

# **Productivity Commission's Inquiry into Disability Care and Support.**

Submission of the Health and Community  
Services Union

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## Executive Summary

The Health and Community Services Union (HACSU) is the Victorian Number 2 Branch of the Health Services Union in Victoria. The views articulated in this submission are those of the branch and do not represent views held by the broader Health Services Union beyond the Victorian No 2 Branch.

HACSU represents the industrial and professional interests of the disability, mental health and alcohol and other drug workforce in both Victorian Government and Non-Government (CSO) services. We welcome the Australian Government's inquiry into the future of disability care and support.

The Union has a long history of productive involvement and participation in policy development, service improvement and reform in the area of disability and mental health. For the last 100 years our focus has remained on the provision of a skilled and competent workforce to support the evolving service systems in these sectors.

Whilst we support, in principle, the notion of a disability insurance scheme we hold some concerns regarding the proposal as it currently stands. Particularly in respect to allowing market forces to be the primary deliverer of supports for some of the most vulnerable within our society.

### **COSTINGS**

The primary focus of any service system should be to ensure the delivery of quality outcomes for service users within the allocated budget. It is critical that the scheme's funding is sufficient to cover the *actual* cost of service provision. If this is incorrectly costed from the scheme's inception the scheme will fail.

The Union notes, with some concern, that a number of submissions solely focus on 'attendant carers' when discussing workforce and this focus is mirrored in the Commission's draft report: this is inadequate and short sighted. The disability sector's workforce is diverse and extends into Allied Health, Nursing, Paediatricians and other specialist services. This needs to be understood and the financial implications of wages need to be taken into account in costings.

Noting this, we are uncompelled by the Commission's initial costings for both wages and administrative costs. We believe they are inadequate and we echo the Law Council of Australia's call for increased actuarial scrutiny.

## **WORKFORCE**

Ensuring an ongoing supply of trained workers for the disability industry underpins disability service provision, whatever the jurisdiction. Within Victoria there are significant workforce challenges; the attraction and retention issues the industry is currently experiencing will be exacerbated into the future. Increased competition with the broader community sector, changing family structures and, over time, changing perceptions of how people with a disability receive support will all impact directly on the workforce supply, resulting in an increase in unmet demand for service. We note at least one other submission to the inquiry confirms these issues extend beyond the Victorian state border.

These workforce challenges along with the issues of pay equity, access to training and improved wages must be addressed if there is to be an adequate and ongoing nationwide source of trained disability professionals.

There is a critical need for long-term workforce planning and the Industry Skills Council's draft report: *An Examination of Workforce Capacity Issues in the Disability Service Workforce: Increasing Workforce Capacity, 2010*, is a significant piece of research into the disability workforce and should inform future planning and the development of a NDIS in relation to workforce. We believe the Commission must take into consideration, and action, the six recommendations and action plan articulated in this document.

Failure to undertake long-term workforce planning and accurately account for it within the insurance scheme will signify a fundamental failing of the scheme; it will be unable to deliver the ongoing improvements to the disability sector it is being created to achieve.

Workforce development, supply and quality issues are fundamental to ensuring people with a disability at all levels receive support and care from people who are properly trained, skilled and remunerated with appropriate accountability mechanisms to deliver high quality outcomes. Leaving workforce issues to market driven forces can lead to lower standards and less accountability and protections for some of the most vulnerable people within our society

## **NDIS / Medicare / Health system / TAC interface**

HACSU notes there is no detail of the interface between NDIS and mental health services, the health system and TAC, this area needs to be expanded on and HACSU reserves its judgement in the absence of further detail.

## **RECOMMENDATIONS**

### **Recommendation 1:**

HACSU recommends that a blended model of funding that allows both the individualised funding model and the block-funding model be applied under the NDIS.

### **Recommendation 2:**

HACSU recommends the Commission accept the six recommendations and action plan as detailed in the Industry Skills Councils' [ISC] draft report and incorporate these strategic themes into any proposals for a NDIS.

### **Recommendation 3:**

HACSU recommends agreed industry training standards be applied to the disability industry and include induction content and ongoing learning and development requirements.

### **Recommendation 4:**

HACSU recommends the Commission accept the six recommendations and action plan as detailed within the ISCs' draft report and incorporate these strategic themes into any proposals for a NDIS.

