



Submission to Productivity Commission on Draft Report – Disability Care and Support

By the Health Services Union(HSU) East

29 April, 2011

Submission in Response to the Productivity Commission Draft Report into Disability Care and Support

This submission by HSU East is in response to the draft report into Disability Care and Support released by the Productivity Commission on 28 February 2011.

The focus is on workforce issues.

HSU East supports a National Disability Insurance Scheme (NDIS). It also supports a person-centred rights-based approach to care. These arrangements can be empowering for people with disabilities and their advocates.

As we understand it, under the Commission's proposed NDIS and care package, people with disabilities, or their proxies, would be entitled to exercise self-directed funding, including the cashing out of their entitlements. This would include an entitlement for private individuals to recruit and employ their own support workers. (Draft Rec 6.1, 6.2 and 6.3.)

Our concerns

We note that the Commission's inquiry is to examine how a scheme should be designed and funded to better meet the long-term needs of people with disability, their families and carers.

In doing so, the inquiry is to examine, amongst other things,

- its impacts on the workforce
- what protections and safeguards should be part of the scheme (While this specific matter might be read as referring only to those people with a disability, we would argue that it should apply also to paid workers, who are some of the most undervalued and marginalised of workers.)

We are concerned that the NDIS and a self-directed funding model of approach to services should not perpetuate the under - valuation of disability services work.

Nor should the principle of person-centred care, which we support, become the vehicle for undermining service standards and the wages and conditions of people working in the sector.

The disability sector is service-based and labour intensive. The labour force is fragmented and workers often work in isolation from others. We fear that the proposed model of self-directed funding will exacerbate this situation.

We accept that the matter is a complex one. However, we believe that the current draft report and recommendations does not provide enough attention or recommendations on

how to deal with this fundamental tension, particularly in relation to protecting the rights of workers.

We ask the Commission to give further consideration to how the potential conflict between a disabled persons' right to choose appropriate services and the need to have a competent workforce who are paid a decent wage, provided with reasonable conditions, and encouraged to improve their skills, might be balanced.

If this matter is not dealt with at this conceptual stage of the scheme, it will, we consider, simply entrench a culture of a casualised, low-paid work force, with limited training and career prospects.

This is particularly so as the Commission has specifically recommended in the draft report introducing unskilled workers immigration program to deal with skills shortages, specifically recommended against minimum training levels, and has made no recommendations in relation to wages or conditions for current workers.

This devalues the skills required to be a disability worker. We think this is a much more dangerous outcome than the concern expressed about the possibility of labour constraints forcing up wages to unacceptable levels.

We consider the lack of recommendations on the issue of wages and conditions for workers a serious deficiency in the draft report.

With respect, it appears that the minimal recommendations (Draft R 13.1 and Draft R 6.8) in relation to the paid workforce reflect a primary concern to obtain sufficient labour at a constrained price rather than a concern to see how the scheme might impact the current paid workforce, and build a sustainable workforce where workers are attracted because they have decent wages and conditions, and their skills are respected.

Wages and Conditions

Wages and conditions in the disability sector are poor. In addition, wages do not reflect the significant social, caring and technical skills that are required by disability workers.

The Commission refers to low wages of workers in the sector, quoting 65% of government workers earning \$25 or more an hour, compared to 35% of non-government workers. (Ch13.6). The rate quoted may lead readers to mistakenly believe that most workers in the field receive these wages.

Wages for the large majority of workers in the sector are very much lower than the above figures quoted.

Reasons for this conclusion include

- The figures quoted refer largely to the government sector. This figure is distorting, as only 22% of workers are employed in the government sector (Ch 13.5)
- The figure quoted appears to include people who are supervisors, managers and allied health professionals, who are all paid at higher levels, thus inflating the average rate of pay for the majority of workers
- The figures do not reflect the fact that most workers work short and broken shifts in the not-for-profit sector, so do not obtain a full working week wage at ordinary hours
- Our own enterprise agreements, with what we consider to be good not-for-profit employers, indicate that most direct-care disability workers (the majority of the workforce) are paid from \$15.80 to \$17.98, depending on experience and qualifications. This is not much above the minimum wage of \$15 per hour.

