

# Strengthening Queensland's NDIS Workforce 2021



This report has been commissioned by Jobs Queensland to Community Services Industry Alliance on behalf of the WorkAbility Qld consortium. For further information on the NDIS Workforce Research Project visit <https://jobsqueensland.qld.gov.au/projects/ndis-workforce/>

WorkAbility Qld and Jobs Queensland acknowledge and thank the University of the Sunshine Coast and Global Community Resourcing for their research, which was undertaken for this project and underpins this report.

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WorkAbility Qld acknowledges the Traditional Custodians of the lands in which we work and travel. We honour the Elders, past, present and future. We acknowledge all Aboriginal and Torres Strait Islander families and value their ongoing contributions to Australia. May we walk gently on this land.

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# Executive Summary

The number of Queenslanders receiving supports under the National Disability Insurance Scheme (NDIS) has almost doubled from 55,000 in 2019 to more than 102,000 at 31 December 2021.<sup>1</sup> Similarly the state's disability workforce made up of aged and disabled carers has nearly doubled, by 44.8 per cent in the two years to November 2021.<sup>2</sup>

Despite a much slower start than predicted when the NDIS roll-out started, this growth is forecast to continue with the number of active NDIS participants expected to more than double over the next decade.<sup>3</sup> This in turn means strong demand for additional workers to enter the sector will continue, with NDIS-related occupations predicted to be some of the fastest growing jobs in Queensland in coming years.

This report presents the key findings from the second stage of a research project investigating the workforce challenges and opportunities in the implementation of the NDIS across Queensland regions in the first half of 2021.

It also provides an overview of progress to date in addressing the findings and recommendations from the first stage of the research, which were presented in the *Strengthening Queensland's NDIS Workforce state-wide report*<sup>4</sup>. A third phase of the research is scheduled to commence mid-2022.

Since the first report the labour market has changed significantly. The COVID-19 pandemic has impacted the sector in many ways; with major disruptions to service delivery and staff shortages due to factors such as isolation or quarantine, infection control requirements, vaccination mandates and a lack of access to work placements required to complete certificate level qualifications.

Further to this, the closure of international borders has led to a decrease in the availability of casual labour.

Lower unemployment has resulted in more competition between industries for a smaller pool of available workers, while price constraints and current regulations have reduced the disability support sector's bargaining power.

Other key findings within this report are:

- The diversity of the people with disabilities who are receiving NDIS supports is increasing, confirming a need to improve the diversity and cultural competency of the NDIS workforce.
- The high rates of workforce attrition identified as a significant issue by providers in the first report were not as apparent in the research undertaken for this second report.
- The retention of staff, especially casual support workers, continues to be a concern for many providers, however to counteract this, anecdotally providers are reporting employing a mixture of career support workers and interim workers.
- Employers reported continuing difficulty in recruiting for certain positions, particularly for support workers and allied health professionals. This is especially pronounced in regional and remote locations.
- A range of recruitment strategies are proving successful, including collaboration with VET and education providers, targeted recruitment through word of mouth, recruiting tertiary students as support workers and employing them as professionals when they graduate. This has been evidenced in the Allied Health sector where some Allied Health students undertake work placements as Allied Health Assistants.<sup>5</sup>
- More needs to be done to attract and retain a quality workforce and keep up with increasing demand.
- Qualitative findings suggest that employers still consider a Certificate III in Individual Support to be the preferred minimum qualification for working in the disability sector, supplemented with in-house training.
- NCVET enrolments show there was an increase in people who undertook Certificate level training in NDIS-related qualifications, however, employers report many of these job seekers lacked the soft skills required of them to work in the disability sector.

This research project identified the lack of relevant data for the disability support sector workforce which compromises the ability to adequately describe the workforce or identify employment opportunities in the disability support sector. As a result, the disability sector is missing out on valuable opportunities to gain greater recognition and support for the industry.

1 NDIS, 2021, Queensland Quarterly Performance Dashboard, 31 December 2021. <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

2 Australian Bureau of Statistics (ABS), 2021, EQ08 - Employed persons by Occupation unit group of main job (ANZSCO), Sex, State and Territory: <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia-detailed/latest-release>

3 NDIS, 2016, *Queensland Market Position Statement*. Australian Government, Canberra. CSIA Industry Workforce Briefing paper [https://csialtd.com.au/wp-content/uploads/2020/07/Industry-Workforce-Briefing-5-June-2020\\_PUBLIC.pdf](https://csialtd.com.au/wp-content/uploads/2020/07/Industry-Workforce-Briefing-5-June-2020_PUBLIC.pdf)

4 WorkAbility Qld, 2020, *Strengthening Queensland's NDIS workforce*. Jobs Queensland, Ipswich. (CC BY) 3.0. <https://jobsqueensland.qld.gov.au/wp-content/uploads/2021/07/strengthening-ndis-workforce-report.pdf>

5 WorkAbility Qld, 2021, *Allied Health Assistants Good Practice Guide (CC BY) 3.0*. <https://workabilityqld.org.au/wp-content/uploads/2022/03/WorkAbility-Allied-Health-Assistance-Good-Practice-Guide.pdf>

# Background and context

The National Disability Insurance Scheme (NDIS) commenced roll-out in Queensland in 2016 and is now operational in all Queensland regions. In 2016 the market for disability support in Queensland was estimated to grow from 48,000 people to 91,000 by 2019.

The number of NDIS participants in Queensland at the end of September 2019 was 55,014 - much lower than predicted, but by 31 December 2021 it had increased to 102,458,<sup>6</sup> in line with initial projections. At the same time the number of people employed as aged and disability carers in Queensland increased from 42,200 in November 2019 to 61,000 in November 2021.<sup>7</sup>

For this research project Jobs Queensland commissioned WorkAbility Qld (a consortium of industry bodies) to research employer, employee, and sole provider experiences in six NDIS roll-out sites across Queensland over three stages, from 2018 to 2022.

The research assesses and responds to the skills demand and supply issues resulting from the roll-out across Queensland and investigates current training and skills development for the sector. It is intended this research will inform Jobs Queensland's advice to government and be used to inform other industry stakeholders on the best ways to meet jobs growth and skills needs for the NDIS.

The primary research conducted in late 2020 and the first half of 2021 that informed this second state-wide report also sought to capture the impact of COVID-19 on the disability sector and explore how NDIS providers are adapting their services in response to ongoing and periodic COVID-19-related disruptions.

Since the first NDIS state-wide report was published the *NDIS National Workforce Plan 2021-2025*<sup>8</sup> has been released and a national care and support jobs campaign launched.

Furthermore, in April 2020, the Queensland Government directed the former Queensland Productivity Commission (QPC) to undertake an inquiry into the NDIS. The inquiry was to focus on market issues in Queensland impacting on NDIS providers and the outcomes for people with disability.

The final QPC report<sup>9</sup> published in April 2021 aligns with many of the key findings and recommendations documented in this project's first state-wide report, including the need to address a shortage of allied health professionals and support workers, particularly in rural and remote areas of Queensland.

The QPC report noted the range of strategies and initiatives that have been implemented at both state and national levels to develop the NDIS workforce, while also outlining several recommendations aimed at improving NDIS market performance.

## Methodology

This research has adopted a longitudinal, mixed method, participatory design,<sup>10</sup> using quantitative and qualitative data gathered at the Queensland state level.

Current data limitations impact the ability to construct a comprehensive picture of the NDIS workforce in Queensland, however this report focuses on the people employed as aged and disabled carers, and allied health professionals drawn from the Australian Bureau of Statistics (ABS) 2016 Census data, Australian and New Zealand Standard Industry Classification (ANZSIC) classes; Other Social Assistance Services, Other Residential Care Services and Other Allied Health Services.

6 NDIS, 2021, *Queensland Quarterly Performance Dashboard*, 31 December 2021. <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

7 ABS, 2021, 6291.0.55.001 - EQ08 Employed persons by Occupation unit group of main job (ANZSCO), Sex, State and Territory August 1986 onwards. <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia-detailed/latest-release>

8 Department of Social Services, 2021, *NDIS National Workforce Plan: 2021-2025*. Commonwealth Government, Canberra. [https://www.dss.gov.au/sites/default/files/documents/06\\_2021/ndis-national-workforce-plan-2021-2025.pdf](https://www.dss.gov.au/sites/default/files/documents/06_2021/ndis-national-workforce-plan-2021-2025.pdf)

9 Queensland Productivity Commission, 2021, *The NDIS market in Queensland (final report)*. Queensland Government, Brisbane. <https://s3.treasury.qld.gov.au/files/NDIS-final-report-volume-1.pdf>

10 Denzin, N.K. and Lincoln, Y.S., 2012, *The Sage Handbook of Qualitative Research*. Thousand Oaks: SAGE Publications; Kinson, S., Pain, R., and Kesby, M. (Eds), 2007, *Participatory action research approaches and methods: Connecting people, participation and place*. Routledge, London. [https://www.academia.edu/3200123/The\\_SAGE\\_handbook\\_of\\_qualitative\\_research](https://www.academia.edu/3200123/The_SAGE_handbook_of_qualitative_research)

# Research participants comprised:



**31** survey respondents  
[ 9 employers, 16 employees and 6 sole providers ]

**5** focus groups



**31** interviewees

[ 14 employers, 6 employees, 6 sole providers,  
1 local area coordinator,  
4 self-managed NDIS participants. ]

**64** regional forum participants



A total of 5 case studies are presented in Appendix 1



# Actions to Date

Many actions and initiatives have taken place, led by industry, toward workforce development following the key findings and recommendations presented in the 2020 state-wide report, *Strengthening Queensland's NDIS Workforce*.

Table 1 outlines several key actions to date, which have been contracted by various Queensland Government departments, including Jobs Queensland, and developed in partnership with industry project partners.

**Table 1: Actions to date against recommendations from the Strengthening Queensland's NDIS Workforce report.**



## Recommendation 1

Industry-led and place-based approaches to support regional workforce planning and development, as well as localised attraction and job matching.



## Actions to Date

The NDIS Training and Skills Support Strategy (NTSSS) led by WorkAbility Qld has delivered a range of NDIS workforce development training projects, products, and resources across Queensland regional, rural, and urban settings, in addition to online.

Project partners have delivered on:

- Support Coordination workshops** for new and existing workers, led by The Growing Space.
- 
**Foundation Skills** pilot program for NDIS new and existing workforce in four regional locations, led by TAFE Queensland.
- 
**NDIS Jobs Roadshows** took place in **19 Qld locations** as mass recruitment events connecting job seekers with local employers in the sector.
- NAATI Interpreters Skill Set** delivered to workers or volunteers supporting NDIS clients with multicultural services in Cairns, led by TAFE Queensland.
- 
**NDIS VET Practitioner Leadership Programs** delivered to VET trainers, teachers and professionals who deliver NDIS-type qualifications, led by TAFE Queensland.
- Emerging Leaders program** and **Case Management/Coordination Program** delivered to Aboriginal and Torres Strait Islander existing workers, led by Strategix Training Group.
- 
**Workforce Planning Connect Toolkit for the Disability Sector** produced as a practical resource to support organisations with workforce planning and delivered via regional workshops. (WorkAbility Qld).
- 
**Disability Connect** interventions delivered to hard-to-reach cohorts such as Aboriginal and Torres Strait Islander and CALD groups.



## Recommendation 2

Work with other jurisdictions to deliver a coordinated career promotion campaign, linked to training pathways and job matching, to support attraction and retention of workers in the NDIS.



## Actions to Date

The Commonwealth Government launched ***A Life Changing Life***, a National Care and Support Jobs Campaign to promote the sector and attract workers to the industry.



The first priority of the **NDIS National Workforce Plan: 2021-2025** is to improve community understanding of the benefits of working in the care and support sector and strengthen entry pathways for suitable workers to enter the sector.



The **Community Services Gateway to Industry Schools Program** provides schools with resources to inform students about the range of careers in the community services sector and advise on career pathways through school-based traineeships, vocational education training and academic pathways.