### **Recommendation 5:**

HACSU recommends that people with a disability are directly involved in determining content and delivery of training.

HACSU recommends that a process be put in place, which ensures that the needs of all people with a disability are taken into consideration and not just those people who are able to articulate their view.

### **Recommendation 6:**

HACSU recommends a balance of services and funding models into the future.

HACSU recommends all individualised funding into the future is sufficient to ensure it provides for the true cost of service delivery to meet client need

HACSU recommends that all future funding for the individualised funding model incorporates adequate, and identifiable, funding for provision of ongoing staff training.

### **Recommendation 7:**

HACSU recommends the Commission revise the scheme's costings to ensure they reflect the actual cost of service delivery, including specialist services and early intervention.

### **Recommendation 8:**

HACSU recommends the scheme's costings better reflect the actual administrative and corporate costs and provide comprehensive detail regarding these updated costings.

### **Recommendation 9:**

HACSU recommends the federal government support the Equal Pay remuneration order application currently being heard in Fair Work Australia and fund it appropriately.

**Recommendation 10:**

HACSU recommends the Commission ensure the costings for the scheme include funding for a net increase in accommodation stock to meet current and future service demand.

HACSU recommends the Commission ensure that all costings enable an expansion in diversity of models beyond the 'one type fits all' approach.

HACSU recommends the increase in client complexity is taken into account when future costings are projected.

**Recommendation 11:**

HACSU recommends that increased and timely access to facility based adult and child respite care be identified as a core service need with the funding parameters of a NDIS.

**Recommendation 12:**

A NDIS needs to provide a source of funding for services to meet emerging demand and rectifying existing services gaps and failures. As such HACSU recommends that to prevent the current utilisation of nursing homes an adequate number of 5 – 10 bed units to provide specialist services for people with high medical and aged care needs within supported accommodation services be funded.

**Recommendation 13:**

HACSU recommends that funding for fee payment is extended to all people who undertake any level of certification or qualification, irrespective of any prior qualifications they hold.

**Recommendation 14:**

HACSU recommends that Government enable and oversee the enhanced and ongoing linkage between schools and the VET sector to promote disability to school leavers as an industry of choice.

**Recommendation 15:**

HACSU recommends that government fund an advertising campaign, which reframes and challenges traditional notions of work in the disability industry.

**Recommendation 16:**

HACSU recommends the establishment of a NDIS preserves peoples' common law rights.

**Recommendation 17:**

HACSU recommends standards are applied across the industry to ensure adequate training provision, accountability and service quality.

**Recommendation 18:**

HACSU recommends that a mechanism be implemented that ensures any future scheme does not enable the use of volunteers or workers in mainstream services as replacement disability care workers within the disability industry.

# MAIN SUBMISSION

## INTRODUCTION

Health and Community Services Union [HACSU] is the Victorian Number 2 Branch of the Health Services Union in Victoria. All views articulated in this submission are those of the branch and do not represent the views of the broader Health Services Union beyond the Victorian Number 2 Branch.

HACSU represents the industrial and professional interests of the mental health and disability services workforce in Victoria. The Union has a long history of productive involvement and participation in policy development, service improvement and reform within the Victorian Mental Health and Disability industries.

We welcome the Australian Government's inquiry into Disability Care and Support and support in principle the notion of an insurance scheme. However, the Productivity Commissions draft report has raised serious concerns about the adequacy of the Commission's understanding of the disability sector and we contest a number of the comments and recommendations made within this document.

## WILL THE NDIS IMPROVE SERVICE DELIVERY?

HACSU is not compelled that the NDIS in its current proposed form will address the issue of ongoing service provision; indeed, we believe the predominant use of the individualised funding model will exacerbate service uncertainty, capacity and co-ordination. We are concerned that this outcome is not well understood.

Through the process of consultation lack of consistency of service provision has been identified as one of the key issues with the current service system; the commission notes: 'people have no confidence about the future: what services will and will not be available'.<sup>1</sup>

However, one apparently unforeseen but significant outcome arising from the cessation of block funding and the application of the individualised funding model under NDIS is the exacerbation of the current service uncertainty, capacity and co-ordination and the capacity of not for profit service providers in an environment where there are constant shifts of funding streams with individual movement through services..

Despite this the Commission is clear in its recommendation to cease the block-funding model. This is of concern for HACSU.

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<sup>1</sup> Key Features, p 5.