Not only are wages too low, but the casualised and shift nature of the work provides added pressure on low-paid workers. It is much more difficult to organise a life and family on a healthy functioning basis when your work is fractured and undertaken at unsociable hours. Low wages significantly compound these disadvantages, entrenching a culture of the working poor.

While the Commission has acknowledged that wages are low and conditions poor for many workers, it has made no recommendations in this area.

It may be that the Commission is expecting that some wages and conditions matters will be addressed by the Equal Pay Case being heard by Fair Work Australia. If so, we believe it is important that this assumption is made overt in the Productivity Commission's final report and recommendations.

The Commission may also assume that decent wage increases would flow from the proposed NDIS role of reimbursing service providers for items covered in people's packages ('vouchers'). The intention is that "service providers should be reimbursed at a price that supports an efficient and sustainable service sector. That in turn will support wages that are sufficient to attract workers in the sector". (Ch 13.9)

We would argue that disability workers should be paid not just a 'sufficient' wage, but one that reflects the skills required to perform the work.

One of the main reasons for advocating for developing career paths and progression, as recommended in the ACTU submission to the Commission on this matter, is that it is a means to encourage entry and then progression as skills are developed, as well as retain the most skilled workers in the sector. High turn-over of staff is a major cost factor for employers. High skilled staff are also able to provide best preventative and rehabilitative care.

The skills and responsibilities of a disability care worker are considerable. The attached schedule (Attachment A) from a Victorian EBA with Yooralla, a large not for profit

service provider in Victoria, provides a sense of the responsibilities of direct care workers in the sector. Specific responsibilities are listed for a Supervisors, Disability Support Specialist, and Disability Support Worker Grades 4, 3, 2 and 1. The pay rate for a Grade 1 (not qualified, no experience) worker is only \$15.97; for a Grade 3 (Cert 3 qualified plus depending on years of experience) \$17.93 to \$18.50; and a Supervisor \$21.20 to \$21.50 depending on years of experience.

While the pay for a Grade 1 worker is less than \$1 above the basic wage, their work responsibilities are considerable. They are required to provide not only personal care, but also to assist a client to attend medical and dental appointments; ensure treatment or management recommended by medical professionals is properly reported; develop and implement strategies for teaching clients new skills, and assist them maintain current skills; assist clients take prescribed medication; identify changes in a client's behaviour; prepare healthy meals; and to continually identify appropriate resources, activities and social options in the local community. (See Attachment A for details of these and other direct care workers' responsibilities.)

We consider that the risk reduction proposed by the NDIA at draft recommendation 6.8 (that workers employed under self-directed funding are covered by worker's compensation and have an avenue for lodging complaints) is inadequate to ensure that a worker receives decent (or even minimum) pay, conditions and protection.

In addition, the draft report acknowledges that demands for staff to work irregular hours will increase under the proposed self-directed funding model (Ch 13.21). This creates worse conditions for workers, unless they are compensated for through higher wages.

We are concerned that self-directed funding packages will form the basis for forcing wages down to minimum levels, and will reduce skills levels required of workers. This is particularly so, given that the draft report specifically recommends that no minimum level of training be mandated in the sector.

It could be read that the Commission is appearing to set up a system where individuals, or their agent, will seek to obtain the lowest possible wages for casualised piece work. The nature of such work, wages and conditions means that these vulnerable workers are least likely to have the means to bargain for decent wages or make complaints over work-related matters, such as reasonable weekly hours of work, unreasonable short shifts, or dismissal for no good cause.

We therefore urge the Commission to recommend that the NDIA, in reimbursing services providers for items covered by people's packages, should not only take into account the need to pay competitive wages to all staff by specifically establishing comparative wage standards, but also specify that payment of packages is conditional on disability care providers concluding enterprise agreements which in fact provide competitive wages and conditions with other sectors.

We also urge the Commission to specifically recommend that short shifts and unsociable hours be more highly remunerated and included in setting prices for packages, covering both service providers and self-directed funding packages.