**NDIS Jobs Roadshows** have been delivered through WorkAbility Qld in multiple locations across Queensland. These provide careers information to students and jobseekers and facilitate speed interviews with NDIS employers.



The **Community Services Job Match** recruitment platform was established as an online candidate pool for employers to search workers in the disability and community services sector.



**DESE Jobs Fairs** have been held across Queensland to promote jobs across all industries and offer a place for speed interviews and resume writing.





### Recommendation 3

Queensland Government work with WorkAbility Qld to establish a new customised traineeship pathway for entry level roles in disability support that prioritise on-the-job learning and support qualification attainment in the industry.



#### Actions to Date



As the NDIS arrangements have matured, more employers are using **traineeships as an employment**, as well as an upskilling pathway. Promotion of traineeships to the NDIS sector and changes to funding arrangements have supported some innovative approaches, particularly in the context of existing worker traineeships.



### Recommendation 4

Queensland Government invest in an action research project that supports the establishment of allied health assistant roles in priority areas such as rural and remote locations.



#### Actions to Date



An **Allied Health Assistants Good Practice Guide** has been developed as a practical resource to assist disability and community services and employers to establish and implement Allied Health Assistants as delegated roles. This guide has been developed following extensive consultation and research into barriers, pathways, and existing models across Australia, and showcases good practice as a resource to support the growth of allied health services across Queensland. (WorkAbility Qld)

At the same time, industry can work together on clinical governance frameworks and with the university sector to enable these assistant roles by embedding supervision and delegation skills in the Allied Health Professional undergraduate curriculum.



### Recommendation 5

Queensland Government work with other jurisdictions to identify and capitalise on existing and potential administrative data sets that will help guide future NDIS workforce policy planning and implementation.



#### Actions to Date

Some existing data sets, such as National NDIS Worker Screening Data, provide valuable insights to inform future workforce planning.

Since the first state-wide report was published, the Commonwealth, State and Territory governments are working together to develop a pilot **National Disability Data Asset (NDDA)** which will identify the most effective ways to **share, link and access data**, as well as potential barriers to data-sharing and how to overcome them.





## Recommendation 6

Queensland Government work with WorkAbility Qld to improve both accredited and non-accredited training for the NDIS workforce.



### Actions to Date



A **Student Vocational Placement Practice Framework** for self-managing participants focussed on developing a framework that would support the involvement of people with lived experience of disability in student assessments, led by Community Resource Unit.

A **Placement Agency student vocational placement trial** will work with people with lived experience of disability to support students on vocational placement on the Certificate III Individual Support, led by Community Resource Unit.

A **NDIS Vocational Placements Resource Kit** has been developed for RTOs, service providers and students to help make a quality vocational placement happen, led by TAFE Queensland.



The **NDIS Workforce Fundamentals Micro-credential** was launched as a common induction for new and existing workers in the sector, led by TAFE Queensland.



A **Navigating the NDIS Psychosocial Workforce Micro-credential** is in development as an emerging priority need for the sector, led by TAFE Queensland.

A **Positive Support and restrictive Practices Micro-credential** is in development as an emerging priority training need for the sector (WorkAbility Qld).

The **Certificate III in Individual Support** is being delivered to Aboriginal and Torres Strait Islander new students, led by the Institute for Urban Indigenous Health.



An **Emerging Leaders Program and Case Management/Coordination Program** is being delivered to Aboriginal and Torres Strait Islander new students, led by the Institute for Urban Indigenous Health.



A **Self-managing your NDIS Plan e-learning program** has been developed for participants and their families who are self-managing, or wanting to learn how, led by Care Colleges.

Other significant initiatives include the:

- **NDIS National Workforce Plan**
- **NDIS Workforce Capability Framework**
- **Entry into Care Roles skill set** aimed at people who have suitable attributes but not the work experience in aged care or disability support.



# The NDIS in Queensland

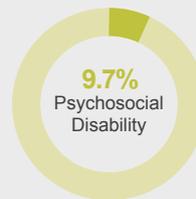
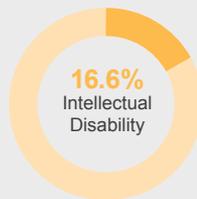
## Key findings

- Since commencing in 2016 the NDIS has continued to grow and develop and has gained broad support across the community. Insights from the QPC and the National Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability<sup>11</sup> point to the ongoing, dynamic nature of the scheme's implementation.
- More than 42.6 per cent of NDIS participants are aged under 15 years, which will inform the type of workers (younger and diverse) and Blue Card requirements.
- The diversity of people with disabilities who are receiving NDIS supports is increasing, especially participants who identify as Aboriginal and/or Torres Strait Islander and are from culturally and linguistically diverse (CALD) backgrounds.

For the quarterly reporting period ending 31 December 2021:<sup>12</sup>

- a total of 102,458 participants were supported by the NDIS in Queensland
- 3087 children aged under seven years with a developmental delay or disability were receiving initial supports through the Early Childhood Early Intervention (ECEI) gateway
- more than 50,900 active participants were receiving supports for the first time
- the related market of active service providers also continued to grow with 6565 registered service providers in Queensland (including individual/sole trader businesses and organisations) growing by four per cent over the quarter.

## Largest categories of participants, were those with:



These categories of disability are also showing the largest growth, although all categories continue to grow as the scheme rolls out.

NDIS participants in these categories are more likely to need assistance with a range of activities including daily living and self-care, with the highest level of need being in the areas of cognitive and emotional support and mobility.<sup>13</sup>



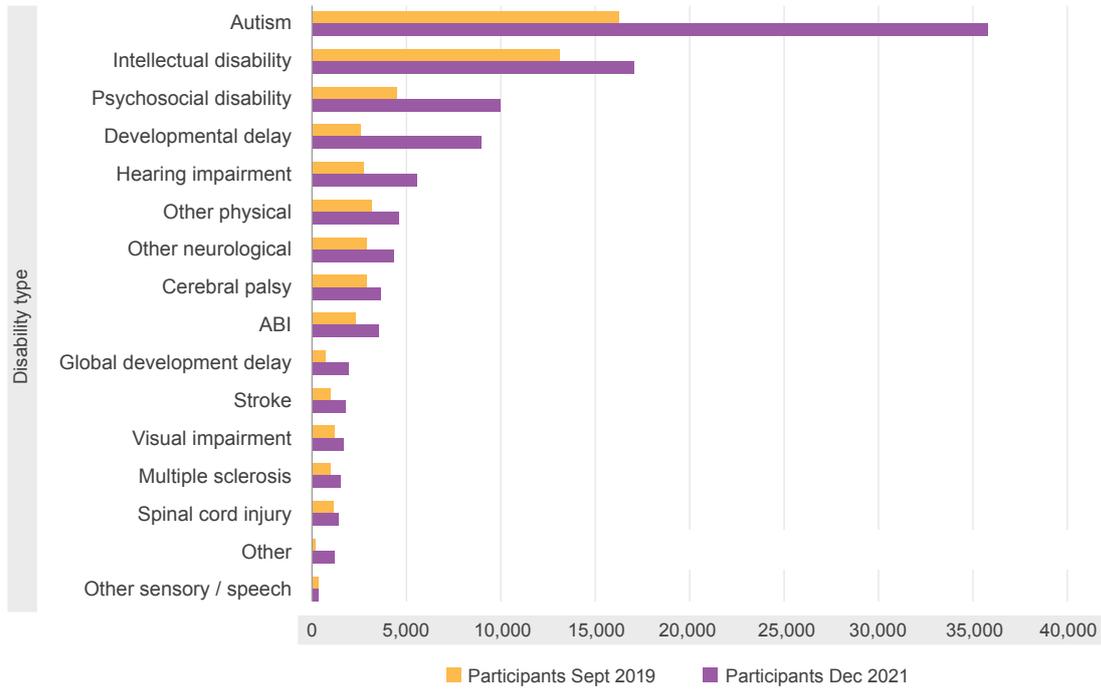
<sup>11</sup> <https://disability.royalcommission.gov.au>.

<sup>12</sup> NDIS, 2021, *Queensland Quarterly Performance Dashboard*, 31 December 2021. <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

<sup>13</sup> ABS, 2019, *Disability, Ageing and Carers, Australia: Summary of Findings*, released 24/10/2019.

<https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#autism-in-australia>

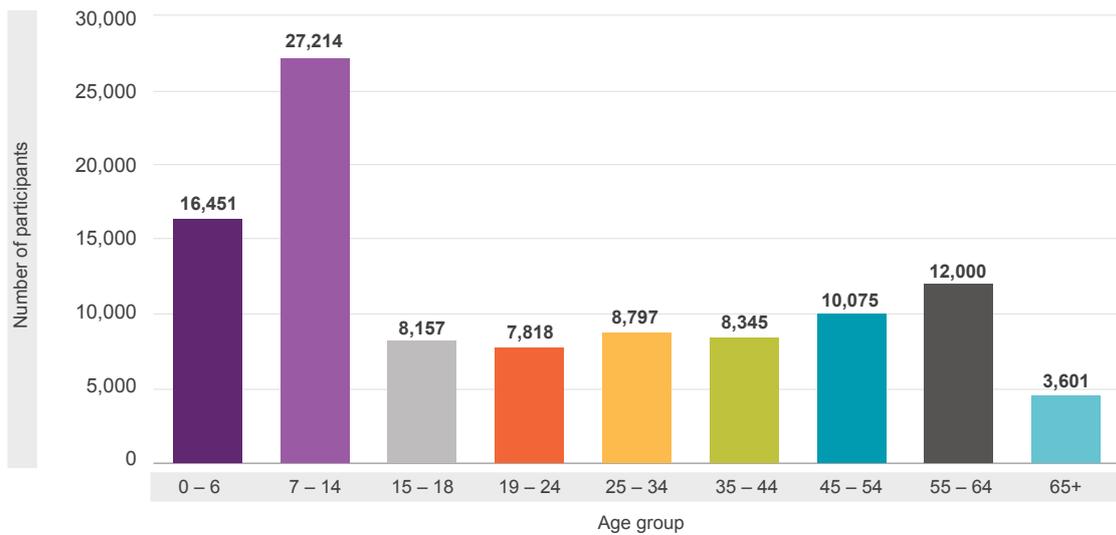
**Figure 1: Queensland NDIS participants by disability group, Sept 2019 to Dec 2021**



Source: NDIS, 2021, Participant numbers and plan budgets data

The largest cohort, more than 27,000, of NDIS participants in Queensland is those aged between seven and 14 years, as shown in Figure 2. The next largest is those aged zero to six, comprising just over 14,000 participants, followed by those aged 55 to 64, with 12,000 participants.

**Figure 2: NDIS participants in Queensland by age group, Dec 2021**



Source: NDIS, 2021, Participant numbers and plan budgets data

## Participants from diverse backgrounds

The diversity of people with disabilities who are receiving NDIS supports is increasing. Of the new active participants in the December quarter, 10.7 per cent (570) identified as Aboriginal and/or Torres Strait Islander and 5.2 per cent (278) were from CALD backgrounds. The total number of participants who identified as Aboriginal and/or Torres Strait Islander was 9830 (9.6 per cent) and 5540 (5.4 per cent) of participants were from CALD backgrounds.<sup>14</sup>

An emerging theme from this second stage of the surveys and focus group research was the increasing awareness of stakeholders about the need to become a more culturally diverse sector that is responsive to meeting the needs of all NDIS participants. Some providers and employees reported language and cultural barriers between support workers and participants, and planners/providers and participants.

More effective strategies are required to increase the numbers and diversity of the NDIS workforce to help improve outcomes for people with disabilities who are from diverse backgrounds, as well as cultural competency training for planners, providers, and workers to reduce barriers.

Case study 1 illustrates such as strategy, where the employer is proactively creating a culturally safe workplace for employees and NDIS participants in the community by embedding clear two-way communication and listening in support worker practices as well as ensuring regular input from participants towards their plan delivery.