Block funding enables consistency in service provision and increases the capacity of services to future plan, including provision of staff training. The service implications for the 'consumer choice model' where 'people could switch disability support organisations and service providers if they did not meet their needs well'<sup>2</sup> are significant and will require more than the 'adaptation' suggested by the Commission.<sup>3</sup>

HACSU is concerned that the lack of stability in service provision that will arise out of the NDIS will have serious ramifications for the workforce and will result in the current challenges experienced within the CSO sector and private sector in Victoria being amplified.

In Victoria the CSO and private sector is characterised by competition between services for funding. Such competition drives down costs, the greatest of which is wages. Agencies are unable to provide staff with adequate training and professional development, and, no career pathway. The lack of guaranteed funding results in a predominantly part-time workforce of highly casualised or time-limited contract staff. All of which have resulted in the significant and ongoing recruitment and retention issues that the sector currently faces.

We believe measures should be put in place that mitigate against this level of competition to encourage co-operation across and between service providers. Furthermore, we believe that in order to achieve improvements in service delivery all future funding models must meet the real cost of service delivery, including provision for training continuity, professional development and workforce employment standards.

## **THE DANGERS OF LETTING THE MARKET DECIDE**

### **Market forces: not a common good**

Despite the argument for maintaining block funding being presented during the hearings by a number of service providers, the Commission clearly rejects the argument that the funding uncertainty that will arise from the cessation of block funding.

HACSU contests this rejection.

Whilst the overwhelming cry is for a diverse system that 'has the ability to respond to changed individual circumstances quickly and effectively'<sup>4</sup>, it is an important to understand

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<sup>2</sup> Productivity Commission's report p25

<sup>3</sup> 'Service providers will have to adapt to a system that reduces their certainty of funding' Productivity Commission's report, p6.47

<sup>4</sup> [www.everyaustraliancounts.com.au](http://www.everyaustraliancounts.com.au)

that individualised funding will undermine the viability of services; this could result in the reduction of options for service users.

For the Commission to cite 'uncertainty about future levels of demand and revenue is common in other sectors of the economy and has been accepted as a necessary cost of doing business' misses the point.

Disability services must not be seen solely in economic terms.

We believe there is a very real danger that leaving market forces to decide which service succeeds or fails will destabilise the workforce and HACSU cautions against allowing market forces to determine such outcomes.

Whilst the Commission identifies options to alleviate workforce shortages such as: 'initiatives by service providers to adapt the work environment to increase workforce retention (such as shorter shifts, longer breaks between shifts and greater certainty about shift arrangements).'<sup>5</sup> The individualised funding model as envisaged by the Commission will not allow service providers to implement such initiatives given they are at the mercy of service users for funding their service and have no guarantee of ongoing funding; there can be no certainty about shift arrangements.

It is fundamental contradictions such as this that give the HACSU little confidence in the Commission's report in respect to this issue and indicates a lack of understanding of the complexity of the overall sector.

And whilst the report claims the National Disability Insurance Agency would administer the scheme and would 'support workforce development'<sup>6</sup> there is a total absence of detail to substantiate this claim and articulate how the agency would achieve this goal.

**Recommendation 1:**

HACSU recommends that a blended model of funding that allows both the individualised funding model and the block-funding model be applied under the NDIS.

**Workforce: the current state of play.**

Workforce is key to any service delivery; if there is no workforce there is no service. The disability industry is no different. Delivery of quality disability services is contingent upon an

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<sup>5</sup> Productivity Commission's report p38

<sup>6</sup> Productivity Commission's report page 30

ongoing supply of trained, professional disability workers. But within the disability industry this is not guaranteed.

Whilst there is agreement in many quarters that significant workforce challenges face the industry there is no agreement on how these challenges can be met and there is no short term, quick fix to developing and repairing workforce problems. What is needed is a long-term workforce strategy. Given it is projected that within 10 years demand for service will outstrip supply in Victoria there is significant pressure to agree on and implement a long-term workforce strategy.

The workforce challenges the Victorian disability sector faces were echoed by the Liquor Hospitality and Miscellaneous Union's submission at the public hearings in Perth earlier this year: this is a national issue.

HACSU is concerned that the Commission appears to give little credence to projected workforce shortfalls and remains uncompelled that this poses a significant issue to the future of the disability sector.

