the diversity and complexity of services and supports provided to people with a disability from a wide demographic and age range and with a range of very different and often specialised support needs. NDIS services and supports are provided to:

- children,
- adolescents,
- adults up to 65 years of age and beyond in some circumstances,
- people with sensory disability,
- people with cognitive disability
- people with physical disability,
- people with acquired brain injury,
- people with psychosocial disabilities,
- people with multiple disabilities,
- Aboriginal and Torres Strait Islander people with disability
- LGBTQIA+ people with disability, and
- Culturally and linguistically diverse people with disability.

It is this complexity that distinguishes the disability sector from other subsectors, particularly aged care and veteran's care sectors.

The ASU members believes that the human rights of people with disability to live free of violence, abuse, neglect and exploitation, and to choose and control their disability supports and services should be the foundation of any reform of NDIS regulation.

Embed Collaborative Commissioning

ASU members report service duplication and fragmentation due to isolated and city-centric commissioning practices. Effective collaborative commissioning - linking Primary Health Networks, Local Hospital Networks, and community and disability services - can close these gaps and provide holistic care solutions.

Benefits include enhanced service continuity and reduced inefficiencies, particularly for clients with complex, cross-sector needs. However, barriers such as restrictive funding mechanisms and siloed and citycentric planning persist.

To overcome these, we propose:

- Integrated local care planning structures.
- Joint funding models with pooled resources.
- Accountability frameworks that align health, disability, and community services goals.

ASU members have also identified a number of impediments to collaborative commissioning, these include:

- Competitive tendering
- For-profit providers entry into the not-for-profit sector's areas of service delivery and provision
- Over-reliance on the market-based approach to service delivery in remote and regional communities.

A National Framework to Support Prevention

Prevention programs are underfunded due to their long-term ROI and cross-portfolio benefits. There is an urgent need to recognise and embed workforce-focused prevention strategies, such as professional development and stable employment models, into national frameworks.

A stable, well-supported care workforce is foundational to effective prevention across the care economy. The current system, which relies heavily on insecure work, underinvestment in training, and fragmented service delivery, limits the capacity of workers to contribute to early intervention and long-term wellbeing of service users.

Workforce-focused changes such as professional development, secure employment, and career progression pathways enhance workers' ability to engage in preventive care in several key ways:

- **Continuity of Care**: Stable employment arrangements reduce turnover, which is critical for building trust with clients. Trusting relationships enable workers to detect early warning signs and intervene before issues escalate, particularly in mental health, disability support, and aged care settings.
- **Increased Capability**: Investment in ongoing training and accreditation ensures that workers are equipped with up-to-date skills, including trauma-informed care, risk identification, and early intervention techniques. This enhances the quality and responsiveness of care.
- **Job Design and Rostering**: Secure, well-compensated roles with reasonable rostering allow workers the time needed to do preventive tasks - such as detailed handovers, documentation, follow-ups, and coordination with other services. Current piece-rate or casual models disincentivise such proactive care.

- **Early Warning and Referral**: Empowered and supported workers are more likely to escalate concerns or refer clients to additional services when emerging risks are identified. This is especially crucial in settings where co-morbidities or complex psychosocial issues are common.
- **Sector Stability and Innovation**: Workforce security fosters organisational stability, which enables providers to innovate and pilot preventative models of care. Conversely, workforce churn and financial instability hinder long-term planning.

Examples of effective prevention-related strategies include:

- Portable training and leave entitlements.
- Career development support for disability support workers.
- Investment for pathways into the sector through government funded accredited disability training courses such as Certificate 3 in Individual Support and Certificate 4 in Disability Support.

These reduce turnover and burnout, improving care quality and system sustainability.

Yours faithfully

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