Self-directed funding recipients should be required to periodically (say 6 monthly) provide a report to the NDIA which demonstrates that the wages that they pay to employees meet the standards set by the NDIA. Compliance with any recommendation or requirement of the NDIA regarding recompense for short shifts, and unsociable hours should also be the subject of such report.

HSU East is very concerned that the concept of self-directed funding is open to potential exploitation of vulnerable workers. NDIA should require as a pre-condition for the granting of any self-funded package that the recipient (or any person acting as his/her agent) undergo an appropriate course on compliance with the NES/modern award and any additional requirements of the NDIA regarding employees, and the consequences of failure to comply i.e. civil penalties for contraventions under the Fair Work Act and loss/suspension of future self-funding for non-compliance with NDIA requirements.

Training

The Commission notes that 79% of the non-professional workforce had some form of post school qualification, typically a Certificate 3 or 4. (Ch13.8)

Given this high level of further qualification, and the continuing low wages compared to responsibility of work performed, we are concerned that the Productivity Commission has specifically said it will not recommend minimum education levels for all disability care workers.

We strongly believe that disability care workers should have a minimum of Certificate 3 level training. This would both ensure skills development by workers and partially recognise the value of the work performed. It would increase wages and assist in developing a career system, which would do much to assist in retention of skilled workers.

It would also provide some measure of recognition of the skills of workers who may be employed under self-directed care packages, where, as we have outlined earlier, we believe they could be vulnerable to exploitation.

We support the Commission's recommendation that there should be subsidies to train workers, but we believe that these subsidies should be much higher than those currently provided in the similar aged care sector, particularly for lower paid workers. We also believe that fully funded training should be encouraged. If rationing of full-funding training is required, this could be done on the basis of targeting particular areas (e.g. non-metropolitan) or groups of people (e.g. those from a CALD background).

The reasoning for this is contained in our submission to the Commission's parallel enquiry on aged care.

Recruitment and the Unemployed

We support the draft recommendation of a recruitment drive to encourage workers into the disability area.

However, we are concerned about the comments about the unsuitability/ suitability of unemployed workers and DSP recipients for this work. (Ch13.23 and 13.24).

There appears to be an assumption in the reasoning that unemployed people cannot acquire new skills, or that their skills are not transferable from one industry to another. We do not accept that proposition.

The skills the Commission has identified (Ch 13.26) as important for this work – a capacity for empathy, an interest in working with people, flexibility and personal experience – are not skills that are a barrier to the unemployed.

If there is concern about the suitability of some unemployed people for this work, we believe that there is an obligation on Government to ensure that marketing and recruitment strategies are carefully devised, rather than simply being one generic strategy, which does not target particular likely groups of recruits.

A recruitment drive would require appropriately developed and integrated recruitment, assessment, and training campaigns, including one targeted specifically to those unemployed people who would be interested and good at the work. There would need to be a strong element of voluntary participation in such programs, rather than coercion. Trial work experience in the sector could be encouraged also, without the participant risking losing their access to unemployment benefits if they decide that they are not suited to the work.

While this would require more thought and commitment in the early stages of a campaign, rather than simply using an off –the- shelf product, we believe it would pay off in terms of reducing the number of people out of work, with all the associated social and economic costs, and provide a pool of workers for the sector.

We are aware, from our own membership, of a variety of people who have very successfully, and for the long term, moved into disability work from an unlikely starting point. This includes, for example, a welder who moved into the sector and a man who took up disability work after serving a community service order in the sector.

We are also aware of very successful work and training programs being run for unemployed workers in similar sectors. The Spectrum Migrant Resource Centre trains unemployed CALD workers displaced from the manufacturing sector in the north and west of Melbourne up to a Certificate 3 level in Aged Care. They link up with not-for profit and local council employers to then obtain work for these people. The workers are highly valued because of their additional linguistic and cultural skills.

Most reasons given for why DSP recipients are assumed to have advantages in working in this area apply equally to unemployed workers. The only distinctive reason offered for preferring DSP recipients is that they are aware of disability from their own lived experiences. By the very nature of receiving a DSP, recipients have some disability which limits their capacity to work. We therefore do not understand the reasoning of this section of the draft report.

