The Impact of the NDIS Pricing on NFP

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The National Disability Insurance Scheme (NDIS) was developed to respond to the high demand for disability assistance in Australia. Created to provide information and connections to services to give people with a disability choice and control over their specific needs and supports. The NDIS has been praised with positive feedback and is heading in the right direction, but as with any government scheme, there are a few flaws and areas for improvement. There is widespread market failure in Ballarat and Victoria due to inadequate NDIS pricing for providers, inadequate funding for supports and deficit-based assumptions about people.

There are several concerns (figure 1) about the NDIS for service providers that are essential to enable sector growth, employee development and support recruitment and retention by offering decent, competitive employment conditions for Disability Support Workers (DSW).

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**Lack of employee benefits within the sector**

- No funding for professional development
- Complex client-specific training
- Employee engagement
- Time for other working activities or programs

**Concerns over the calculation of VIC NDIS funding**

- There has been no evidence or consensus to justify the NDIS payment rates
- Corporations overheads are calculated at 9.5% with assumed return on investment of 5%
- Employee entitlements such as:
  - Superannuation
  - Workcover
  - 10 days of personal leave (only 5 included)
  - Additional weeks of leave for shift workers
  - Casual loading
  - Increased day services (instructors)
  - Traveling to and from client’s homes
  - Training requirements
- Supervisory staff rates based on a one to 1:8 ratio
- The rate also assumes that 95% of employees time is client facing, whereas the disability sector involves complex documentation, planning and preparing for services.

**Outdated Employment Awards & Agreements**

- Employees are currently on either a long-expired Enterprise Agreements or Pre-Modern Awards that are not in line with the sector legal requirements as an employee, and leaves the organisations open to provide and/or non-participation of employee benefits without being compensated.

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Figure 1: Issues with NDIS funding in Victoria

Many Not-For-Profit disability providers are struggling financially as they operate under long-expired en-
terprise agreements that contain entitlements that aren’t funded and can’t be absorbed. Victorian Not-For-Profit organisations have been funding these additional entitlements out of their cash reserves as acceptance of the NDIS prices is non-negotiable. This situation is unsustainable and is creating an unbalanced and insecure disability sector. There is already a major concern with skilled labour and poor employee conditions, lack of training, low pay and entitlements make it almost impossible for employers to have the best skilled DSW’s.

Lack of Employee Benefits

DSW’s “are the backbone of contemporary disability support services and the interface through which disability philosophies and policies are translated into practical action.” (Judd, 2017, p.1109) DSW’s provide care to people with disabilities to participate in the community, develop friendships, participate in activities, maintain relationships, improve social participation and provide respite for family members (Angley et al., 2002). The goal of Victoria’s disability plan is to ensure that people with a disability are assisted to perform daily living activities, ensure that needs are met and have an empathetic DSW (DHHS Vic, 2016). How is this possible when there is no funding for professional development, limited opportunities for employee engagement, no time allocation to complete mandatory paperwork and review support plans and no funding to learn about the client’s specific needs (Thaker, 2009). “Like everyone else, finding committed, reliable direct support staff is a challenge” (Gail Foster, 2019).

Employees attitudes about their workplace has a great effect on their work quality, customer service, attendance and how they approach their roles (Baseman, 2018). “Absenteeism has increased immeasurably since the transition to NDIS began”. (Marianne Hubbard, 2019). Attitudes are created based on the organisations culture, the services provided and the investment the organisation takes in training, development, induction, workplace safety and culture (Jaworski et al., 2018, Kumar, 2015). “We used to have a very full training program but have gone to online training over the last 2 years in preparation for the NDIS. We are finding that this is not successful, people are not absorbing what they are learning, it is just about getting through it as quickly as possible and getting the tick to say they have completed.” (Gail Foster, 2019). If an organisation has difficulty training its staff, it negatively impacts the services it provides (Hillard, 2012). Appendix A shows the training that DSW’s require to complete their job well and feel comfortable doing it (Baseman, 2018, Kumar, 2015, Judd, 2017). “There isn’t any sort of framework to assist ongoing training for staff that could be broadly used. It is up to each individual organisation to set up their own training” (Erolyn Blythe, 2019).

