

# NDIS COSTS PRODUCTIVITY ISSUES PAPER

## Market Readiness

### Workforce Readiness

- ***What factors affect the supply and demand for disability care and support workers, including allied health professionals?***

Working in the disability care and support workers sector is not considered a valid career option because:

- it is not highly paid
- there is a low level of visibility
- it is not linked to any post school education program.
- Jobs are moving to part time, casual or contracted; and
- the emergence of portfolio type work.

However, it should also be acknowledged that the demand will ultimately be driven by the consumer. As a result, available work is likely to be predominately shorter, broken shifts.

- ***How do these factors vary by type of disability, jurisdiction, and occupation?***

Mental Health work is considered a more valid career with better career pathways.

- ***How will competition from other sectors affect demand (and wages) for carers?***

There is competition from the Aged Care sector and Child Care sector. Although the wages are lower in child care, it is more widely recognised. New entrants to the market could offer higher wages/ incentives to attract employees.

- ***How will an ageing population affect the supply and demand for disability carers (including informal carers)?***

We will have trouble attracting employees and there will be increased competition for talent.

- ***Is increasing the NDIS workforce by 60 000-70 000 full time equivalent positions by 2019-20 feasible under present policy settings? If not, what policy settings would be necessary to achieve this goal, and what ramifications would that have for scheme costs?***

Carers should be added to the list of approved skilled migrants. There needs to be flexibility to rewrite Enterprise Agreement in alignment with funding sources. e.g. Minimum shift times, maximum hours, contract type, length of shifts. In addition, there needs to be incentives for people to return to work or remain in the workforce.

- ***How might assistance for informal carers affect the need for formal carers supplied by the NDIS and affect scheme costs?***

Caring for carers reduces the need for people to require higher levels of care or escalate into higher levels of care.

- ***To what extent is the supply of disability care and support services lessened by the perception that caring jobs are poorly valued? If such a perception does exist, how might it best be overcome?***

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This could be overcome if there were school based traineeships, an awareness and education campaign and more genuine community participation by people with disability.

- ***What scope is there to expand the disability care and support workforce by transitioning part-time or casual workers to full-time positions? What scope is there to improve the flexibility of working hours and payments to better provide services when participants may desire them?***

There needs to be greater Enterprise Agreement flexibility and better safeguards for people who are self-employed or work more than one job to better manage taxation and other liabilities.

- ***What role might technological improvements play in making care provision by the workforce more efficient?***

Mobile technology and scheduling systems; Remote monitoring and locking systems; and Communication devices will assist with efficiencies.

- *What are the advantages and disadvantages of making greater use of skilled migration to meet workforce targets? Are there particular roles where skilled migration would be more effective than others to meet such targets?*

Disadvantage: Matching

Advantage: Able to support CALD and NESB background participants. Benefit from skilled workers as they upskill to meet local requirements for their profession.

### Provider Readiness

- ***How ready are providers for the shift from block-funding to fee-for-service?***

As a large provider, we have a range of preparedness projects. We have renegotiated our existing block funding contract to better align to the NDIS and we have experience in transition to CDC within aged care. Despite this, we remain anxious about the full impact of the transition to fee for service. In particular, for those people that will not be active, capable participants.

- ***What are the barriers to entry for new providers, how significant are they, and what can be done about them?***

- ***What are the best mechanisms for supplying thin markets, particularly rural/ remote areas and scheme participants with costly, complex, specialised or high intensity needs? Will providers also be able to deliver supports that meet the culturally and linguistically diverse needs of scheme participants, and Aboriginal and Torres Strait Islander Australians?***

The best way to supply thin markets would be to continue block funding.

- ***How will the changed market design affect the degree of collaboration or co-operation between providers?***

We expect a mixed response to collaboration and cooperation dependent on the maturity, interests and skills of each party.

- ***How will the full scheme rollout affect their fundraising and volunteering activities? How might this affect the costs of the scheme?***

The scheme is likely to negatively impact on fundraising.

- ***How well-equipped are NDIS-eligible individuals (and their families and carers) to understand and interact with the scheme, negotiate plans, and find and negotiate supports with providers?***

In general, clients and families are not well equipped due to the sheer complexity of the scheme eg .supports vs plan management v coordination. In addition, the long phone wait times; access to technology to access the portal; skills to use portal; and communication skills make it difficult of clients and families. The limited understanding of the costs of supports and what has been delivered in the past and ongoing changes to the scheme cause confusion.

#### Provider of Last Resort

- ***Is there likely to be a need for a provider of last resort? If so, should it be the NDIA? How would this work***

Providers of last resort will inevitably emerge and they will be contracted by the NDIA