Recent research into the challenges faced by the disability workforce undertaken by the Industry Skills [ISC] is detailed in their draft report entitled: *'An Examination of Workforce Capacity Issues in the Disability Service Workforce: Increasing Workforce Capacity'* 2010. This is a significant and informative body of work that we believe should form the basis of any future workforce strategy and HACSU endorses the report's recommendations and action plan.

**Recommendation 2:**

HACSU recommends the Commission accept the six recommendations and action plan as detailed in the ISC's draft report and incorporate these strategic themes into any proposals for a NDIS.

**Diverse and highly skilled working in complex environments**

It is clear from the report that when the Commission considers workforce it is predominantly referring to attendant care workers. Whilst some mention is made to 'professionals', it is implicit that these are doctors and allied health workers not Disability Support Workers. This is a naïve uninformed view of a diverse and complex workforce. The assumption that only the most basic attendant care work is provided by the disability workforce is implicit in the report. Any scheme founded on this assumption will result in chronic under-funding and the system will fail.

Disability support workers work with a vast range of people with an array of disabilities and daily challenges. These roles include attendant care work performed by staff who assists a person with spinal cord injuries, who is able to advocate for themselves and manage their own funding, with their personal care in their own home to staff working with some of the most marginalised and significantly disadvantaged members of our society. For example: tertiary educated highly trained and skilled staff working in secure units with repeat sex offenders with an intellectual disability or with someone with behaviours of concern who requires 2:1 staffing at all times due to the complex nature of their disability and the range of challenges that they face in their daily life.

It is important that the reality of workforce complexity and diversity is not lost in the current debate, HACSU is concerned that it is being lost in this process.

## **TRAINING**

‘Support workers are the most important group in the 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 the disability and their families.’<sup>7</sup> Or so the Commission claims.

This view of the level of training required within disability services is blinkered and misrepresents the training needs of the disability support workforce as a whole. Whilst it may be a true reflection of the requirements of people with disabilities who are able to advocate for themselves and manage their own funding it is wrong of the Commission to present this as an accurate representation of disability support workers’ training needs.

We believe this is further evidence that the Commission fails to understand the complex nature of disability support work and the training required to work with people with complex needs.

HACSU is concerned that there is no discussion in the draft report regarding workforce training and it is not clear if allocated funding would incorporate the cost of training provision to staff.

Whilst the commission suggests a higher rate of pay be charged for trained staff yet there is no articulation of where responsibility would lie for providing that training or indeed any clarity on what that training would be. There seems to be the assumption that staff will be

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<sup>7</sup> Productively Commission's report p39

trained and the underlying subtext of the report implies these would be the 'professions' the doctors / allied health workers.

*'Core service delivery has shifted from benevolence to a rights-based approach' this has seen the 'emphasis on empowerment and reflective practice [and has] ... shifted expectations of service delivery standards from caring (doing for) to facilitating (doing with). This shift has also resulted in changes to the understating of the skills expected of workers.'*<sup>8</sup>

Training and skills development impact on quality outcomes for services users, work culture, staff development and retention. Both on and off-the-job training are of fundamental importance within the disability industry.

### **Barriers to training**

The prevalence of part-time and casual work is increasing in the industry. These 'atypical' forms of employment create significant barriers to employee's accessing employer supported training, with access to training for casuals posing the greatest challenge. The Industry Skills Council [ISC] found 'almost half of all casual workers in [health and community services] industries did not complete training of any kind.'<sup>9</sup>

### **Training gap**

The individualised funding model sees people with disabilities purchasing their care via CSOs or from the private sector, essentially privatising service provision. In Victoria the costings for this funding model do not include funding for ongoing staff training and this has a significant impact on CSOs who acknowledge they struggle to provide staff training and cite this training gap as a factor in their current recruitment and retention challenges.

The training gap that exists in the disability industry has serious implications for the future workforce. It suggests any attempt to re-professionalise the industry by training the current and future workforce, if left to the CSO and private sectors, will fail. Whilst there is little research into the impact the individualised funding model has had on workforce training, research from the US shows that within this funding model the 'greatest growth in the personal care assistant labour market occurred among workers with absolutely no formal training or skill in care-giving'.