The disability sector is experience major workforce shortages (Miller, 2017, Hussein & Manthorpe, 2015) and it is expected to continue for several years. “All workers are concerned about their future, despite what they have been told by us and other organisations, they see the NDIS as a threat to their continuing employment” (Gail Foster, 2019). DSW’s and those who work within health and community services, are at high risk of a psychological response to workplace stress (Harries et al. 2015). The burdens are immense with so many disability businesses merging or discontinuing services in Victoria (Roussy & Livingstone, 2018). “The NDIS has created an environment where the challenges for organisations are intensified, creating more ambiguity, conflict and demands for DSW” (Marianne Hubbard, 2019).

NDIS Funding Calculations

Based on the NDIA (2019) prices for funded supports (appendix B), the cost for personal and community supports is $42.79 per hour for one to one support. It is widely known that the pricing is very tight and does not cover the current modern award requirements of casual or shift loadings and leave entitlements. “The calculation does not include operating costs such as corporate overheads, management, supplies, travel to and from client’s homes or workplaces and employee training and development to name a few” (Gail Foster, 2019). The NDIA have responded with an independent pricing review, stating that organisations need to cut their corporate overheads (NDIA, 2018). The NDIA also sets the prices for services so organisations cannot
increase service costs to cover the funding deficit. This is the situation across all of Australia, presenting different issues in different states. In New South Wales for example, organisations are segmenting time into paid and unpaid work hours for their employees. A research project by RMIT has shown several DSW’s not getting paid for travel between clients or workplaces and having to stay back late to complete mandatory reporting requirements unfunded. “These workers are increasingly invisible in a highly feminised workforce that are isolated providing support to people in their homes.” (Macdonald et al., 2018). In Victoria, many organisations are held under enterprise agreements that have strict employee entitlements that are not covered by the NDIS, therefore creating funding concerns for the organisation.

Appendix C shows the figures based on Social, Community, Home Care and Disability Services Industry Award (Fair Work Commission, 2010) of an organisation covered by the NDIA funding. It shows a loss of $7.21 per hour for a DSW, a loss of $12.09 per hour for a Disability Instructor (based on outdated Enterprise Agreements) and a loss of $16.75 per hour for the Coordinators. As previously mentioned, this is unsustainable.

Outdated Enterprise Agreements

Within Victoria there are approximately 50 service providers (Appendix D) who are currently on a long-expired enterprise agreement of a pre-modern Award (HACSU, AEU, JA, 2016). These agreements cover a large part of the Victorian disability sector for 2005-2009 and have not been updated since, creating a legacy agreement different to other states.

“We are 1 of 37 Victorian disability service providers who operate under long-expired enterprise agreements that contain entitlements which aren’t funded through the NDIS and can’t be absorbed. We have been funded by the Department of Health and Human Services for 20 years and are now fully transitioned to the NDIS, where our current employee entitlements are not funded, causing issues across our organisation financially and affecting our services.” (Marianne Hubbard, 2019).

The NDIS structure and funding is based on modern awards that do not consider the grandfathered agreements that a significant number of employers have. These grandfathered agreements exacerbate the already difficult and limited funding structure of the NDIS whilst in the meantime those organisations who are newer and do not have enterprise agreements gain a major competitive advantage over the existing providers like Pinarc. “We have been operating for 20 years, providing high-quality services to people with disabilities and their families. We provide support to 1029 Victorians with a disability and we employ 238 staff.” (Marianne Hubbard, 2019).