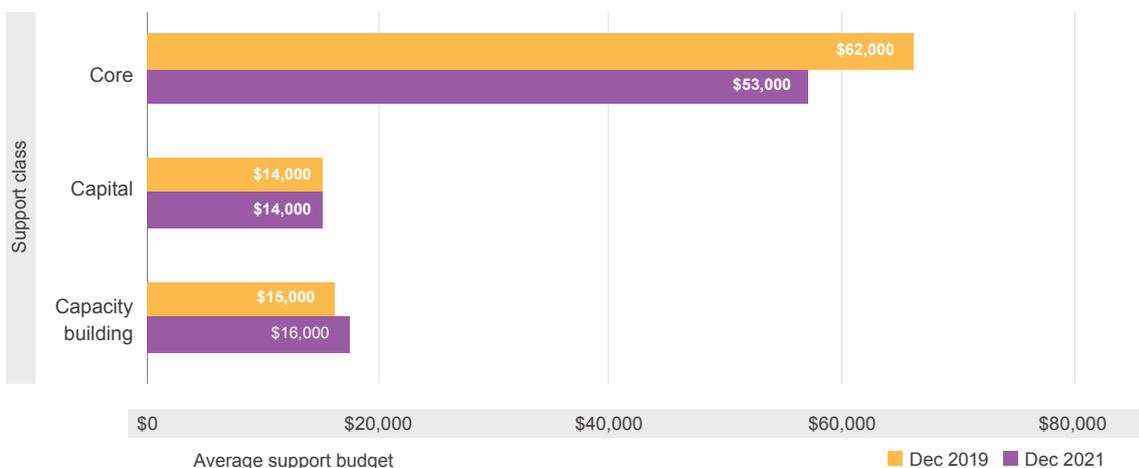
## Participants with complex support needs

In the past two years demand and expenditure on support types increased. The number of participants accessing capacity building increased from 61,281 to 102,074, while those accessing capital increased from 19,782 to 23,120 and those accessing core support increased from 56,434 to 98,304 participants.

Expenditure on capacity building supports and core supports continued to be high, as shown in Figure 3. This is not surprising given the high proportion of active NDIS participants with complex needs, and which further highlights the need for NDIS direct support workers across Queensland who can assist with daily living, transport, support for social and community participation and help in getting and keeping a job.



**Figure 3: Average support budget for Queensland NDIS participants, Dec 2019 to Dec 2021**



Source: NDIS, 2021, Participant numbers and plan budgets data

<sup>14</sup> NDIS, 2021, Queensland Quarterly Performance Dashboard, 31 December 2021. <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

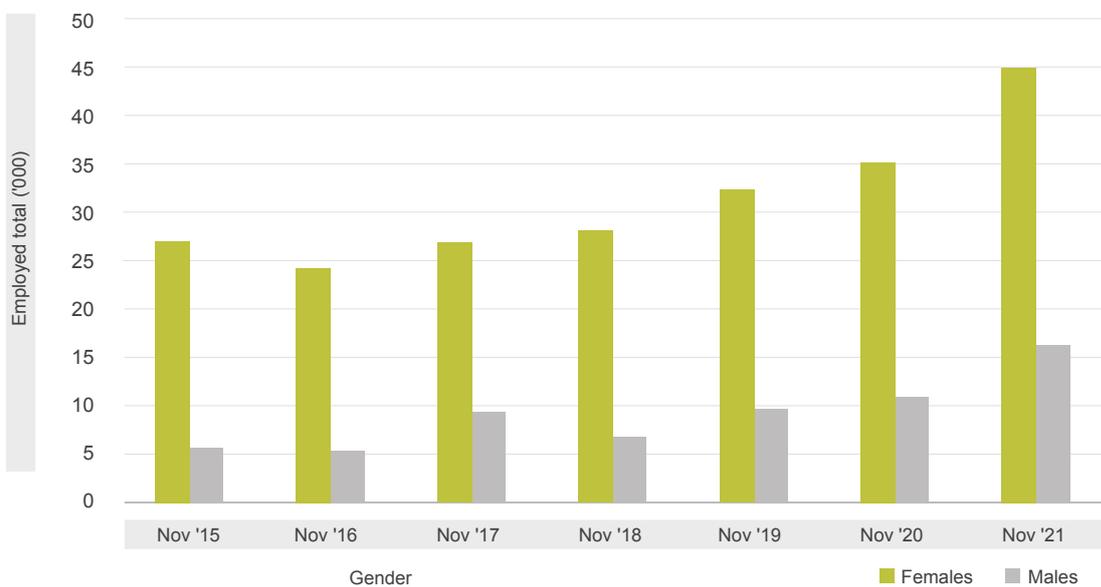
# Queensland's NDIS workforce

## Key findings

- This project identified that data for jobs in the disability support sector are either non-existent, or difficult to extract from existing data sources, compromising the ability to adequately describe the workforce or identify employment opportunities in the disability support sector. Consequently, the disability sector is missing out on opportunities to gain greater recognition and support.
- The available data shows the number of people employed in NDIS-related occupations continues to grow and is projected to grow significantly over coming years and more than double over the next decade.
- Aged and disabled carers are the largest occupational group employed within the NDIS, and while employment in this and other NDIS-relevant occupations has been growing it is outpaced by increased NDIS and aged care demand.
- Severe shortages remain for entry level support workers and there is continuing strong growth in demand for allied health professionals, particularly occupational therapists and speech therapists. COVID-19 impacts have further compounded these shortages.
- There continues to be a lack of diversity in the NDIS workforce. Most workers are female, over the age of 40, non-Indigenous and from an English-speaking background.
- Unmet demand for workforce is a constraint on service growth and consequently participant access to services.

Recent ABS Labour Force data shows that there has been growth in the number of employed aged and disabled carers since 2016, and while the proportion of male workers is also growing, there continues to be a lack of gender diversity in these roles, as shown in Figure 4.

**Figure 4: Aged and disabled carers in Queensland by gender, Nov 2016 to Nov 2021**



Source: ABS Labour Force, 2021. Employed persons by Occupation unit group of main job (ANZSCO), Sex, State and Territory

Other significant occupational groups include occupational therapists, physiotherapists, audiologists and speech therapists, psychologists, and social workers. Labour Force data reveals growth in most of these occupations across the entire Queensland workforce since 2016.<sup>15</sup>

Overall, data suggests that relevant occupations, including the above have been growing. However, it is not evident how many of these workers are specifically delivering NDIS services (as opposed to other types of care and allied health services).

The surveys undertaken during the first stage of the research project in 2019 and this second stage from late 2020-2021 suggest that the introduction of the NDIS has not yet increased the diversity of the workforce in Queensland.

However, more than one-third of respondents to the 2021 survey indicated that they had a disability and 50 per cent of employees reported that they had a family member with a disability.



## Meeting the demand for NDIS workers

### Key findings

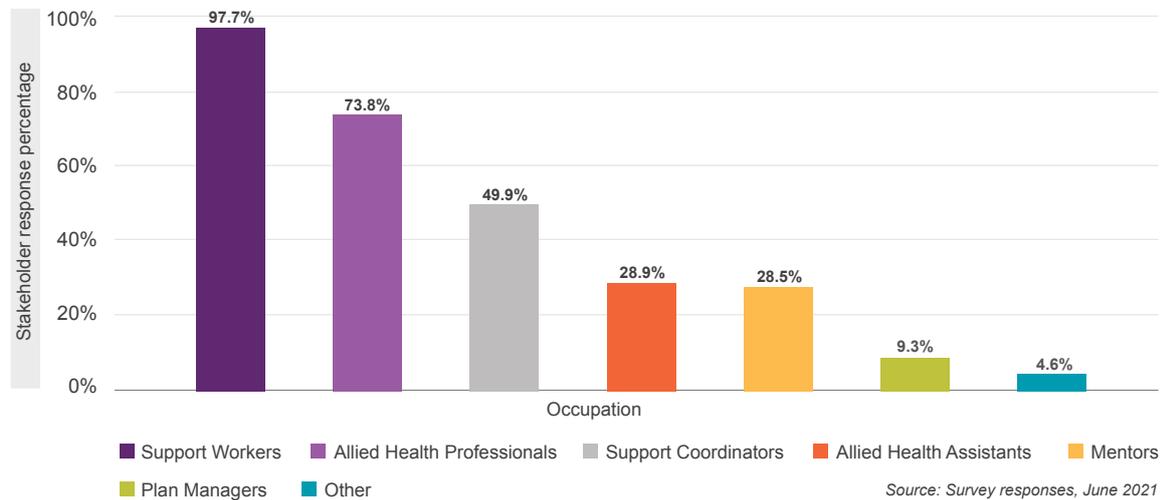
- Since the last report many employers reported difficulty recruiting staff, particularly for support worker and allied health professional roles.
- A range of recruitment strategies are proving successful, including collaboration with VET and education providers, targeted recruitment through word of mouth, recruiting tertiary students as support workers and employing them as professionals when they graduate. However, more needs to be done to attract and retain a quality workforce.
- Despite recruitment challenges, there has been a three-fold increase in the number of Yellow Card approvals/Yellow Card exemptions/NDIS Worker Screening Check and Working with People with Disability Check card holders in Queensland since January 2016. While there is no conclusive evidence to explain the increase, it may reflect NDIS uptake, high staff turnover or churn in the workforce.
- High rates of workforce attrition was identified as a significant issue by providers in the previous state wide report but were not as apparent in the research undertaken for this second report.
- Retention of staff, particularly casual support workers, continues to be a concern for many providers.
- Many workers in the sector are experiencing stress relating to their role, which may contribute to turnover. This has been further exacerbated by the impacts of COVID-19, in particular the mounting pressure on existing workers to cover service gaps and support service continuity.
- Employers report a level of unsustainable fatigue across the workforce. Despite this, employees still appear to gain satisfaction through their work and demonstrate a high level of commitment to meeting the needs of the people they support.

<sup>15</sup> ABS, 2021, 6291.0.55.001 – EQ08 Employed persons by Occupation unit group of main job (ANZSCO), Sex, State and Territory August 1986 onwards. <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia-detailed/jul-2021#industry-occupation-and-sector>

## NDIS workforce demands

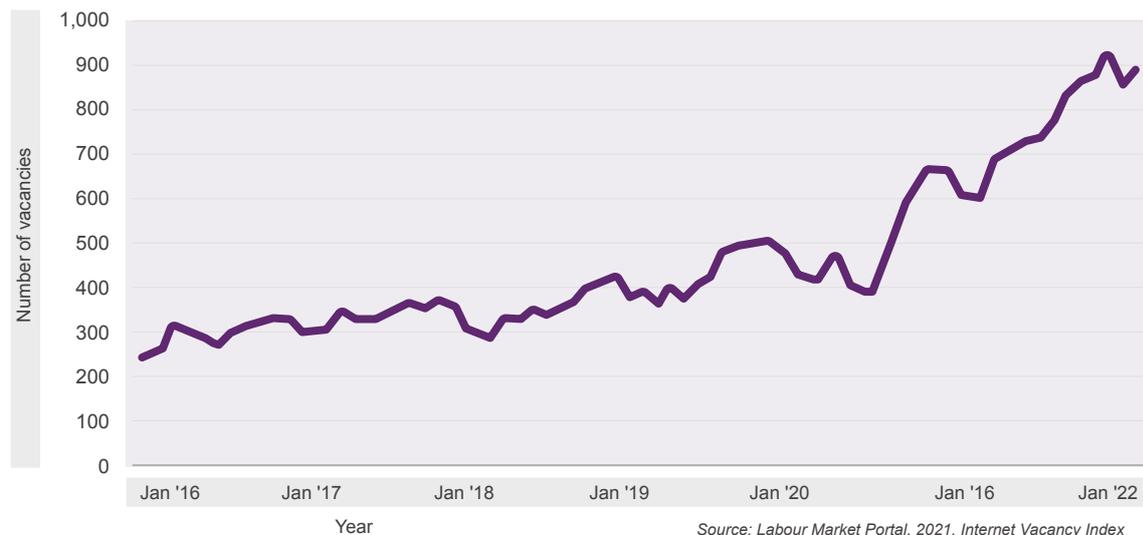
Stakeholders surveyed for this research were asked about roles in demand. Those who responded indicated that the largest categories of workers most in demand by most employers are direct support workers (98 per cent), allied health professionals (74 per cent) and support coordinators (50 per cent). A total of 29 per cent of poll respondents also indicated that allied health assistants are in demand, as shown in Figure 5.