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<sup>8</sup> 'An Examination of Workforce Capacity Issues in the Disability Service Workforce: Increasing Workforce Capacity', Draft Report Industry Skills Council, 2010, pxii

<sup>9</sup> 'Environment Scan 2008', Community Services and Health Industry Skills Council, Version 2, April 2008, p30.

Ensuring staff have the minimum skills and knowledge prior to being employed would be one way of mitigating the impact these barriers have on staff accessing training once employed. As it would lessen the need for employers to provide base level training and would free them up to provide specialist training as required and thereby enhance the quality of their service provision.

In the absence of pre-entry qualifications we believe there has to be agreed training standards that are built on through the course of employment, from induction through to certificate qualifications, and agreed provision of ongoing learning and development.

**Recommendation 3:**

HACSU recommends agreed industry training standards be applied to the disability industry and include induction content and ongoing learning and development requirements.

**HOW CAN WORKERS BE ATTRACTED TO THE INDUSTRY?****Future workforce challenges**

Disability work is often not an industry of choice, this being evidenced by the current ongoing workforce attraction and retention problems the industry currently faces. Care work is not seen as part of the productive economy nor is disability work considered a prestigious profession, in many instances it is not considered a profession; for these reasons disability workers cannot leverage higher pay.

The industry is characterised by comparatively poor wages, un-family friendly working arrangements, predominately part-time work, high levels of casualisation, flat career structures and poor career development opportunities. These are felt most acutely in the CSO and private sectors.

The broader context in which the industry operates creates further challenges to attracting workers. The current workforce is aging with many workers in Victoria only a decade from retirement age. The changing nature of families into the future will see more single parent families and more women entering the workforce. There will be fewer women in the home environment able to provide care and support to a relation with disabilities. And the aging population will see an increased demand for workers within the community sector. There have been suggestions that generational change will result in different attitudinal expectations of how people with a disability receive support. The implication being that into the future people may no longer be satisfied receiving this from unpaid relatives / carers. Together these factors will increase the demand for paid workers, whilst at the same time the competition for such workers within the community sector will increase.

## **Variable funding**

HACSU believes the ongoing disparity of pay between the Government and non-government / CSO sector in the disability sector underpins the constant turn over of staff. The differential funding impacts heavily on a service's capacity to attract retain and adequately train staff. This has negative outcomes in terms of service quality for recipients of those services. During the Victorian Commission's Inquiry into *Supported Accommodation for Victorians with a Disability and / Mental Illness, December 2009*, CSO's identified this differential funding as a key issue for them, impacting negatively not only on their capacity to attract and retain staff but also on their ability to provide appropriate staff training.

These issues must be addressed if more workers are to be attracted to the industry because the ongoing lack of a stable workforce has a negative impact on the capacity to improve service outcomes for people with a disability.

### **Recommendation 4:**

HACSU recommends the Commission accept the six recommendations and action plan as detailed within the ISCs draft report and incorporate these strategic themes into any proposals for a NDIS.

## **WHAT TYPE OF SKILLS AND WORKERS ARE REQUIRED?**

Over time disability service provision has moved from the medical model to the provision of service within a human rights context. This transition this has seen work in the industry becoming increasingly complex. More than ever workers operate in isolation, without adequate training, and, with little or no supervision, mentoring or professional development, the move to individualised funding will increase these circumstances.

HACSU believes the skills set as articulated within Certificates III and IV, and the Advanced Diploma in Disability Studies adequately describe the skills required by disability workers.

HACSU further believes that, in line with the increased focus on consumer directed care; it is imperative that people with a disability become increasingly involved in the development and delivery of training. This would ensure the relevance and currency of competency standards of the minimum entry-level qualification match service need. The involvement of service users will drive the quality of training provision and result in better service delivery outcomes for service users and ensure that current competencies have a direct relevance to the role.

**Recommendation 5:**

HACSU recommends that people with a disability are directly involved in determining content and delivery of training.

HACSU recommends that a process be put in place, which ensures that the needs of all people with a disability are taken into consideration and not just those people who are able to articulate their view.

**THE NATURE OF SERVICES**

Within Victoria there has been a move to reduce the level of direct government involvement in care provision within the Disability sector. Since 2003 no funding has been allocated to increase the number of Shared Supported Accommodation [SSA] places within Government run services.