Best Possible Solutions

As mentioned, the proposed solution by the NDIS is to cut operational costs to reflect the NDIS funding arrangements (NDIA, 2018). Cutting employee costs to thousands of already low paid DSW’s will add fuel to the fire on the other issues of engagement, recruitment and retention, training and development, and employee wellbeing, ultimately resulting in lower quality of services to people with a disability and their individual outcomes.

Another solution raised by HACSU, AEU and Jobs Australia (2016) is for the government to fund a structural adjustment as well as implement a negotiated Multi-Employee Agreement to ensure that employees are looked after without causing financial issues for the organisation. This will enable employers not feel compelled to seek cuts to conditions and reflectively the unions will no longer need to defend long-established employment conditions.

Figure 2 shows the estimate cost for all the participating organisations over three years. This solution has seen the parties negotiating since 2016 without any major progress either way. This joint venture is seeking financial support of $45.6m over 3 years, approximately 0.07% of the NDIS government contribution to disability per year (NDIA, 2018).
Another option is for the NDIA to consider increasing prices for funded supports that provide the necessary components included in running a business and supporting employees. There should also be an agreement or modern award in place for all DSW across Australia so that those working in Victoria are not causing financial hardships for their organisations and those in NSW for example are not spending 20-40% of their day unpaid. This would also have to mean the end of the current outdated enterprise agreements. In the interest of supporting disability services providers, a solution must be implemented that ensures quality services to NDIS participants. A solution needs to be achieved in order to;

- Recruit the necessary 16,500 DSW’s in Victoria over 3 years (NDIA, 2018)
- Equalising employee conditions with similar industries such as aged care in order to be competitive on employee conditions, development and career opportunities.
- Ability to reduce employees on a casual basis to either full or part time
- Ability to retain highly skilled workers.
- Reduction in employee turnover resulting in lower recruitment and training costs
- Remove the large gaps between outdated agreements and modern agreements resulting in no loss of funding for organisations.
- A skilled and stable workforce will assist reduce the abuse and neglect of people with disabilities.

**Role of advocacy**

Advocacy is when someone or a group of people defends, argues, recommends or fights for a cause (Imran et al., 2018). People with a disability have the same rights in actively participating in the community and making decisions about their lives, just as all other members of society (NDA, 2019, Principle 2). For people with a disability to achieve their social rights, they require qualified, educated and well-rounded support workers that can assist in their decisions and daily activities. Skilled DSW’s with appropriate employment conditions and job security is essential to ensure quality and consistent support to allow people with a disability achieve their basic human rights. The Disability service standards (NDA, 2019, Standard 12) require that services are designed and administered to guarantee that the DSW’s advocate for their clients to ensure that people with a disability can participate in the decisions about the services and supports they revive.

Dr Coats, a professor at Albany Medical College stated in an interview “There is a measure of moral distress in working for a system that is collapsing so quickly. . . we find it harder and harder to get what our patients need.” (USPHC, 2012, p.8). Setting prices too low and limiting the ability for service providers to educate,
train and develop their staff, is undermining the disability sectors capacity to be sustainable. We are already seeing issues with attracting and retaining staff in the sector due to the employment conditions repelling candidates. The National Disability Strategy objectives to ensure that people with a disability have choice and control over their services (DSS, 2012, p.17) will go un-met or even decline without skilled, reliable and consistent employees.

Our advocacy efforts in this area need to be clear, outline our objectives and demonstrate the need for a change in the disability sector. Disability service providers have a clear way of supporting people who have communication limitations and we have been ensuring people rights and interests are protected for several years. Our advocacy energy needs to be focused on bettering employee conditions, funding items that need to be funded by all organisations and encouraging others to speak (Sevaes et al., 2010). The need to understand the links between research, advocacy and public policy can be viewed through several models.

The two communities’ theory was developed in the 1970’s and identified that academic research and policy making were separate entities, were motivated by different knowledge and systems and ultimately spoke two different languages (Caplan, 1979, Dunn, 1980). Recently scholars have used this model to understand the disconnect between policy makers and academic research, but it assumes that there is a gap between the two.

