**AVANA Submission to NDS for input to the Productivity Commission Issues Paper “Geographic Labour Mobility”**

AVANA is a national and international consulting and training organisation which provides specialist workforce strategies and solutions to support sustainability of people and communities. The core team of AVANA Community - a division of AVANA, have substantial experience providing consulting and training solutions to not for profit Community Based Organisations throughout NSW. Particular focus has been invested in the Disability, Aged Care and Home and Community care experiences of the team in terms of working with organisations.

AVANA is in the process of applying for membership of NDS and is pleased to offer this input to the NDS contribution to the Productivity Commission Issues paper 2013.

The following submission offers generic comment and feedback from our consultants on the issues that relate to and impact on workforce geographic mobility in meeting the needs of individuals with a disability and their families; of staff in direct care roles in particular and for entire organisations.

**In relation to the general characteristics of existing and potential staff:**

* It is recognised that as of this time, with the implementation of DisabilityCare Australia, the number of required disability support workers will need to at least double in the next few years
* In terms of the Aged Care sector, by 2050, there will be a need for at least 800,000 additional aged care workers. The Disability Sector demographics are well known but emphasis needs to be focused back on the general characteristics of the likely workforce population in this Productivity Commission Report
* Existing workers currently are likely to:
  + Be female and over 45 years of age
  + Have participated less in formal education and training than many other professions
  + Turnover and or/burn out at a higher rate (national average of 30% per annum and as high as 60% in cities) due to the stress of the work and the poor wages and conditions generally
  + Work casually for more than 2 employers in a range of industries to secure sufficient hours per week
  + Be employed on a casual basis for as little as 2 hours a shift and may be expected to travel in their own time to a shift if it is out of town

**Impediments to attracting and retaining the Community Services workforce:**

* Ingrained worker low self-esteem about the value of the work that they do
* Lower community value for people who provide Human Services in support and care roles
* Low value of Human Service’s workers as evidenced in wages and conditions
* Unclear career pathways

**Drivers to attracting and retaining the Community Services workforce:**

* Raising the profile of Human Services particularly for Disability, Aged Care, Child Care and Home and Community Care workers to a comparative level with Nursing
* Comparable pay and conditions
* Developing a worker Professional Association that is not a union, is different to an employer Peak Body and which focuses on providing professional development opportunities and networking for workers so that they can drive their own career development

**In relation to the employment models available to prospective and existing staff:**

* Generally speaking there is a trend towards short shift casual employment for direct care staff rather than other employment models
* Staff are more likely to be able to gain full time or part time employment in Community Services if they are located in city and large regional centres where the client base of organisations are likely to be larger and more diverse with employment options often for 24/7 shifts
* Permanent and or part time employment are incentives for staff to develop longevity and loyalty to their employing organisations and their clients receiving service – “Staying on no matter what”

**In relation to the growth and/or decline of regional centres:**

* Employment opportunities for direct care staff and line supervisors is impacted when a region experiences growth or decline – positions may be lost with decline and positions may be unfilled with growth. This situation contributes to an overall consciousness that work in the Community Services sector can be unstable.
* In an area such as NE NSW, the population of main stream residents is increasing rapidly at present and the corresponding numbers of people living with a barrier to life are correspondingly increasing. This pressure increases the need for Allied and other Health professionals to service these areas and meet an increasing diversity of need. Accessing these services is already over-burdened with long waiting lists.
* Incentives need to be put in place to attract Allied and other health professionals to work in the regions even if it is on a “fly-in, fly-out” basis

**In relation to the drivers of workforce mobility:**

* Many workers in regional and remote areas want to live in those areas so they understand that they have to often get work wherever and however they can to be able to stay there.
* Industry in some regional areas is not predictable and workers may need to move to other jobs at short notice because their workplace may lose a contract, may not be competitive against imports or may suffer the effects of economic cycles. The traditional “meatworks” scenario is typical of this as well as where industry relocates to reduce transport costs etc.
* The impost of securing work wherever possible to be able to generate a minimal income
* Workers do tend to “shop” around various employers in various industries to attract the best hourly rate of pay. A common anecdote is often referred to where a check out sales assistant at a supermarket with little responsibility is paid $27 per hour and a disability support worker or a child care worker both of whom have high level responsibilities and high level skills expectations are often paid less
* Anecdotal information indicates that workers have a higher than other industry turnover through community services organisations because of the perception of being poorly inducted, poorly supervised and poorly supported by their employers – it is easier to leave and start over elsewhere
* Accessing Allied and other Health professionals is increasingly difficult and often requires considerable travel to other regional or city centres
* Poor wages in Community Services require workers to seek hours rather than job appeal and job satisfaction
* Under the likely changing models of individualised services provided under DisablityCare Australia, workers may need to be chosen or assigned to a diverse range of individual clients spread across diverse areas to be able to make up what is perceived as their “normal pay-packet”

**In relation to the impediments to geographic mobility:**

* Given the nature of the re-training and increasing accountability of direct care workers predicted under the NDIS, there will be a significant number of workers and some organisations that will exit the sector causing a greater burden on locating and recruiting new workers to replace them – particularly in the regions.
* Workers are likely to come from a low social economic demographic where having a second family vehicle or a road worthy safe vehicle is less likely to travel long distances to shifts
* Traditionally, many community services workers may not be paid for their travel time to shift and in regional areas, travel time of an hour each way is not uncommon for a 3 hour shift or less
* Where the employer pays vehicle allowances, there is a general perception that it is insufficient to cover the real costs of fuel and comprehensive insurance

For further information or clarification on any of the above submission points, please contact:

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