Since this time all new funding has either increased the SSA housing stock of CSOs or been in the form of individual packages, the costing of which is often insufficient to meet client need and, importantly, does *not* include funding for staff training. The move to individualised funding means all new funding for future disability services is allocated to either the CSO or private sectors. Along with this, all new funding arising from the Victorian State budgets since 2007 has seen an increase in the numbers of respite beds and SSA's within the CSO sector.

Allocating funding out of the Government sector and into the CSO and private sectors gives these sectors an increased role in shaping the Disability industry into the future. This is of concern. It is acknowledged that the absence of ongoing guaranteed funding for service negatively impacts on an organisation's ability to undertake future planning, recruit a permanent workforce, offer ongoing full time jobs, provide staff training and professional development. All of which are barriers to improving disability services. It is for these reasons that HACSU believes there must be a balance of services and funding models into the future that are able to build in a person's whole of life needs and that offer sufficiently diverse service options

**Recommendation 6:**

HACSU recommends a balance of services and funding models [both individualised and block] into the future.

HACSU recommends all individualised funding into the future is sufficient to ensure it provides for the true cost of service delivery to meet client need

HACSU recommends that all future funding for the individualised funding model incorporates adequate, and identifiable, funding for provision of ongoing staff training.



## **Brokerage**

Individualised funding does not suit everybody; not all people with a disability or their families will be in a position to manage their own funds. This results in the need for Brokerage services.

HACSU is concerned that funds that should otherwise go towards enabling people with a disability increased participation in the community will be consumed into provision of Brokerage services. The Union is further concerned that the profitable areas of disability service provision will see an expansion of the private and for-profit sectors and the more costly non-profit services provisions areas will be left to struggle.

## **Wages**

We believe the Commission's initial wage costings are inadequate and, if not adjusted, will result in the system being under funded from inception. It is vitally important that this piece of work is comprehensive and accurate.

The majority of the people who will be covered by the scheme will have highly complex needs and will require a high level of support. The costings must reflect this at inception and ongoing indexation to real cost of service delivery.

The scheme will focus on early intervention and provision of early intervention to people with high and complex needs is not a cheap service option. \$35 per hour will not cover the actual cost of specialist Allied Health and Nursing services.

### **Recommendation 7:**

HACSU recommends the Commission revise the scheme's costings to ensure they reflect the actual cost of service delivery, including specialist services and early intervention.

## **Administrative costs**

We do not believe the costing of 10% administrative costs are sufficient. Within Victoria we understand that administrative and corporate costs sit at 15% as a minimum. Depending on the size of the organisation and its 'back office' capacity these costs could be as high as 20 – 25%.

### **Recommendation 8:**

HACSU recommends the scheme's costings better reflect the actual administrative and corporate costs and provide comprehensive detail regarding these updated costings.

## WHAT ROLE SHOULD GOVERNMENT PLAY IN THE PROCESS OF ATTRACTING WORKERS TO THE INDUSTRY?

The difference in pay rates between the government and CSO sectors has been identified in many jurisdictions as a barrier to recruitment and retention in the disability industry. Along with this barrier the ISC identifies three future workforce development scenarios that consider the implications of the award modernisation process and the equal pay campaign on attracting staff to the industry.

The first scenario the ISC proposes is where appropriate levels of funding are not attached to the award modernisation process, in such instances it predicts workforce development will continue in a 'low cost funding model'. This will impede the delivery of service based on a 'rights ... and person centred principles', limit the utilisation of higher skill levels and reduce the quality of jobs in the industry.<sup>10</sup>

The second scenario proposed is when the Modern Award is partially funded. This will result in the current trajectory of 'better resourced and structured organisations being able to continue to build workforce capacity and the majority of not-for-profit organisations continuing to struggle'. Given that the majority of future growth funding will be in the latter sector, the outcomes of this scenario will have a significant and negative impact on the future of the industry.

The third scenario sees the Modern Award appropriately funded and equal remuneration applied across the industry. In this instance there is the capacity for skills growth. We concur with the ISC when it identifies the need for:

*Coordinated improvements to build sector capacity by clarifying the core service and raising employment standards to match the existing demand of jobs could be achieved via a National Compact and using existing structures. Paying wages that are closer to the value of the work and better-articulated careers paths are part of this scenario, creating solutions to problems of attraction and retention. A coordinated approach to training work involves providing adequate funding to organisations for training, regulating various aspects of training provision and potentially expanding the system into apprenticeships<sup>11</sup>.*

To achieve this it is apparent that the Federal and State Governments must commit to funding the Award modernisation process and the Equal Remuneration Order application.