The linear model (figure 3) was developed by Lasswell (1951) and modified by Meier (1991) to include four steps taken in policymaking and it assumes that research influences policy by a one-way process.

![Figure 3: Linear Model of Policy Making from Meier, 1991](image)

The Crewe and Young (2003) RAPID framework (figure 4) identify that there is no longer a linear process to influence policy makers decisions, that there are overlaps in certain areas and information gathering could be vast in discoveries. This model has been determined as the best for the proposed project, based on the integration between political context, evidence and stakeholders as well as the external influences.
Advocacy Strategies

Influencing policy makers is not easy, it is often complex and timely, one of the key difficulties identified is that policy change is a linear process, public policy is constructed through negotiations and interactions amongst a range of stakeholders, advisers, interest groups and bureaucrats (Cullerton et al., 2018). The issues outlined in this paper present a possible sector failure for two main reasons, inadequate funding from the NDIA, and state specific industrial agreements. In order for things to change within the disability sector, we need to influence policy makers to make changes. Several service providers have tried to resolve the issues, however, have yet to see any permanent and acceptable outcomes. It is important to understand the strategies and the factors that influence policy making so that we can gain support from the public and other stakeholders that could alter the balance of power and increase the likelihood of influencing change (Coulby, 2010).

One of the important components of advocacy for policy change is how we are going to advocate effectively. By having a strategy in place, we can ensure that the relevant people who have the power to make changes learn about the difficulties that the sector is facing (Luxon, 2019). Although the steps are in order and appear consecutive, preferably several steps would be happening simultaneously, with regular intelligence gathering and review of the plan (Cullerton, 2017). The following strategies (figure 5) should be used in order to influence decision-makers and create action in the sector (Cullerton, 2017, Nash, 2010, Luxon, 2019).
Communication is a key element in good advocacy as the intention is to communicate specific ideas (Imran et al., 2015), therefore, the communication must be influential, persuasive and directed at specific audiences (Kitson et al., 2013). During the development of the advocacy strategy, an understanding of the main components is required to ensure we can target the right people and the message is consistent. Figure 6 shows the questions we have asked to disability service providers to ensure we deliver the same message and have a shared goal.
Figure 6: Questions to ask to unify advocacy

Recommendations

Understanding policy making environment

"The first rule is always understanding who actually makes the decision... On what basis do they make the decision? Who are they genuinely influenced by and how do you manage those processes?" (Lobbyist, Cullerton, 2017). In order to influence the NDIS/NDIA funding knowing who has the power to make decisions and changes is key. Understanding the policy making environment will allow for an effective strategy to influence these policy-makers. Through developing and investing in key relationships with relevant stakeholder’s further intelligence is gathered and opportunities will unfold, however, building relationships takes time and a great deal of investment (Cullerton et al., 2018)

Developing a well-defined understanding of the issues and a clear unified solution

Gaining the attention of policymakers is complex, being able to simplicity present the problem and solution...
can ease any confusion around the issues raised (Cullerton et al., 2016). This required time, effort in gathering support, intelligence building a base of credibility and mobilising external pressures and power dynamics at the most opportune moment.

Understand a reasonable result that can be achieved

The best possible outcome may be a small change, so it is important that we look at the solutions that are reasonable and can be achieved in the length of time invested. What is the best possible outcome and what is an acceptable outcome? Knowing this will alleviate additional pressures and concerns.

Without attracting, developing and retaining skilled employees, the NDIS mission of ensuring genuine choice and control for people with disabilities will fail. These issues will lead to poor services, a decline in quality and unfulfilled goals of the people we are service in the disability sector. Employees and disability service organisations should be covered by contemporary fit for purpose enterprise agreements. This is essential to sector growth, expansion, will assist with recruitment and retention. However, the NDIS rollout presents barriers to the traditional enterprise bargaining methods.