**Figure 5: NDIS-related jobs in demand**



Job advertisement data provides another indicator of employer demand for workers. The Internet Vacancy Index (IVI) published by the Australian Government highlights the growth in NDIS-relevant job ads since 2016. The IVI data show that the number of ads for aged and disabled carers grew significantly between 2016 and 2021, as shown in Figure 6.<sup>16</sup>

**Figure 6: Internet vacancy index: Queensland aged and disabled carer vacancies, Jan 2016 to Jan 2022**



<sup>16</sup> National Skills Commission, 2021, Labour Market Information Portal, *Internet Vacancy Index*, December 2021. Australian Government, Canberra. <https://lmp.gov.au/default.aspx?LMIP/GainInsights/VacancyReport>

Qualitative data from interviews and focus groups suggested there has been an increase in applicants from other sectors for NDIS positions since COVID-19, but the quality of applicants has dropped over the past 18 months. This shows while there has been a notable transition of workforce from other sectors, such as retail and hospitality, this does not necessarily ensure future workers have the values and skills required to work in the disability sector.

Some providers are introducing literacy and numeracy testing for workers because they have identified these skills among applicants to be low. This method has been illustrated in case study 3 where the provider requires all applicants to complete an assessment of their oral and written skills and delivers further in-house online training to develop staff capabilities around reporting writing, case notes and data collection. This strategy responds to their biggest skills gap in workers and informs a development plan to upskill individuals.

## Recruitment strategies

While many providers were experiencing staff shortages and others noted there was no shortage of job applicants, the issue was finding suitable applicants.

Service providers have adopted a range of effective strategies to address the challenges of attracting the right people to the NDIS workforce.

Proactive engagement with training organisations and employment providers is helping create pipelines for future workers, improve the job readiness of graduates and identify skills gaps that can be addressed through tailored training responses.

Case study 5 illustrates a leading state-wide project that engages with young people while at high school to inspire them to take on careers in the community services sector. This project provides teachers with information about employment opportunities in the sector, encouraging them to promote these careers to students and works with employers to build understanding and benefits of what it's like working with young people. It is intended that this approach will eventually create a workforce pipeline into the disability sector and other sectors to address labour force shortages.

*"Finding the right teams with the right skills, but more so the right attitude, above all, is really, really difficult."*

**Provider**

*"We employ a lot of mentors in our business; it's kind of like an ongoing recruitment process."*

**Focus group participant**

Using word of mouth at a local level as a recruitment strategy and screening for the right attitude, communication skills and cultural fit continues to be reported as the best strategy to recruit suitable, skilled staff. Having a good reputation in the community also attracts good workers.

Some providers are also recruiting university students who are undertaking allied health and related degrees as support workers with the capacity to apply what they are learning in support of interventions by qualified professionals, such as occupational therapists, psychologists, or social workers. For many providers this has proven to be an effective workforce recruitment strategy, building a pipeline of future graduates in allied health

and related professions. This also addresses the time lag involved in new workers obtaining Yellow Card exemptions/ NDIS Worker Screening Checks.

Another recruitment strategy reported was to support workers to undertake certificate level training supplemented with in-house participant specific training and one-on-one mentoring.

There is an ongoing need to promote the disability sector as offering rewarding career opportunities and an attractive career path that is adaptive to varying people and lifestyles. This is illustrated in case study 4 where a provider uses creative solutions to target alternative recruitment pools, such as a Disability Employment Service to bring people with lived experience of disability into the workforce and higher education students, who may leave once graduated, however have developed skills and benefitted from work in an entry level role. The same provider also recruited 28 semi-professional AFL and Rugby League players as support workers to engage in a range of participant activities, where the role offered them flexibility around training and travel to matches.

## Changing supply of NDIS workers

Given that demand for NDIS workers is likely to remain high, it is important to understand how well the supply of workers is responding to this demand.

*A lot of people are looking for community work because it fits in better with family time, being single mums, getting kids off to school, that sort of thing. And some of them are university students that are inquiring as well.*

**Focus group participant**

A valuable source of data on the supply of new NDIS workers comes from NDIS Worker Screening Check applications, approvals and exemptions data captured by the Queensland Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships.

Any person working in either a paid or volunteer role in an environment where there is a person with a disability must apply for a NDIS Worker Screening Check or Working with People with Disability Check.

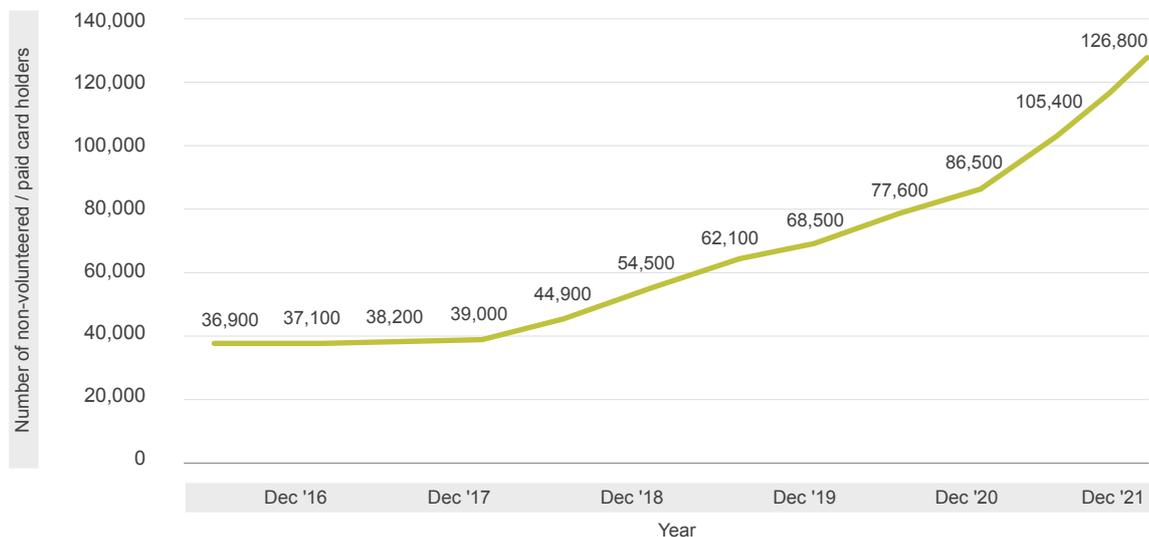
Previously, people wishing to apply to work in the disability sector were required to hold a Yellow Card. Workers who

are supporting children also require a Blue Card, and if workers already had a Blue Card they are eligible for an exemption.

Figure 7 shows the number of Yellow Card approvals/exemptions/NDIS Worker Screening Check and Working with People with Disability Check card holders in Queensland in each of the six-month periods since January 2016.

There has been a significant increase in the number of card holders since the commencement of the NDIS roll-out in Queensland. It should, however, be noted that this number will also include those working across both aged care and disability sectors and those who are not working or working minimal hours.

**Figure 7: Number of non-volunteer/paid card holders, six-monthly, Jun 2016 to Dec 2021**



Source: Queensland Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, 2022, Yellow Card / Yellow Card Exemption / NDIS Worker Screening Check / Working with People with Disability Check Cardholders

## Workforce retention

While the high rates of workforce attrition identified as a significant issue by providers in the previous state-wide report were not as apparent in the research undertaken for this second report, retention of staff, especially casual support workers, continues to be a concern for many providers.

Given a large proportion of the disability workforce is casual and sometimes filled by people as an interim job that fits around children and/or study commitments, there is a high turnover of these workers. To counteract this, providers are employing a mixture of career support workers and interim workers.

Effective recruitment strategies such as matching the best person for the job was seen by some providers to be an important factor in staff retention. Onboarding and ongoing support for workers can also mitigate attrition, while providing a positive culture and working environment was also important in retaining staff.

Other retention strategies identified through qualitative interviews and focus groups include:

- ensuring a positive organisational culture where workers are treated with respect
- creating efficient communication processes
- employing effective conflict resolution
- supporting staff through training, teaching them how to stay within professional boundaries, providing mentors and conducting regular debrief meetings.

*Retention is less of an issue as long as you treat staff with the respect to keep them valued in the organisation.*

*Focus group participant*

Having clear standards and letting staff know when they are not meeting them is also important, including clearly communicating the processes if they are not meeting the organisational and/or behaviour standards.

Wage levels remain a real constraint that arise out of the operating context, impacted by the NDIS price guide and industrial and award requirements. Where employers can improve the level of wages and associated conditions, the retention of staff increases.

Findings from the employee survey as part of the qualitative research provide some insight into workforce retention concerns, though it should be noted that the response rate was low and may not be representative of the experiences of NDIS employees.

The majority of respondents reported that they considered leaving their job either 'at least somewhat', 'quite a bit' or 'a great deal' and 50 per cent indicated that they did not look forward to another day of work. Nearly 90 per cent indicated they would be likely or highly likely to accept another job offer at the same compensation level. Despite these issues, the majority of employees also reported that their current job was satisfying their personal needs.

Employees' responses to open ended survey questions shed further light on some of the reasons they might consider leaving their jobs.

Unrealistic workload was a major factor reported by employees, further exacerbated by the impacts of COVID-19, with reduced hours but increased demands to ensure continuity of support for NDIS participants.

Employees indicated that constant sector changes, a perceived lack of support from management, staff absences, low staff morale and stress were significant issues. Another indicated that there was a lack of support from their employer, and another similarly noted lack of support from management.

One employee highlighted the poor pay and unreasonable expectations associated with their role, while another expressed concern about the lack of career opportunities, suggesting there was no room for growth into higher roles such as team leader.

Although several employees indicated they felt there were no solutions to address their current concerns, indicating

*A lot of [staff retention] it is the culture in your workplace.*

*Focus group participant*

*Looking at changing employers. The thought of leaving my regular clients behind is the only reason I am still there.*

*Employee*

they were looking to work for other employers or just doing their job to the best of their ability and trying to deal with the stress, others provided a range of proactive strategies for managing their stress, including:

- meeting with managers to discuss the concerns
- maintaining home/work/life balance
- seeking external counselling support
- adopting time management strategies.

Nearly 50 per cent of employees who responded to the survey indicated that work stress did get on top of them; however, less than half of employee respondents indicated that they were not good at dealing with work pressures.

Employees varied in the extent to which they agreed or disagreed that they did not let bad performance at work affect their confidence, and around a third suggested that they were not good at dealing with setbacks at work such as poor performance or negative feedback.

This suggests that most respondents have a level of resilience to stressors and that effective management strategies could contribute to improved employee retention and job satisfaction and reduce psychosocial impacts.