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<sup>10</sup> 'An Examination of Workforce Capacity Issues in the Disability Service Workforce: Increasing Workforce Capacity', Draft Report, Industry Skills Council, 2010, pxvi

<sup>11</sup> 'An Examination of Workforce Capacity Issues in the Disability Service Workforce: Increasing Workforce Capacity', Draft Report, Industry Skills Council, 2010,pxvii

Whilst there may be the capacity in the long term for this funding to be accommodated within the scheme, we believe the current workforce issues facing the industry cannot wait for the creation of that scheme. Rather, we believe there must be a substantial financial commitment by government to address these issues now.

**Recommendation 9:**

HACSU recommends the federal government support the Equal Remuneration Order application currently being heard in Fair Work Australia and fund it appropriately.

**THE KINDS OF SERVICES THAT PARTICULARLY NEED TO BE INCREASED OR CREATED:**

**Supported accommodation**

There is currently a significant shortfall of supported accommodation places in Victoria. In 2008 unmet demand for supported accommodation places was around 1370 people, or 30% with demand increasing by about 4 – 5 % annually<sup>12</sup>.

The high demand for, and cost of, accommodation has resulted in the Victorian State Government moving to alternative funding models, including individual packages, as a service diversion strategy. We believe this strategy fails to address the increasing demand for accommodation places and has diverted attention away from the real issue.

We believe there needs to be increased and ongoing investment in accommodation stock. The Victorian Office of the Public Advocate [OPA] echoes this view. One recommendation of the Community Visitors Report 2007 is:

‘That the [Victorian] government urgently prepares a strategy to plan and build more disability specific accommodation of the CRU type, to avoid an escalation of the crisis in unmet accommodation needs and eliminate the use of respite beds for emergency accommodation.’

We support the call to increase the accommodation stock.

One sector of the community that feels this service gap most acutely is aging parents who provide support to their child in their home.

In Victoria the needs of people moving into Shared Supported Accommodation, particularly within the public sector, are growing increasingly more complex. This is partly due to changes in the Victorian Disability Act 2006. There is a push to move people with less complex needs

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<sup>12</sup> Victorian Auditor- General's Report Accommodation for People with a Disability 2008, p2

who have traditionally received support from the public sector into the not-for-profit and private sectors via the increased focus on individualised funding.

The increased associated needs of this changing population must be taken into account when projecting future costings for appropriate staffing levels, appropriate staff classification, staff training and adequacy of the accommodation infrastructure are undertaken.

**Recommendation 10:**

HACSU recommends the Commission ensure the costings for the scheme include funding for a net increase in accommodation stock to meet current and future service demand.

HACSU recommends the Commission ensure that all costings enable an expansion in diversity of models beyond the 'one type fits all' approach.

HACSU recommends the increase in client complexity is taken into account when future costings are projected.

**Respite care**

There are two models of respite care delivered within Victoria by the public sector and CSOs. One is facility based, i.e. delivered in a 5 – 6 bedroom house with 24-hour care provision for pre-arranged periods. The other is 'in home'; delivered either within a persons home or via community-based activity, thereby enabling respite for the primary carer/s. Services are adult and child specific. Figures on respite care are reported as a whole, which makes it difficult to ascertain the level of facility-based respite from other respite care.

Whilst there has been funding allocated out of the recent Victorian State budget for increases in respite care most services report they are increasingly unable to provide regular planned respite to families as the beds are used to support people who are homeless and waiting for permanent placement in supported accommodation.

**Recommendation 11:**

HACSU recommends that increased and timely access to facility based adult and child respite care be identified as a core service need with the funding parameters of a NDIS.

**WHICH GROUPS ARE MOST IN NEED OF ADDITIONAL SUPPORT AND HELP?**

**Young people in nursing homes**

Most nursing homes are established to meet the needs of our aging population. Many are currently used to accommodate a number of younger people with significant care issues,

causing stress on an inadequate service system and stress on the young people inappropriately located in the aged care system.

A number of people with very significant disabilities can find themselves required to live in aged nursing homes due to a lack of availability suitable accommodation options. People in these circumstances have been injured tending to have high medical support needs.