References


Cullerton K. (2017) *An exploration of the factors influencing public health nutrition policymaking in Australia*. Brisbane: Queensland University of Technology


Erolyn Blythe (2019). CEO Trefoil Care Services Interview, Appendix G


Gail Foster (2019). Chief Executive Officer Focus Disability Support Interview, Appendix E
Health and Community Services Union (HACSU), Australian Education Union (AEU), Jobs Australia (JA), (2016) *Briefing Paper Victorian industrial instruments and the National Disability Insurance Scheme*. Jobs Australia


Marianne Hubbard, (2019). CEO Pinarc Disability Support Interview, Appendix F


**APPENDIX A**

**List of training requires by Support Workers within a Disability Field**

Understanding abuse in Disability Services
Client Incident Management System (CIMS)
Positive behaviour support learning program
Managing an infectious disease outbreak
Brushing up on oral health
Acquired brain injury
Administration of medication checklist
Restrictive Interventions Self-Evaluation Tool
Mental health in people with a dual disability
Manage stress in the workplace
Work effectively with older people
Provide services to older people
Implement appropriate interventions for safety
Advocate for clients
Work effectively with people experiencing or at risk of homelessness
Undertake case management for clients with complex needs
Use communication skills to build relationships
Assist clients with medication
Support inclusive practice in the workplace
Work within a relevant legal and ethical framework
Support individuals with autism spectrum disorder
Provide support relating to suicide bereavement
Respond holistically to client issues and refer appropriately
Support health professionals
Provide support and care relating to loss and grief
Work effectively with people with a disability
Maintain an environment to empower people with disabilities
Support people with disabilities who are ageing
Design procedures for support
Facilitate skills development and maintenance
Provide services to people with disabilities with complex needs
Facilitate community participation and inclusion
Communicate using augmentative and alternative communication strategies
Maximise participation in work by people with disabilities
Provide behaviour support in the context of individualised plans
Facilitate support for personal care needs
Conduct individual assessment
Plan and provide advanced behaviour support
Facilitate groups for individual outcomes
Support client self-management
Support positive lifestyle
Provide support to people with chronic disease
Recognise and respond to suspected abuse of vulnerable people
Support relationships with carers and families
Recognise stages of lifespan development
Identify clients with language, literacy and numeracy needs and respond effectively
Apply understanding of mental health issues and recovery processes
Work with people with mental health issues
Facilitate links with other services
Inform and encourage clients and groups to understand and achieve good oral health
Follow safety procedures for direct care work
Provide coaching and motivation
Deliver care services using a palliative approach
Plan, implement and monitor leisure and health programs
Recognise healthy body systems
Apply first aid
Follow basic food safety practices
Work effectively with culturally diverse clients and co-workers
Contribute to OHS processes
## APPENDIX B

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### Group based activities in a centre - Standard needs

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<th>Support ratio</th>
<th>Weekday (max per hour)</th>
<th>Weekday evening (max per hour)</th>
<th>Saturday (max per hour)</th>
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APPENDIX C

Funding costs and actual costs based on Social, Community, Home Care and Disability Services Industry Award (SCHCADS)

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<th>AREA</th>
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APPENDIX D

List of Victorian Organisations Effected

Able Australia
Alkira Centre
Araluen
Bayley House
Blairlogie
Burke and Beyond
Central Bayside CHS
Christie Centre
Colac Otway Disability Accommodation
Connect GV
Focus
Goulburn Options
IDV
Karingal St Laurence (Genu)
Knoxbrooke
Marriott
Mawarra
Melba Support  
Melbourne City Mission  
Mi-Life  
Monkami  
Mulleraterong Centre  
Murray Human Services  
Nadrasca  
Northern Support Services  
OC Connections  
Pinarc  
Plenty Valley Community Health  
Providing All Living Supports (PALS)  
SASI  
Shepparton Access  
The Bridge  
Uniting  
Wallara  
Windarring  
Woodbine