HSU East has submitted to the Commission in its parallel enquiry into aged care that there should be campaigns and programs targeted directly at the unemployed, and we continue to recommend that approach to the Commission in relation to the disability sector.

Immigration

We do not support the Commission's draft recommendation for immigration of support workers.

Despite the recommendation's qualification of it being in the event of acute and persistent shortages, we believe that this approach will be seen as the easy way out, and the recommendation will act as a strong disincentive for the sector to address the real issue of appropriate wages and conditions.

The workers who would enter under this program would have very low skills levels. Their reason for taking care positions is not, we suggest, because of their desire to care for people in Australia, but their desire for permanent residency in Australia. The scheme is open to abuse. The low qualifications of people permitted to apply for the scheme is compounded by the fact that most entrants to the Canadians scheme appear to come from countries where fraudulent qualifications are easily obtainable. As the Commission points out, access to permanent residence is a key feature of the Canadian scheme.

The attraction of the scheme appears to be the potential to offer low wages and unattractive hours in exchange for permanent residence after time served. This is not the basis for a sustainable industry.

Nor does it appear to deliver a reasonable long term rate of return for the Australian taxpayer. The proposal does not address the downstream cost to the Australian taxpayer of providing for these new Australian residents, when they will have such few recognised skills, after they obtain permanent residency. Is there any indication of how long these migrants remain in the disability sector once they have achieved permanent residency? Will they then become part of the pool of the Australian unemployed who are considered unsuitable for work because of their low skills levels?

Combined with the Commission's earlier comments on the Australian unemployed, and draft recommendations on not requiring minimum certification, we consider that this

recommendation will inevitably lead to a more casualised, low paid and low valued workforce, with on-going shortages.

The only way then to deal with this matter will be to increase the number of unskilled workers coming into Australia to work in these jobs, attracted so that they can obtain permanent residence.

Restrictions on scope of practice

Increasing restrictions on scope of practice is a major costs driver and leads to deskilling of workers. Medication and dressings are particular issues.

We have raised this as a major concern also in our submission to the Commission's parallel enquiry on aged care. Different states have different levels of restrictions. We would like to see the Commission recommend that this matter be addressed by State authorities.

Recommendations

1. Given the Commission's discussions in the draft report about the Equal Pay case, that the Commission overtly comment on and draw conclusions based on its expectations on wages from the Equal Pay case currently before Fair Work Australia; and articulate its alternative proposal if this case fails to deliver increased wages for the large numbers of workers in caring occupations.
2. That the Commission make the following recommendations
 - That wages in the disability sector need to be better remunerated, particularly for the lowest paid workers, in order to provide a sustainable workforce
 - a comparative level of wages for disability care employees based on market comparisons (in most cases EB outcomes in other, unrelated, industries), and the nature of short shifts and unsociable shift hours, should be specifically established by the NDIA as a general target or aspirational level for expected EB outcomes in disability care
 - the same levels of wages should be applicable to self-directed recipients
 - funding for care packages should be predicated on the wages level established by the NDIA, and also be conditional on such wage outcomes being delivered by disability care providers concluding enterprise agreements
 - continued funding for self-directed recipients should be dependent on recipients satisfying the standards and other recommendations and/or requirements of the NDIA
 - that employers address the problem and issues associated with rotating shift work

- all disability direct-care workers have a minimum Certificate 3 qualification to work as a personal carer, including for employment under self-directed packages
- realistic incentives be provided for completion of Certificate 3 and 4 courses, given the low rates of pay of people who undertake these courses, and hence their reduced capacity to pay for the courses
- in particular areas of identified labour shortages, such as in particular locations or those from particular groups (such as those from CALD backgrounds) full training be provided without cost to the participant
- the Government bear the costs of recognition of prior learning (RPL) costs for workers already engaged in the industry to be assessed for Certificate 3
- that education, marketing and training campaigns to attract workers to the sector should be specifically designed to attract the right people from the groups they target, including
 - young people; the unemployed; and those from CALD and Indigenous backgrounds, where there is a need for carers from those backgrounds
- noting that approximately 5% of the Australian workforce is unemployed, the Australian Government encourage the unemployed to train to enter the disability workforce, before turning to immigration to deal with projected labour shortages
- no recommendation to introduce any immigration program specifically for unskilled care workers
- that legislation in all relevant jurisdictions should spell out that direct care workers with appropriate qualifications should be able to have delegated to them the ability to administer prescribed medicines and changing of dressings
- that the NDIA should as a matter of urgency identify aids and practices which would reduce the need for additional labour, particularly manual labour, while retaining quality of services.

