

Submission to the Productivity Commission about the Disability Care and Support Draft Report April 2011

Introduction

In February 2011 the Productivity Commission released its draft report into Disability Care and Support and stated:

“The disability support ‘system’ overall is inequitable, underfunded, fragmented, and inefficient and gives people with a disability little choice. It provides no certainty that people will be able to access appropriate supports when needed.....The central message of this draft report is that a *real* system for people with a disability is required — with much more and better-directed money, a national approach, and a shift in decision-making to people with a disability and their carers.” (Overview and Recommendations, p.5)

Disability Professionals Victoria (DPV) and Australasian Disability Professionals (ADP) applaud the findings and recommendations of the draft report but highlight workforce issues around delivering disability services, in particular the professionalisation of the workforce, and provide comment on Chapters 8 and 13 of the report.

Background

Over recent years debate and discussion has occurred about the professionalisation of the disability workforce in Australia. These discussions have been informed by similar directions taken in the United States of America (e.g., *US Alliance of Direct Support Professionals*) and in United Kingdom (e.g., *UK General Social Care Council*).

In 2006, the National Disability Administrators (NDA) commissioned a review into disability workforce issues which identified that “consideration be given to adopting a national approach to qualifications, particularly in

relation to entry level qualifications, to raise the profile of the sector and to accelerate the professionalisation of the sector”.

In February 2009, the Community Services & Health Industry Skills Council was commissioned to develop a *National Disability Workforce Plan* which identified shared stakeholder views for entry benchmarks. **The final report is currently due for publication and should be referred to, in order to inform the Productivity Commission’s final report.**

Since the 2006 report into disability workforce issues, various positions have been developed across Australia. However, differing State positions have prevented the adoption of a set of unified principles and competencies for the Australian disability workforce, upon which the standardisation of good practice and increased professionalisation can be based. Thus, the Commission’s Report, focusing on a national approach is welcomed. However, parts of Chapter 8 need to be responded to, so that the proposed system also ensures the professionalisation of the workforce and does not unwittingly devalue the work required to bring about the best outcomes for people with disability.

Overview

DPV and ADP support and endorse the principles upon which the report is based, ie giving people with disability and their families, power and choice over what and how services are delivered. This change to fundamental philosophy however, will mean a substantial program of change across institutions, service providers and workers in disability as well as those being supported by the system. Laragy (2010) identifies that individual funding requires major changes to philosophy and practices and that it presents new risks, with this in mind staff will require training to embrace the new models and to manage the risk involved in service delivery. Change programs undoubtedly mean changes in skill sets (and mind sets) which require, amongst other interventions, substantial training and professional development support. These programs will need to be

additional to the standard training required when unskilled workers enter the sector.

Minimum Training Standards

We note the following excerpt from the draft report.

“The Commission is sceptical of imposing any additional *requirements* for credentials and training of the disability services workforce. In particular, there should be no minimum training requirement to work as a personal support worker.

These support workers are the most important group in that workforce, and the essential skills they bring — empathy, a capacity for listening and social skills — are intangible and not easily created through training. Moreover, the most important ‘training’ of workers is often by the person with a disability and their families.

(Overview, p39)

The Productivity Commission’s report states that the overwhelming current source of care is unpaid and untrained family carers, who are usually preferred by people with a Disability. However as the report also notes there are an estimated 70,000 paid carers (34,000 FTE) working in the sector, providing support to an estimated 170,000 people with a disability (five times the number of FTE paid staff). This in itself represents a significantly large group of people who are expected to provide quality care to an even larger group to whom they are not related, and thus do not necessarily have the level of personal interest and motivation that a familial relationship involves.

If this largely government funded workforce is to be able to understand, adapt and work within the new culture and system that an NDIS would bring, relevant training would be essential for success.

This training would firstly need to be able to address organisational and cultural changes, moving from a philosophy of “Carer knows best” to a philosophy of empowerment and self-control. Examples include Person Centred planning and approaches, Ordinary/Community Living and Positive Behaviour support. In addition basic practical training, such as first aid, food hygiene and infection control should also be standardised to ensure across-the-board day to day practice.

Without this basic mandatory training/skilling provided through a structured induction program, there is the danger of the NDIS and Disability Sector moving forward to implement new standards, practices and cultures without the workers on the front line in a position to adopt and implement them. This could lead to practical day to day problems and disillusionment in the new system.

The Productivity Commission report does emphasise the key skills a support worker brings are empathy, a capacity for listening and social skills. We agree that these skills are fundamental in establishing and maintaining a positive relationship and good support for a person with a disability. However, to state that this is all the skill a support worker requires to support a person with a disability can be seen as patronising to both the worker and the person that they are supporting.

The ability to meet the clinical and physical needs (eg medication and manual handling training), their social needs (eg community involvement training) and provide support in the way that they themselves would prefer (eg empowerment training) are also key skill sets that the entire workforce should be skilled in and knowledgeable about.