APPENDIX E

Gail Foster Chief Executive Officer Focus Red Hill, Victoria

1. How many people do you support?
2. 150 people, many receiving more than one service i.e. Day Services/Residential
3. How many employees do you have?
4. 235
5. How many years have you been operating?
6. 47 years
7. What are some of your challenges in recruitment of support workers?
8. Like everyone else, finding committed, reliable direct support staff is a challenge. Many people who apply are from a Non English Speaking Background, they are trying to establish themselves in Australia and are usually studying to gain qualifications to do what they really want to do. This job is just a way to make money, they are not committed to any one organisation and are usually on the casual bank of several providers. They pick and choose shifts to suit themselves and will call in at the last minute to cancel a shift. All workers are concerned about their future, despite what they have been told by us and other organisations, they see the NDIS as a threat to their continuing employment.
9. How high is your support worker turnover?
10. About 8% could be higher lately we have had a lot of turnover.
11. How do you fund training and development for your employees?
12. We used to have a very full training program but have gone to online training over the last 2 years in preparation for the NDIS. We are finding that this is not successful, people are not absorbing what they are learning, it is just about getting through it as quickly as possible and getting the tick to say they have completed. We have had to go back to more classroom-based training to ensure people know what is expected of them. We are expecting staff to pay for and maintain their First Aid and CPR and do it in their own time. We only provide the essentials these days.

13. Do your workers travel to and from clients homes or workplaces? If so how do you fund this?

14. No, we ceased providing in-home services last year, it was not a big part of our services and the families continually changed or cancel shifts. It was more trouble than it was worth.

15. What additional funding do you receive other than from the NDIS/NDIA?

16. We have a small amount of CoS funding (Continuity of Support for clients over the age of 65 who are not eligible to enter the NDIS) This is funded by the Department of Health. No other funding but we do have an Opportunity Shop that brings in about $250,000 per annum.

17. Any other comments?

18. We still do not understand the calculation in the NDIS Pricing review. The calculation does not include operating costs such as corporate overheads, management, supplies, travel to and from client’s homes or workplaces and employee training and development to name a few.

APPENDIX F

Marianne Hubbard CEO Pinarc Disability Support Ballarat, Victoria

1. How many years have you been operating? How many people do you support? How many employees do you have?

2. We have been operating for 20 years, providing high-quality services to people with disabilities and their families. We provide support to 1029 Victorians with a disability and we employ 238 staff

3. What are some of your challenges in recruitment of support workers?

4. Recruitment is very hard based on the lack of employee entitlements, high stress and the environment. The NDIS has created an environment where the challenges for organisations are intensified, creating more ambiguity, conflict and demands for DSW. Absenteeism has increased immeasurably since the transition to NDIS began.

5. How do you fund training and development for your employees?

6. We have an online policy and procedure system where employees read the procedure and then mark that they have read it. There are many issues within this model, and we should really be putting funding into training and developing our employees as they are our key asset.

7. What funding do you receive?

8. We have been funded by the Department of Health and Human Services for 20 years and are now fully transitioned to the NDIS, where our current employee entitlements are not funded, causing issues across our organisation financially and affecting our services

9. Any other comments?

10. We are 1 of 37 Victorian disability service providers who operate under long-expired enterprise agreements that contain entitlements which aren’t funded through the NDIS and can’t be absorbed.
APPENDIX G

Erolyn Blythe Chief Executive Officer Trefoil Care Services Beaufort, Victoria

Do you have any comments based on the issues within your organisation for allocating funding to training and development?

Training is a big issue for us as our workers are spread over a vast part of rural Victoria in people homes and rarely have contact with head office other than getting their shifts. The NDIS doesn’t really support training for the disability support workers, there isn’t any sort of framework to assist ongoing training for staff that could be broadly used. It is up to each individual organisation to set up their own training, and that can be hard.