SCHEDULE B. RESIDENTIAL SERVICE CLASSIFICATIONS

Supervisor

A person appointed to the position of Supervisor by the employer who is responsible for supervision of day to day work of other Disability Support Workers.

Duties of an employee at this Grade:

- Supervises the work of others, including work allocation, rostering and guidance.
- Responsible for the overall running of a service, and oversee day to day problem solving.
- Conduct monthly/ regular staff meetings.
- Conduct supervision sessions with Disability Support Workers.
- Liaise with Key Workers.
- Completion of monthly service reports.
- May be required to assist with the development and implementation of policies, guidelines and procedures.
- May require comprehensive computer knowledge or be required to use a computer on a regular basis.
- Responsible for ensuring periodic Fire drills, and the writing of periodic evacuation reports.
- Ensure the overall provision of individualized communication methods/ strategies when communicating with each client.
- Advocate for clients as required, in consultation with clients and Service Provider.
- Liaise with families, significant others, service providers, and community organisations.
- Ensure the overall development and sustaining of personal communications with individuals, their families and significant others.
- Write and implement Individual Program Plans, and review every 12 months or when required.
- Implementation of Individual Program Plan objectives.
- Assist and communicate with other supports areas as required including speech pathologists, psychiatrists, psychologists
- Support clients in day to day living activities.
- Provide personal care support as required (bathing, personal hygiene, dental care, toilet assistance, menstrual management, continence care) in a respectful manner.

- Support clients to attend medical and dental appointments as required, and ensure that any treatment or management recommended by medical professionals is adequately reported.
- Appropriate completion of File Notes as required.
- Daily completion of Communication Book.
- Accurate and detailed completion of Incident Reports as required.
- Complete personal care records as required.
- Written communication to families and agencies as required.
- Develop and implement strategies for teaching clients new skills, and ensuring clients have the opportunity to maintain current skills.
- Assist clients to take medication as required and complete appropriate medication record, in accordance with Organisational Policy.
- Assist clients to take PRN medication as required, and document in accordance with Organisational Policy.
- Identify changes in health or behaviour and report to Medical professionals and Supervisor.
- The ability to prepare a variety of healthy meals, based on the clients' choices and individual dietary/ health requirements, working in accordance with standard food safety practices.
- Continually identify resources, activities, and social options in the local community based on the needs and wishes of the client(s).
- Record client expenditure in accordance with Organisational Policy.
- Cleaning duties including sweeping, mopping, dishwashing, toilets, and vacuuming.
- Laundry duties.
- Provide personal care and support to clients in accordance with Individual Care Plans.
- Development and review of Individual Care Plans.
- Ensure that the needs and rights of people with a disability are met by working and providing support in accordance with the principles of the IDPS Act, Disability Act, and the Disability Service Standards.

Salary increments from appointment as Supervisor, Year 1 to Year 3.

Disability Support Specialist

A person appointed to the position of DSW who as a Bachelor of Arts in Disability or Intellectual Disability.

Key duties of an employee at this Grade:

- Provide specialist knowledge and support in meeting the needs of client's with complex medical, behaviour or social support needs
- Provide individualized communication methods/strategies when communicating with each client.