We note the draft recommendation 8.3 and ask how does the Productivity Commission expect to achieve this without a national framework of standardised training and skill development in place for workers entering the sector? If nationally consistent standards are to be applied to all funded specialist service providers and disability support organisations,

then mandatory training in these standards and their day to day practice implications would need to be provided to the support worker workforce if these standards are to take effect on the ground (and not just remain as ideals on paper).

It is also the opinion of DPV and ADP that such a system should lead to a national accreditation process for disability support workers where their skills and qualifications can be appropriately valued. We think that an accreditation system would add to the perceived worth of the profession, also making it a more attractive career option.

We agree attraction of suitable people with the right personal qualities and attitudes required to work in the sector is a critical issue now and will become increasingly so moving into the future and applaud draft Recommendation 13.1 to provide subsidies to training of disability workers.

Chapter 8 – Delivering Disability Services

A key point identified by the Productivity Commission is that government run service providers will continue on the same basis as non profit organisations and private service provider. In Victoria these services do not currently run in the same way and as such, questions remain regarding does this mean the government services will be required to change or will the efficient pricing structure of the NDIS need to be adopted by current government providers, thus resulting in significant changes for that group of workers.

Laragy (2008, 2009, 2010) identifies that success of individual funding depends on suitably trained support workers being available. Given the low wages and the undervalued status of workers within the field, it is easy for many in the community to assume that the work is unskilled and equates to not much more than 'glorified babysitting'. This undervalues and fails to recognise the unique skills required in providing person

centred practice, a strengths based approach to skill development, positive behaviour support, dignified personal care, monitoring of ongoing health and chronic disease conditions and in facilitating relationships that allow for people's ability to be their own agents of change in their own lives. A further concern in not having some minimum levels of training for staff is that whilst demonstrating empathy and listening to what the person they support wants, a staff member may not understand their duty of care or health and safety requirements and may then place themselves, the person they support and the organisation they work for at risk.

The report also mentions the issue of restrictive practices and the need to have a regulatory system in place to ensure appropriate use and oversight. We agree with this stance. This is a good example of the types of mandatory training that would be needed across the workforce, as most of the workforce may at one time or another have to deal with such an issue.

There are other examples, such as understanding and working with autism, whereby particular knowledge and skills are required in order to provide effective and respectful support.

Chapter 13 – Workforce Issues

There is a strong emphasis in the Productivity Commission's report that emphasises the potential for a labour shortage, especially with an increasing ageing population. It goes on to rightly discuss areas to address this, such as better pay and working conditions and strengthening career paths. An additional recommendation is around reducing barriers for entry to the workforce, such as no formal training requirements.

Whilst we agree with the general thread of this proposition, we would argue that reducing training barriers to entry could indeed have the opposite effect. As with most other industries the managerial/executive

positions in the Disability Sector often require formal qualifications through the recruitment process. This currently has the effect of often providing a barrier to frontline workers who don't have qualifications to gain promotion and develop careers in the industry and can contribute to the high turnover of support workers moving out of the sector to find more attractive career options.

It also means that people who take up management positions often come from backgrounds outside of the sector and do not have frontline disability experience.

If there were a minimum standard of training for support workers when they enter the sector, this then gives the immediate impression that the work requires levels of knowledge and expertise and that it's not a job anyone can walk off the street and do – which it is not. This then can articulate into higher levels of training and those, mixed with increased experience, can form natural career paths for support workers, either into management or more specialised practice.

We also note the following section in Chapter 13.

Promoting certification through training and education subsidies

Another way to encourage people to enter or remain in the disability sector is through supporting the acquisition of the skills required to excel in the industry. (p.13.24)

DPV and ADP completely agree with this and it is consistent with our position that there should also be a national system of accreditation of support workers that recognises skills and qualifications earned across their careers similar to systems found in both the UK and the USA.

Conclusion

DPV and ADP applaud the direction and intention of the draft Report from the Productivity Commission. However, our position is that there should be national standards of service delivery which should be linked to recognised training delivered externally and/or through induction and that an appropriate accreditation system for individual workers should also be developed and implemented in a manner consistent and relevant for an Australian context.

References:

- Fisher, K.R., Gleeson, R., Edwards, R., Purcal, C., Sitek, T., Dinning, B., Laragy, C., D'aegher, L. and Thompson, D. (2010), *Effectiveness of Individual Funding Approaches for Disability Support*, Occasional Paper no 29, Canberra: Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.
- Laragy, C. (2008). *'Outcomes' evaluation 2007 Individualised Funding Project: A project conducted by UnitingCare Community Options.*: La Trobe University.
- Laragy, C. (2010). Snapshot of flexible funding outcomes in four countries. *Health and Social Care in the Community* 18(2), 129–138.