## NDIS workforce skills

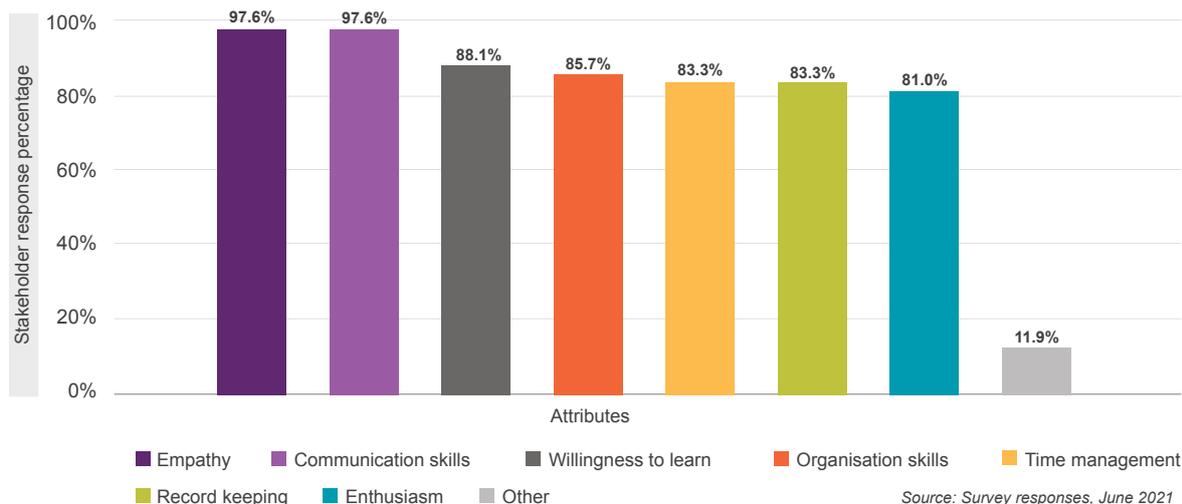
### Key findings

- A relevant Certificate level qualification is expected, however most employers recruit based on soft skills and values.
- Employability and soft skills such as communication, critical thinking, interpersonal skills, adaptability and flexibility continue to be highlighted by providers as important in the new customer-driven market.
- The need for improved skills in utilising technologies remains a strong theme in response to changing models of service delivery arising from the impact of COVID-19.
- Despite an increase in enrolments in the Certificate III in Individual Support (Disability), work placements have been increasingly difficult to find, particularly given the restrictions on disability accommodation services and vaccination requirements related to COVID-19.
- Non-accredited training is widely used within the sector, particularly for support workers, which reflects the differences across employers on the value placed on accredited training.
- There is a noticeable increase in higher education enrolments in allied health programs reflecting a market response to the growing demand for allied health professionals, in the NDIS and more broadly across community services.

To understand how the NDIS is affecting skills needs, stakeholders attending regional online forums were asked to indicate the attributes required to work in the disability sector and the skills they considered needed further development.

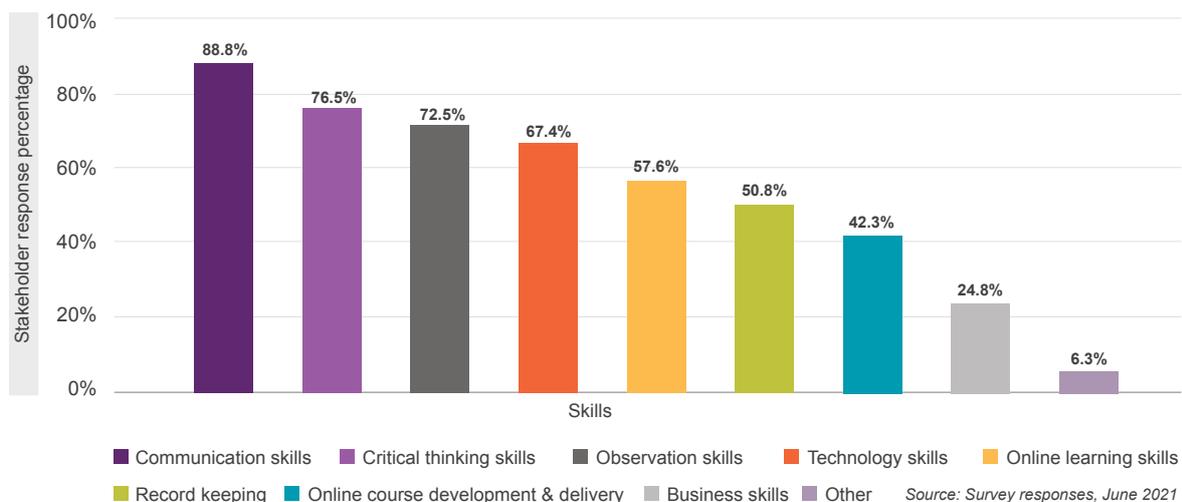
As shown in Figure 8, the attributes identified by stakeholders as requirements to work in the disability sector include communication, empathy, willingness to learn, record keeping, organisational skills and time management.

**Figure 8: Attributes required to work in the disability sector**



Stakeholders also identified that skills in need of further development include communication skills, critical thinking skills, technology and online learning, as well as record keeping, as shown in Figure 9. Communication skills were identified both as important to work in the disability sector but also most in need of development. This suggests a significant gap in the skills of prospective and current workers.

**Figure 9: Skills in need of further development**



Qualitative findings from interviews and focus groups further highlighted the importance of employability and soft skills, with stakeholders suggesting that these skills continued to be highly sought after by providers.

*The most important soft skills are empathy and altruism. This isn't just a fill in job.*

**Employee**

Attracting the right person for support work can be difficult but is essential to delivering quality care.

Many stakeholders considered formal qualifications secondary to personal attributes such as empathy, listening and responding respectfully, adaptability and a willingness to learn.

Employees noted these attributes as being important, as did self-managed participants.

*...someone who is really good with communication and people skills as we need to be very social and have social interaction. They need to show they have transferable skills.*

**Self-managed participant**

The need for NDIS participants to have someone to be their advocate was also raised.

Others identified lived experience of disability to be a valuable attribute for support workers.

*If you want a generic thing for every disabled person, it's advocacy. I need people who are prepared to advocate for them.*

**Employer**

Some NDIS participants adapted well to the use of technologies to remain connected and continue to receive services. However, not all participants have the required digital literacy skills and/or are comfortable in engaging with such technologies.

*We're actually really big on lived experience. So that understanding of disability in quite an intimate way, is our first skill that I look at.*

**Employer**

A persistent theme, further highlighted by COVID-19, is employers' concern that workers have limited experience with technology and record keeping.

Sole traders also noted the need for administration skills was very important to their business success and compliance with the constant changes in the NDIS.

Similarly, a self-managed participant commented that they felt they had a severe lack of understanding the business skills required in managing their NDIS plan. Self-managed participants need support with invoicing and if this process were simpler, the demand on plan managers may be reduced.

Support workers also require an understanding of professional boundaries, with many providers offering in-house training on this topic and code of conduct. Stakeholders also noted that this kind of training was best suited to face-to-face delivery.

Professional development continues to be a priority for providers to help them stay informed with NDIS changes and their knowledge and understanding of the scheme.

Some providers and sole traders find that there is very little funding available for training after operational costs, while others report being able to adequately fund training. This may suggest that some providers and sole traders are not aware of funding and training initiatives and supports available to them.



## Education and training

Training data is useful both in terms of understanding the pipeline of future NDIS workers and as an indicator of skill levels.

The change in enrolments in NDIS-relevant VET qualifications over time is shown in Figure 10. The data shows that there has been a strong decrease in enrolments for the Diploma of Community Services. There has been an increase in enrolments for the Certificate III in Community Services and a significant increase in the Certificate III in Individual Support.

This reflects the views of many employers surveyed and interviewed during the first two stages of this research, who indicated they prefer workers to attain either a Certificate III in Community Services or Individual Support. Other NDIS-relevant VET courses have shown moderate increases over time with the exception of the Certificate III in Allied Health Assistance, with a greater increase in students enrolling into the Certificate IV in Allied Health Assistance.<sup>17</sup>

This may be a reflection of market demand. Recent research suggests employers who are recruiting for these roles are seeking workers with either, a Certificate IV in Allied Health Assistance or who are higher education students undertaking a Bachelor-level qualification in an allied health degree.

**Figure 10: Queensland VET enrolments in NDIS-related qualifications, 2016 to 2020**

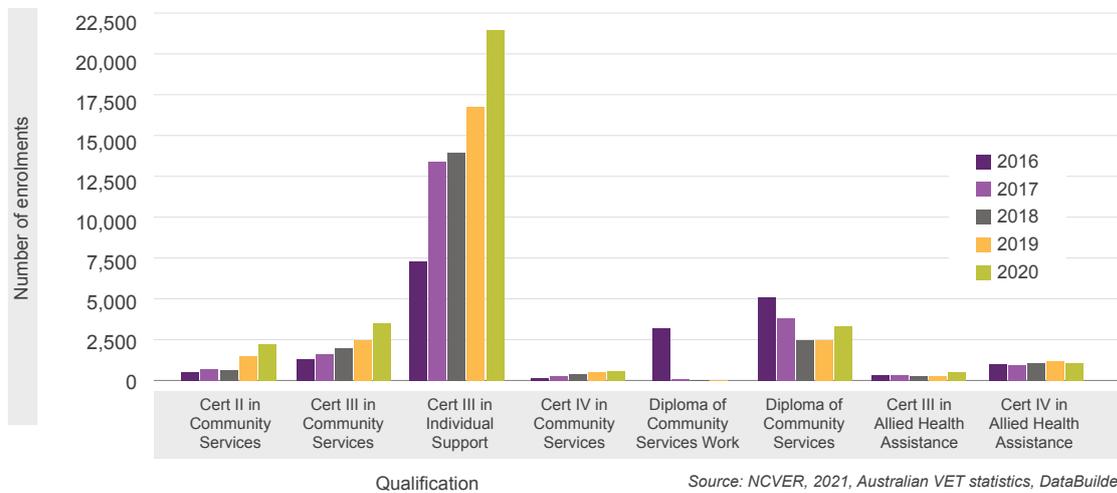
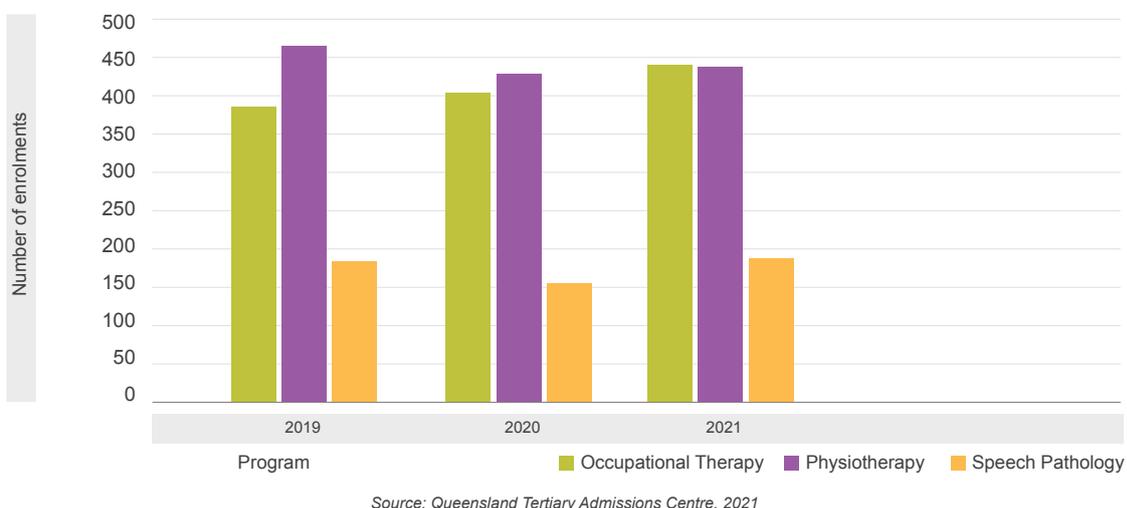


Figure 11 shows enrolments in allied health programs based on Queensland Tertiary Admissions Centre (QTAC) data. Enrolments in occupational therapy programs show a steady increase over the last three years, with less growth evident in speech therapy programs.

Physiotherapy programs are showing a moderate decrease over time. However, it should be noted that QTAC data does not include direct entry pathways. University enrolments are also difficult to interpret given it is not evident how many graduates are likely to work in the disability sector.

**Figure 11: Allied health Bachelor program enrolments, Queensland universities, Semester 1, 2019 to 2021**



<sup>17</sup> National Centre for Vocational Education and Research (NCVER), VOCSTATS. Adelaide.