- Advocate for clients in a Key worker role as required, in consultation with client and Supervisor.
- Liaise with families, significant others, service providers, and community organisations.
- Participate in regular team meetings and supervision.
- Develop and sustain personal communications with individuals, their families and significant others.
- Write and implement Individual Program Plans, and review every 12 months or when required.
- Implementation of Individual Program Plan objectives.
- Complete monthly or periodic Key Worker Reports.
- Assist and communicate with other supports areas as required including speech pathologists, psychiatrists, psychologists
- Support clients in day to day living activities.
- Provide personal care support as required (bathing, personal hygiene, dental care, toilet assistance, menstrual management, continence care) in a respectful manner.
- Support clients to attend medical and dental appointments as required, and ensure that any treatment or management recommended by medical professionals is adequately reported.
- Appropriate completion of File Notes as required.
- Daily completion of Communication Book.
- Accurate and detailed completion of Incident Reports as required.
- Complete personal care records as required.
- Written communication to families and agencies as required.
- Develop and implement strategies for teaching clients new skills, and ensuring clients have the opportunity to maintain current skills.
- Assist clients to take medication as required and complete appropriate medication record, in accordance with Organisational Policy.
- Assist clients to take PRN medication as required under direction, and document in accordance with Organisational Policy.
- Identify changes in health or behaviour and report to Medical professionals and Supervisor.
- The ability to prepare a variety of healthy meals, based on the clients' choices and individual dietary/ health requirements, working in accordance with standard food safety practices.
- Continually identify resources, activities, and social options in the local community based on the needs and wishes of the client(s).
- Record client expenditure in accordance with Organisational Policy.
- Cleaning duties including sweeping, mopping, dishwashing, toilets, and vacuuming.
- Laundry duties.
- Provide personal care and support to clients in accordance with Individual Care Plans.

- May be required to develop, or assist in the development of Individual Care Plans.
- Ensure that the needs and rights of people with a disability are met by working and providing support in accordance with the principles of the IDPS Act, Disability Act, and the Disability Service Standards.

Salary increments from the date of providing employer with evidence of qualification, Year 1 to Year 2 (introduced in July 2007).

Disability Support Worker Grade 4

A person appointed to the position of DSW who has an accredited qualification relevant to the position at the level of Certificate 4; Advanced Diploma; or Bachelor of Applied Science (Disability).

Key duties of an employee at this Grade:

- Provide individualized communication methods/ strategies when communicating with each client.
- Advocate for clients in a Key worker role as required, in consultation with client and Supervisor.
- Liaise with families, significant others, service providers, and community organisations.
- Participate in regular team meetings and supervision.
- Develop and sustain personal communications with individuals, their families and significant others.
- Write and implement Individual Program Plans, and review every 12 months or when required.
- Implementation of Individual Program Plan objectives.
- Complete monthly or periodic Key Worker Reports.
- Assist and communicate with other supports areas as required including speech pathologists, psychiatrists, psychologists
- Support clients in day to day living activities.
- Provide personal care support as required (bathing, personal hygiene, dental care, toilet assistance, menstrual management, continence care) in a respectful manner.
- Support clients to attend medical and dental appointments as required, and ensure that any treatment or management recommended by medical professionals is adequately reported.
- Appropriate completion of File Notes as required.
- Daily completion of Communication Book.
- Accurate and detailed completion of Incident Reports as required.
- Complete personal care records as required.
- Written communication to families and agencies as required.

- Develop and implement strategies for teaching clients new skills, and ensuring clients have the opportunity to maintain current skills.
- Assist clients to take medication as required and complete appropriate medication record, in accordance with Organisational Policy.
- Assist clients to take PRN medication as required under direction, and document in accordance with Organisational Policy.
- Identify changes in health or behaviour and report to Medical professionals and Supervisor.
- The ability to prepare a variety of healthy meals, based on the clients' choices and individual dietary/ health requirements, working in accordance with standard food safety practices.
- Continually identify resources, activities, and social options in the local community based on the needs and wishes of the client(s).
- Record client expenditure in accordance with Organisational Policy.
- Cleaning duties including sweeping, mopping, dishwashing, toilets, and vacuuming.
- Laundry duties.
- Provide personal care and support to clients in accordance with Individual Care Plans.
- May be required to develop, or assist in the development of Individual Care Plans.
- Ensure that the needs and rights of people with a disability are met by working and providing support in accordance with the principles of the IOPS Act, Disability Act, and the Disability Service Standards.

Salary increments from the date of providing employer with evidence of qualification, Year 1 to Year 5.

Disability Support Worker Grade 3

A person appointed to the position of DSW who has an accredited qualification relevant to the position at the level of Certificate 3.