**Recommendation 12:**

A NDIS needs to provide a source of funding for services to meet emerging demand and rectifying existing services gaps and failures. As such HACSU recommends that to prevent the current utilisation of nursing homes an adequate number of 5 – 10 bed units to provide specialist services for people with high medical and aged care needs within supported accommodation services be funded.

**WHAT ROLE SHOULD GOVERNMENT PLAY IN UPGRADING THE SKILLS AND TRAINING OPPORTUNITIES AVAILABLE TO WORKERS?**

We believe the Government's role in upgrading the skills and training opportunities available to workers is crucial.

**TAFE costs**

The barrier the training gap poses to achieving a future trained workforce is compounded by changes in TAFE fees in Victoria.

The recent increases in course costs for Cert III, Cert IV and the Advanced Diploma in Disability Studies requires a significant financial investment to complete the course. This financial impost will act as a significant barrier to people considering a career change into the industry. This is further exacerbated by the sector's relatively poor wages; it will take a long time for a newly qualified disability worker to recoup this investment.

These financial hurdles act as significant disincentives for both people considering a career move into the industry and for those considering funding their own training.

**Recommendation 13:**

HACSU recommends that funding for fee payment is extended to all people who undertake any level of certification or qualification, irrespective of any prior qualifications they hold.

## **Enhanced linkage between schools and the VET sector**

We believe that the government should oversee the enhanced the linkage between schools and the VET sector to encourage school leavers to consider a career in disability.

### **Recommendation 14:**

HACSU recommends that Government enable and oversee the enhanced and ongoing linkage between schools and the VET sector to promote disability to school leavers as an industry of choice.

## **Advertising campaign**

HACSU concurs with the view of the ISCs that the profile of disability services sector must be raised.<sup>13</sup> To this end we believe the Government should invest in a nationwide recruitment campaign that includes an advertising campaign akin to the recent federal campaigns for the military and the current campaign for the Victorian Police Force. These are of significance in that they attempt to reframe traditional notions of what a career in these professions constitutes.

The focus of a disability campaign should attempt to reframe provision of disability support work by challenging the traditional feminised notion of this work as 'helping' or 'caring' for people. This could be achieved by focusing on the diverse roles within the profession and the multiplicity of opportunities to undertake varied, rewarding roles to enable people with a disability achieve their personal goals.

### **Recommendation 15:**

HACSU recommends that government fund an advertising campaign, which reframes and challenges traditional notions of work in the disability industry.

## **Guaranteed access to common law rights**

The introduction of any scheme must not abolish or restrict the common law rights of those people who acquire a disability.

### **Recommendation 16:**

HACSU recommends the establishment of a NDIS preserves peoples' common law rights.

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<sup>13</sup> An Examination of Workforce Capacity Issues in the Disability Service Workforce: Increasing Workforce Capacity', Draft Report, Industry Skills Council, 2010, px.

## **WHAT ROLE IS THERE FOR NATIONAL ACCREDITATION?**

HACSU believes national accreditation is essential and that the same requirement for accreditation that is applied to hospitals and aged care homes should be applied to all disability service providers irrespective of their funding source.

In Victoria security personnel working at hotels and nightclubs are required to have minimum standards of skills and knowledge prior to being able to work within this industry, yet no such requirement is applied to people who work with some of the most disadvantaged and vulnerable people in society. We do not believe this is acceptable.

There is a case to strengthening the skills standards within the disability industry. Furthermore, HACSU believes there is a need for proper standards to be applied to disability service providers around training, and which ensure quality service provision and accountability.

### **Recommendation 17:**

HACSU recommends standards are applied across the industry to ensure adequate training provision, accountability and service quality.

## **WHAT ROLE COULD VOLUNTEERS AND WORKERS IN MAINSTREAM SERVICES PLAY?**

In its report the ISC warns against an increased reliance on community based support identifying that this 'has the potential to segment the labour force into trained and untrained'<sup>14</sup>. It notes that community based support works best when 'supplemented by professional or vocational based service provision. HACSU supports this view.

### **Recommendation 18:**

HACSU recommends that a mechanism be implemented that ensures any future scheme does not enable the use of volunteers or workers in mainstream services as replacement disability care workers within the disability industry.

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<sup>14</sup> 'An Examination of Workforce Capacity Issues in the Disability Service Workforce: Increasing Workforce Capacity', Draft Report Industry Skills Council, 2010, pxiii