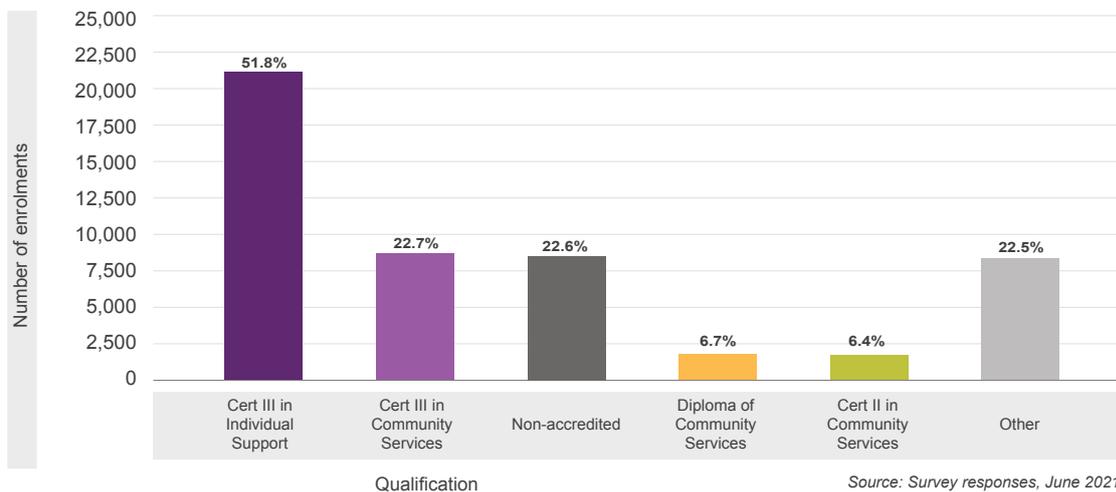
More than 50 per cent of stakeholders who participated in the polls conducted during the regional forums identified the Certificate III in Individual Support as the qualification they sought for support workers.

Despite employer demand and government funding for Certificate III in Individual Support, there are widespread reports that a lack of access to mandatory work placements was affecting students' ability to complete their training, which is being investigated by the Human Services Skills Organisation.<sup>18</sup>

Twenty-three per cent identified the Certificate III in Community Services as a requirement and nearly half of the stakeholders identified non-accredited training and/or alternative VET qualifications, as shown in Figure 12.



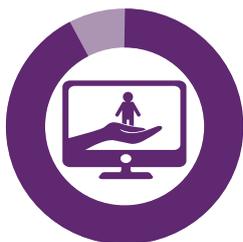
Figure 12: Training required of NDIS support workers



Qualitative findings suggested that employers still consider a relevant Certificate III to be the preferred minimum qualification for working in disability sector. Employers generally agreed, however, they felt the qualification needed to be supplemented with in-house training to ensure support workers had the required skills for the job.

*I would not employ anybody that didn't at least have a Certificate IV in Mental Health or Community Services.*

Employer



90%

Preference for hybrid model training

This pattern varies across different service types. Other employers highlighted the need for skills beyond those gained through accredited training.

Employers generally provide additional in-house training and participant-specific training for staff. Many providers reported building their own training platforms for delivery of in-house training.

Online training modules that are participant-specific appear to be working well. For example, a new support worker is able to watch a recording prepared by the allied health professional describing what and how to give the support required.

*I actually don't think that (certificate qualifications) necessarily translate into the skills you need for working with vulnerable people.*

Employer

Almost 90 per cent of stakeholders who participated in the regional forum polls indicated a preference for a hybrid mode of training delivery, as shown in Figure 13.

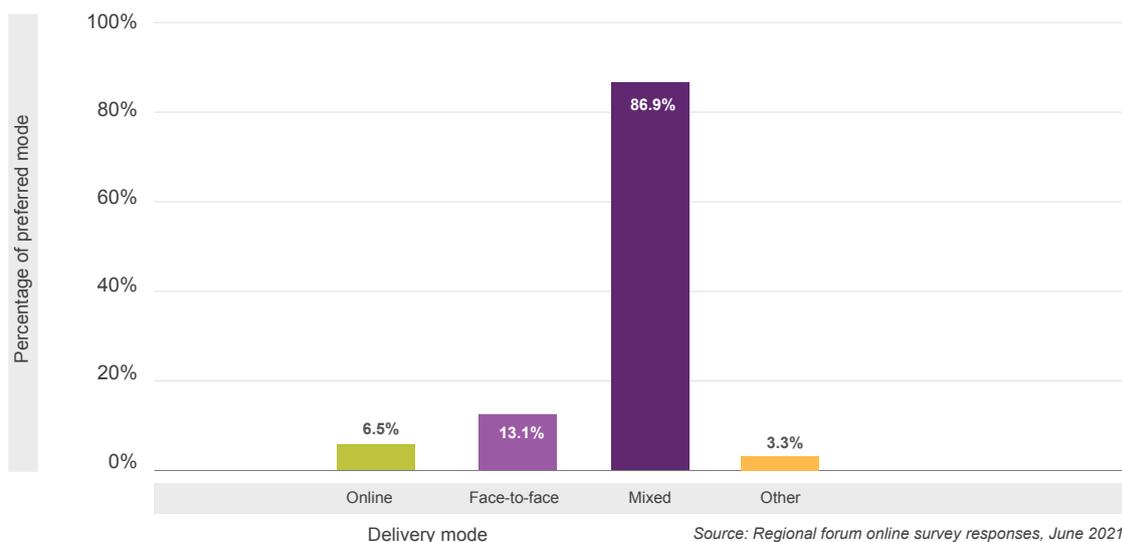
18 <https://hssso.org.au/project/view/mandatory-work-placements-guide/>

*Online training should be short and sharp ... as people are easily distracted, they walk away from the computer, they're not fully absorbed, if you make people sit there all day, you need to give them something else.*

**Employer**

Training that involved real time and/or interactive experience were considered best delivered face to face. This is especially important when learning practical skills such as medication, PEG feeding and dealing with challenging behaviours. The availability of training in these complex needs is particularly challenging in rural, remote and isolated regions.

**Figure 13: Preferred mode of delivery of training for NDIS support workers**



Training providers noted that across the state there were significant literacy issues in some of the candidates, and that they were providing foundation skills bridging modules before the students were able to undertake the Certificate-level training. This may be reflective of the demand for an increasingly diverse future NDIS workforce to meet the demographic profile of NDIS participants.

*The more inclusive we make NDIS services and or allied health services the more user friendly and accessible it will be for these clients we're looking to work with'*

**Focus group participant**

# Impact of COVID-19

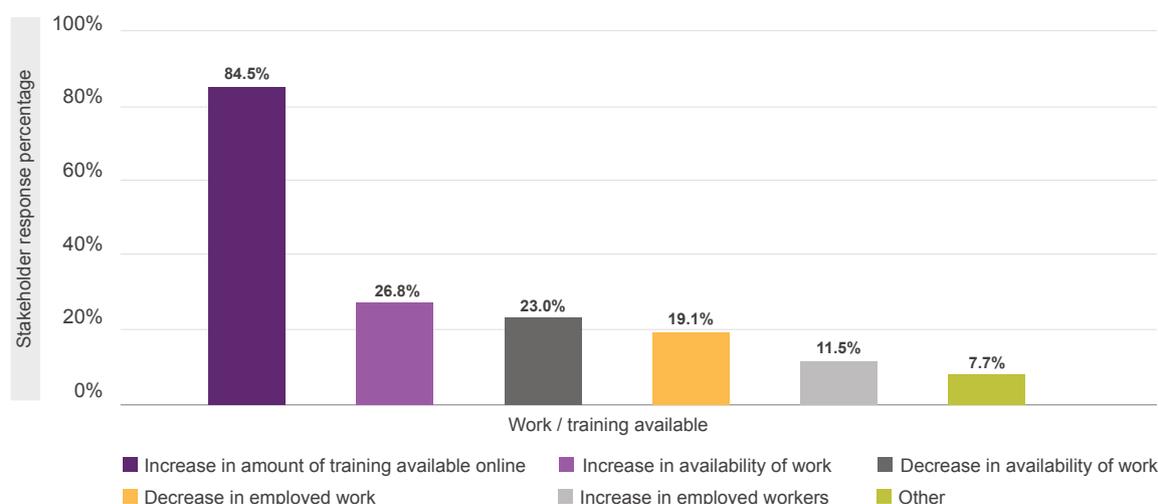
## Key findings

- COVID-19 disruptions arising from periodic lockdowns, quarantine and vaccination requirements have meant that many providers needed to adjust their models of service delivery, while at the same time addressing staff shortages and participant needs.
- During COVID there was an increase in people who had undertaken Certificate-level training in NDIS-related qualifications seeking an alternative career path. However, many of these job seekers lacked the soft skills required to work in the disability sector.
- Although COVID-19 had many negative impacts on NDIS participants, innovative practices emerged with more services being delivered remotely using communications technologies. Some providers have indicated that the use of these technologies is likely to continue.
- There was also an increase in the number of NDIS participants utilising assistive technologies, such as consumer level robotic devices, as well as videoconferencing to connect with their families and friends.
- Anecdotal reports from industry suggest that the COVID-19 vaccine mandate contributed to between 1.5 per cent and two per cent of workers leaving the industry, further narrowing the pool of workers.
- Service cancellations and temporary suspensions of group services resulted in some staff being laid off and others having their shifts reduced and it was often difficult to redeploy these workers because of skills and other requirements.
- As well as significant concerns about infection control and personal protection equipment (PPE) for workers, the emergency measures led to increased costs for providers.

The impact of COVID 19 was further explored through the 2020-21 surveys, regional forums and qualitative research.

The majority of forum attendees (85 per cent) suggested that the amount of training available for workers online had increased. There was variability in responses relating to the availability of work since COVID-19, with 27 per cent of attendees indicating they had noted an increase in the availability of work and 23 per cent noting a decrease in availability of work, while 19 percent suggested there was a decrease in employed work, as shown in Figure 14. Qualitative findings suggested that lockdowns made it very difficult for the disability support sector to get staff, and more staff took sick days due to being impacted by the virus.

Figure 14: Impact of COVID-19



Source: Regional forum attendees survey responses, June 2021

Further to this providers have highlighted the importance of having someone acting for the patient and able to communicate successfully with staff to ensure their needs are met. This is illustrated in case study 2.

NDIS participants who were admitted to hospital could not adequately access their NDIS supports. This meant they did not have a trusted person to interpret and advocate for them, creating a disconnect between the patient and hospital staff.

The impact of COVID-19 on the sector was exacerbated as many participants were fearful of having workers visit their homes.

*That was a big thing ... trying to maintain the connections with participants.*

**Sole trader**

It also impacted participants' ability to get out of the house and attend groups and medical appointments and maintaining connections with participants was challenging.

Telehealth became popular due to lockdowns and restrictions on travel and has been especially beneficial for rural, remote and isolated regions. Stakeholders who participated in qualitative interviews suggested that telehealth was likely to continue in future because there was an increased acceptance, and a variety of ways to interact.

Providers agreed that the COVID-19 Safe Training Module that was made available for workers by the National Disability Insurance Agency (NDIA) and along with an increase in the number of online courses available, offered more flexibility and accessibility for workers. However, most providers preferred a hybrid delivery model or face-to-face training.

Some providers changed their staffing practices to keep those at-risk safe.

Several employers reported that they were creating a more flexible workforce by having a face-to-face presence, but making allowances for staff to work remotely.

Qualitative findings also indicated an increase in the number of people seeking employment due to the loss of retail and hospitality jobs and who had undertaken relevant VET qualifications to transition to the sector.

*People with a disability were frightened, they didn't want to go out, they didn't want [workers] coming into their house, so the best thing [was] to lock [the] door.*

**Employer**



A focus group participant noted that training delivered online posed a significant challenge for some people with limited digital literacy skills.

Some providers reported an increase in NDIS participants' use of assistive technologies, including iPads/tablets to communicate with health professionals and family and friends during lockdowns, as well as robotic vacuums, mops and mowers to enable them to be more independent with household chores.

However, not all NDIS participants were comfortable or had the digital literacy skills to use such technologies. Even when digital literacy training was offered, not all NDIS participants were willing to engage.

These findings suggest that while providers and many NDIS participants adapted well to the impacts of COVID-19 restrictions and there were some positive changes as a result, this was not uniformly experienced by providers or participants and suggests that the changes are piecemeal rather than comprehensive.