Key duties of an employee at this Grade:

- Provide individualised communication methods/strategies when communicating with each client.
- Advocate for clients in a Key worker role as required, in consultation with client and Supervisor.
- Liaise with families, significant others, service providers, and community organisations.
- Participate in regular team meetings and supervision.
- Develop and sustain personal communications with individuals, their families and significant others.

- Implementation of Individual Program Plan objectives.
- Complete monthly or periodic Key Worker Reports.
- Assist and communicate with other supports areas as required including speech pathologists, psychiatrists, psychologists
- Support clients in day to day living activities.
- Provide personal care support as required (bathing, personal hygiene, dental care, toilet assistance, menstrual management, continence care) in a respectful manner.
- Support clients to attend medical and dental appointments as required, and ensure that any treatment or management recommended by medical professionals is adequately reported.
- Appropriate completion of File Notes as required.
- Daily completion of Communication Book.
- Accurate and detailed completion of Incident Reports as required.
- Complete personal care records as required.
- Written communication to families and agencies as required.
- Develop and implement strategies for teaching clients new skills, and ensuring clients have the opportunity to maintain current skills.
- Assist clients to take medication as required and complete appropriate medication record, in accordance with Organisational Policy.
- Assist clients to take PRN medication as required under direction, and document in accordance with Organisational Policy.
- Identify changes in health or behaviour and report to Medical professionals and Supervisor.
- The ability to prepare a variety of healthy meals, based on the clients' choices and individual dietary/ health requirements, working in accordance with standard food safety practices.
- Continually identify resources, activities, and social options in the local community based on the needs and wishes of the client(s).
- Record client expenditure in accordance with Organisational Policy.
- Cleaning duties including sweeping, mopping, dishwashing, toilets, and vacuuming.
- Laundry duties.
- Provide personal care and support to clients in accordance with Individual Care Plans.
- Ensure that the needs and rights of people with a disability are met by working and providing support in accordance with the principles of the IOPS Act, Disability Act, and the Disability Service Standards.

Salary increments from the date of providing employer with evidence
Certificate 3 qualification, Year 1 to Year 5

Disability Support Worker Grade 1 & 2

A person appointed to the position of DSW who has no accredited qualification relevant to the position at either Certificate 3 or 4 level or above. One year of relevant work experience will constitute an appointment to Grade 2 and no previous relevant work experience will constitute an appointment to Grade 1.

Key duties of an employee at this Grade(s):

- Provide individualized communication methods/ strategies when communicating with each client.
- Liaise with families, significant others, service providers, and community organisations.
- Participate in regular team meetings and supervision.
- Develop and sustain personal communications with individuals, their families and significant others.
- Implementation of Individual Program Plan objectives. Assist and communicate with other supports areas as required including speech pathologists, psychiatrists, psychologists
- Support clients in day to day living activities.
- Provide personal care support as required (bathing, personal hygiene, dental care, toilet assistance, menstrual management, continence care) in a respectful manner.
- Support clients to attend medical and dental appointments as required, and ensure that any treatment or management recommended by medical professionals is adequately reported.
- Appropriate completion of File Notes as required.
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- Develop and implement strategies for teaching clients new skills, and ensuring clients have the opportunity to maintain current skills.
- Assist clients to take medication as required and complete appropriate medication record, in accordance with Organisational Policy.
- Assist clients to take PRN medication as required under direction, and document in accordance with Organisational Policy.
- Identify changes in health or behaviour and report to Medical professionals and Supervisor.
- The ability to prepare a variety of healthy meals, based on the clients' choices and individual dietary/ health requirements, working in accordance with standard food safety practices.

- Continually identify resources, activities, and social options in the local community based on the needs and wishes of the client(s).
- Record client expenditure in accordance with Organisational Policy.
- Cleaning duties including sweeping, mopping, dishwashing, toilets, and vacuuming.
- Laundry duties.
- Provide personal care and support to clients in accordance with Individual Care Plans.
- Ensure that the needs and rights of people with a disability are met by working and providing support in accordance with the principles of the IDPS Act, Disability Act, and the Disability Service Standards.

An employee will advance to the next increment level upon completing a minimum of 1,748 hours of work at the existing level.