*We took the older workforce off because they had co-morbidities and we put a young workforce in front of them because ... most of our workers are Indigenous, most of them [have] co-morbidities, let's pull them back a little bit under the COVID-19 management plan and put the younger ones there.*

**Employee**

*We are always happy to teach people to use technology, but we find a lot of our participants are quite fearful of technology. They won't touch it at all. We've got participants who won't even use the phone.*

**Employer**

*There are many elderly parents of disabled adult children who have got no access to a computer and don't even know how to use one.*

**Employee**



## Actions forward

The purpose of this research report is to develop knowledge and insights about the ongoing implementation of the NDIS and the workforce issues associated with this. The research confirms that:

- workforce growth in relation to the NDIS is evidenced by available data on employment growth
- providers are experiencing a critical shortage of workers (this was further highlighted by COVID-19)
- the attraction, recruitment and retention practices of the past are now not fit for purpose
- developing the diversity within the workforce remains a high priority. This includes support for vulnerable cohorts and women seeking to increase their participation in the workforce.
- There are many opportunities to improve engagement between industry and the vocational education and training systems.

The actions that follow address these research findings with a view to moving away from problem investigation and definition and toward action.



### Action Area 1: Workforce planning and development



#### 1.1 Invest in place-based interventions to support a “grow your own workforce” approach by:

- Committing investment in industry-led, place-based approaches that support regional workforce planning and development.
- Leveraging existing programs and resources to support workforce planning and development at a place level, including practical interventions such as localised attraction campaign and job matching.



#### 1.2 Target underutilisation in the labour market by:

- Industry and Queensland Government working in partnership to design workforce planning strategies to target underutilised workers in casual or part time roles already in the industry, including those seeking a change in role or career direction and those seeking to increase their workforce participation.



#### 1.3 Support vulnerable cohorts and increase women's participation in care roles by:

- Industry and Queensland Government working together to target diversity of workers according to age, gender, cultural, linguistic or Aboriginal and/or Torres Strait Islander backgrounds.
- Focussing on interventions that improve pathways for vulnerable cohorts, this would include promoting the objectives of the Queensland Government's new Growing Workforce Participation Fund.



#### 1.4 Engage employers in action to modernise workforce planning and development approaches, including recruitment practices, by:

- Industry focusing on an “attributes first” approach to recruitment that builds the development of skills for the job around the right candidate and emphasises support to retain new workers within the first six months of their employment through supervision, mentoring and training.



## Action Area 2: Skills and training



### 2.1 Engage employers in the customisation of traineeships to increase the supply of qualified workers by:

- Industry working with the Queensland Government to establish a new customised traineeship pathway for entry level roles in disability support that prioritise on-the-job learning and support qualification attainment in the industry.

Such a traineeship pathway should address:

- eligibility for casual or part-time workers
- appropriate trainee supervision in the community service context
- effective on-the-job learning and assessment strategies
- financial support required to ensure success
- application to varied trainee cohorts (eg school-based, new labour market entrant, career changer)
- education and support for employers
- potential application of the traineeship model in the related community aged care sector.



### 2.2 Increase the supply of allied health assistants to reduce pressure on allied health professionals and improve outcomes for people with a disability by:

- Investing in the establishment and expansion of allied health assistant roles in priority areas such as rural and remote locations. The investment should aim to:
  - have significant involvement and buy-in from sector stakeholders including allied health professional associations, employers, VET and university stakeholders, assistants and people with disability
  - identify and remove barriers to implementation of the role
  - consider financial support and incentives for establishment of these roles
  - deliver appropriate training to suitable candidates
  - provide training and support to allied health professionals in relation to delegated practice
  - provide training in telehealth to enable remote service delivery
  - promote the allied health assistant role to NDIS planners, plan managers and self-managed participants
  - provide guidance to support wider uptake of the roles across industry, including engagement with the VET sector, universities and professional associations to promote the role.

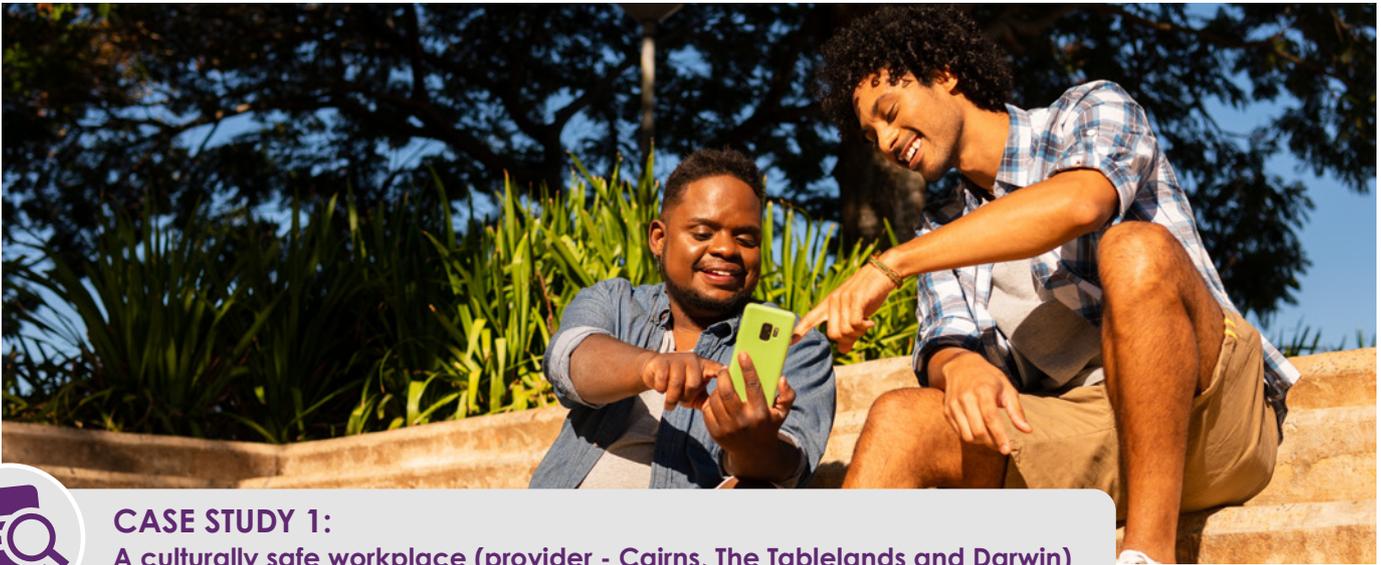


## Action Area 3: Data and jobs growth

### 3.1 Improve access to relevant data on jobs growth in disability by:



- Industry working with Jobs Queensland to design a data framework for the ongoing review and reporting of data related to jobs growth because of the NDIS. This would build on the data set used in this research but go further to incorporate a linked data approach and include data sets such as those from the national worker screening program and the Community Services Portable Long Service Leave Scheme (Qld) with a focus on role, workplace settings and qualifications.



## **CASE STUDY 1:** **A culturally safe workplace (provider - Cairns, The Tablelands and Darwin)**

This Aboriginal and Torres Strait Islander rural and remote service provider highlights the importance of clear communication and listening to participants. Ninety per cent of its workforce identifies as Aboriginal and/or Torres Strait Islander and the employer believes they have created a culturally safe workplace for employees and for NDIS participants in the community.

### **‘We treat everybody the same’**

The organisation estimates 50 per cent of its participants are Aboriginal and/or Torres Strait Islander peoples and 50 per cent are non-Indigenous. Participants from both groups tell the provider that they seek it (as opposed to others) out in the community due to its fair treatment of participants. ‘I think it’s because we have got a culture of caring; we don’t talk down to anybody, no one, not Aboriginal, not non-Aboriginal ... we treat everybody the same’.

It can take up to three weeks before a plan is approved as the organisation goes between the support coordinator, the provider and the participant to ensure participants feel comfortable during the planning stage of their NDIS package. This includes using interpreters when necessary.

### **Creating cultural and psychological safety**

Being culturally and psychologically safe within this organisation is about creating a workplace where people can ask questions and that addresses issues as they come in. Formal requests are taken back to management for a decision and are answered at the next weekly meeting.

Providing a person-centred program through working with and listening to the participant and their family is another way of being culturally safe. This includes taking on feedback and dealing with issues in a timely manner.

### **Training, soft skills & addressing skills gaps**

This Aboriginal and Torres Strait Islander service provider is excited that the aged care and NDIS workforces may be combined in the future and is researching Certificate III and Certificate IV training that would enable staff to work in both service delivery areas. It is also investigating ways to create a younger workforce, as a lot of its current workforce are older.

When recruiting, the provider looks for people who are committed, self-motivated, want to progress their career and who exhibit soft skills such as empathy and compassion. Local young people, including those graduating from high school, are seen as ideal recruits. The organisation requires staff to get a Certificate IV so they are trained to work in disability in the long term and has linked in with the local TAFE for support. The major skills gaps that hold people back are in literacy and numeracy. This means some staff who are upskilling to a Certificate IV may require another staff member to mentor and work through assignments with them.

The organisation suggests using advocates for disability to assist participants in getting their complaints heard by Government and significantly reducing the current six month wait time.



### **Key strategies**

- A person-centred program that matches workers to the needs of participants and their families
- Weekly team meetings between workers and management
- Actioning tasks quickly
- Access to and providing interpreters when required
- One-on-one mentoring to aid with numeracy and literacy
- Providing a culturally safe workplace for both participants and staff
- Training and upskilling staff.



## Case study 2: Supporting cultural diversity (sole trader - Townsville)

This sole trader has a unique lived experience – he entered the United States of America as a refugee, gained citizenship and later migrated to Australia. He now uses his knowledge and understanding from this experience to assist new arrivals to Australia seeking services such as the NDIS.

The personal experiences motivated him to register with the NDIS and specialise in working with multicultural groups and people from culturally and linguistically diverse backgrounds. His aim is to recruit migrants and refugees as mentors who can share their experiences of the challenges and benefits of adapting to life in a new country.

### Creating local cultural and language connections

Refugees and migrants from non-English speaking backgrounds face many challenges in Australia. They need to use interpreters to develop an understanding of local culture, and vice versa. This sole trader creates opportunities for people to engage with English-first language speakers in the community by creating spaces and events to meet in small groups. In the near future he will be recruiting interpreters and support workers based on participants' needs.

This sole trader is mindful of sourcing interpreters that are from the same country and speak the same language or dialect as the NDIS participant.

### Building trust through shared experience

Matching a participant with a support worker who has a similar cultural background or lived experience as a migrant or refugee is very important for building interpersonal trust. As this sole trader explained, 'I know how I struggled myself when I couldn't speak the foreign languages'. Different cultures have different expectations; someone with lived experience can help migrants and refugees to engage with their new community. This includes engaging with the NDIS. It is also noted that some refugees or migrants arrive alone, while others come with the support of family and/or friends.

### Language barriers take away choice and control

Language barriers can occur between participants and support coordinators, providers or support workers. While working for a provider, this sole trader observed many cases of support coordinators attempting to discuss services with people who do not speak the language. The coordinator would end up telling them what they would be provided with and by whom, effectively taking the choice and control away from the participant. This sole provider believes it's essential that coordinators use interpreters to ensure the participants' needs are being met.



## Case study 2: (continued)

Australia is a multicultural society and therefore contains a vast range of cultural norms and beliefs. For example, some participants may not feel comfortable asking questions or asking for help as they see this as a sign of failure. Some cultures respect people based on their age and gender, so it may be difficult for participants to take instructions from someone who is younger or of a different gender.

Workers need to be flexible and open to learning about different cultures and beliefs. Cultural barriers can be broken down through training and by workers and participants building the trust to share their experiences so they can learn from each other. General training is available online and face-to-face, but the specifics around culture are best taught individually in the context in which workers are providing services.

### Creating successful matches between participants and support workers

An innovative strategy that this sole trader uses with new arrivals and potential NDIS participants is to set up cultural experience groups where participants learn common terms in English by discussing topics of interest, such as local foods.

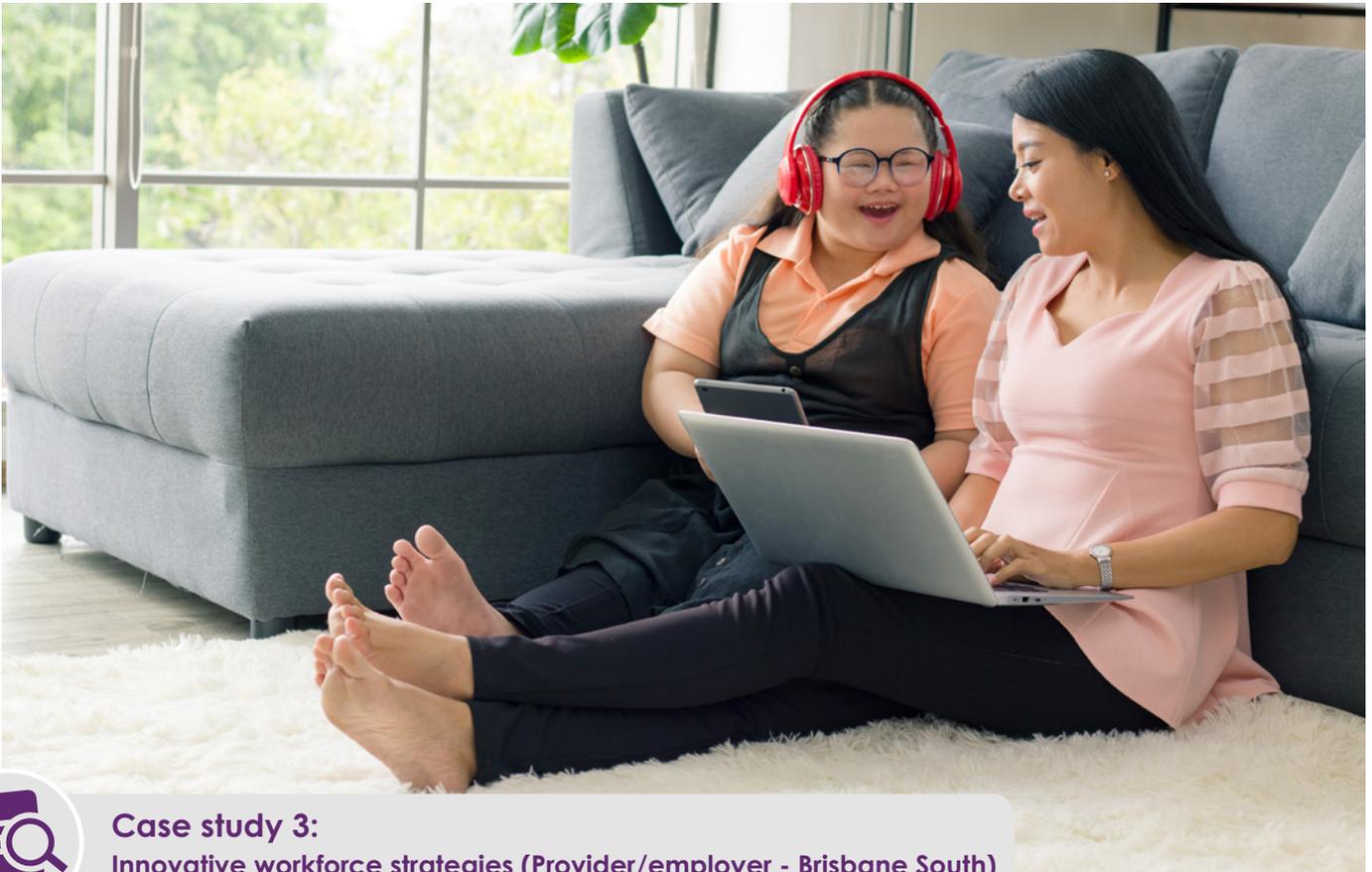
Matching the workers' skills with the participant in a culturally inclusive way is also essential. It's important to take time to get to know the participant and their family and understand what will work for them, so the worker with those skills is a successful match with the participant.

This provider believes in providing an interpreter who also understands the local culture to advocate for participants' specific requirements. Any issues are provided as feedback to the NDIS, especially when participants are not getting the services that they require and are entitled to.



### Key strategies

- Using refugee/migrant mentors and support workers to assist and advocate for participants
- Finding and using local interpreters including utilising services via videoconferencing
- Creating culturally safe places for people to meet and discuss issues and share positive experiences and strategies
- Educating both workers and participants about cultural and language issues
- Dealing with challenges as they appear to reduce misunderstandings.



### Case study 3: Innovative workforce strategies (Provider/employer - Brisbane South)

This provider hires a mixture of students and career workers, giving a mix of knowledge and experience that aids in filling skills gaps. The organisation also works with the local TAFE to recruit staff who are a good match to the needs of specific participants. Using this strategy has generated several excellent staff recommendations.

The staff range in age from 22-69 years, are mostly female, and include Aboriginal and/or Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds. The organisation screens potential staff for attitude and the right cultural fit. It supports staff by providing one-on-one mentorship during a worker's employment and provides opportunities for workers to upskill. The provider is attempting to market jobs by promoting disability work as a positive career move rather than a fill-in job. This is achieved by having a reputation as an employer of choice in the industry, listening to staff suggestions, and treating participants with respect and dignity.

As one employee shared, staff passion about their role helps to build a collaborative workplace and attract new staff. This employee reports that the job 'is a lot of fun. It really is. I really love what we do. And you can't be in this sector without loving what you do'.

As the provider's reputation is strong in the community and amongst its employees, finding good staff is easy. This employer notes 'we don't have to search too hard for staff or participants because they come to us'. Treating

participants with dignity is essential and all staff undertake in-house training to ensure they understand and share the organisation's values.

#### Applying skills in a dignified way

Sometimes new participants will bring their support worker from their previous provider; all workers are put through the same process of being interviewed and, if successful, are required to undertake the same in-house training. As the employer explains to new workers, 'we know you have the skills, but we want to know that you're applying those skills in a dignified way, not just to get the job done'. Support worker applicants are required to complete a 15-minute case study task to identify their level of written skill. Then they are interviewed to observe their oral communication skills identifying those with strong language skills.

#### Building capacity in common skills gaps

Many support workers already in the workforce are from non-English-speaking backgrounds but are strong in both the written and spoken word. However, this provider has developed in-house online training in report writing and note-taking to build the capacity of any staff who have skills gaps in this area. In the future this online platform will provide induction modules, enabling new staff to undertake the training at their own pace. The provider notes that the biggest skills gap among workers is in report writing, case notes and data collection.



### Case study 3: (continued)

This provider has made a significant investment in both online and face-to-face training. Some training costs are absorbed while others, for example positive behaviour support training, can be paid as part of the participant's plan. As the employer explains, 'knowing what you can fund and what you can't makes all the difference'. Staff do not have to pay for their own training and are paid for their time while undergoing training.

#### Coaching and supporting workers

A coach employment model is also used by this provider. As well as yearly performance reviews, support workers and their managers have monthly meetings to develop career goals and check in on progress. This includes discussing their health and working through any personal or professional issues. For example, if a staff member has had a few sick days in the month a manager will ask 'Are you OK?' 'Are you managing?' 'What can we do to support you?' The provider has found that this approach mitigates staff burnout and informs the development plan to upskill support workers.

#### Using technology to enhance the human side

This provider also uses technology to maximise efficiencies and improve worker and participant experiences. It uses Brevity, which was designed specifically for the NDIS, as its care management system. Brevity tracks participants, workers requirements, pay, compliance, availability, qualifications, training, billing, rostering and so on. This minimises human error and maximises skills capital. Staff can input participants' needs to identify a list of recommended workers. This system is also cheaper than the system that this provider previously used.

Employees who have access to the system can see their individual rosters, request cancellation of shifts, provide feedback, or contact their case manager or support managers. Employees can also contact managers directly using the app. For example, staff can monitor the currency of their mandatory training and disability worker screening check. This system significantly reduces the time spent on paperwork while ensuring a 'higher level [of] involvement because it creates less of a disparity between management and frontline staff'.

This provider is also using voice technologies to assist staff to manage their shifts and uses a Microsoft Teams live chat that enables workers to connect with and ask other workers questions at any time. The on-call manager is also available to respond to worker concerns.



#### Key strategies

- Creating a culture of dignity and high-quality care
- Assigning mentors to support staff for as long as required
- Coached employment model to mitigate staff burnout and retain staff
- Providing as much training as possible to upskill and develop staff
- Implementing software that both staff and participants can access
- Using the Microsoft Teams live chat for prompt communication and answering questions 24/7.



## Case study 4: Addressing support worker shortage (provider - Toowoomba)

Many providers are dealing with a labour supply shortage due to significant growth coupled with high turnover of employees, particularly support workers. As this employer explains, 'support workers are the hardest to recruit. There is a fairly large turnover in the first three months and most last three to five years.' The employer further notes that many 'support workers are mums, so they work school hours, the work suits the hours'.

### Students as support workers

The employer indicated that it has been challenging to get support workers who can work overnight three to four times a week. To address this gap, it tried recruiting nursing students by working with the local university and then signing off on skills the students demonstrate in the workplace. Unfortunately, this has not been sustainable as they have very few high needs participants. The organisation continues to successfully recruit higher education students from many disciplines as support workers and currently employs 20 students, who will likely leave when they graduate. Students benefit from practising a different skillset, including time management, responsibility, listening skills and empathy. The provider uses this strategy as a pipeline for support worker recruitment.

### 'A great two-way relationship'

Another strategy adopted by this provider is to recruit support workers through the local AFL and Rugby League clubs. This strategy works for the teams and players because they need flexibility to attend training and travel to matches. The provider is able to offer that flexibility and as a result has been able to address staff shortages more effectively. The employer notes that this is 'a great two-way relationship'.

The provider employs young men and women who are very motivated and want to engage participants in a range of activities that meet their needs. They play competitive sport so are competitive and enthusiastic, but they listen to and take on feedback. They are also team players and work well in a collaborative environment. This provider noted this cohort works particularly well with participants who have mental health issues and are reluctant to go out. These workers have been successful in engaging the participants and motivating them to get going and

undertake an activity with them like 'pumping iron at the gym'. This team-up is working well for the provider, the players and the participants. The provider shared that they currently employ 28 semi-professional rugby league players as support workers.

### Promoting from within

Staff retention and support for career progression are an important part of this provider's approach. As the employer explains, their 'focus has always been to employ and promote from within'. This can be challenging given their mix of staff is limited to three levels of position appointment, namely, support workers, coordinators and managers.

### Recruiting disability

This provider also prioritises recruitment through the Disability Employment Service, stating they 'like to employ people with a disability, [given] that's the sector that we work in and we should be putting our money where our mouth is'. At times, up to 85 per cent of their staff have been people with an identified disability. As this provider highlights, these staff members have lived experience that helps them to relate to and understand participant needs.

### Designing training for the right fit

This provider has also engaged with VET providers in designing the first four modules within the Certificate III, which directly transfer into induction for working in the disability sector. This saves a considerable amount of time and training. They take up to 10 students at a time on placement where they can observe the students' skills and attributes. If they are a good match with the provider, they are offered a job. The provider works closely with the training provider, giving reciprocal feedback to improve the training.



### Key strategies

- Employing people with disability as a priority
- Linking with local football or sports clubs to recruit
- Employing university students as support workers
- Focusing on retention and career progression
- Working with VET providers to create induction modules that are recognised in accredited training.



### Case study 5: Promoting working in the disability sector as a career path

The Community Services Gateway to Industry Schools project has been running since early 2020. As a project stakeholder explains, ‘the aim of the project is to inspire young people to take on careers in the community services sector’.

This project provides teachers with information about employment opportunities in the sector, encouraging them to promote these careers to students. The project also helps parents to understand the sector and builds their knowledge so they can support their child in choosing a career path. The project team also ‘work[s] with employers to get them to understand what it’s like working with young people, and how much of a benefit they can be in the workforce’. It is intended that this approach will eventually create a workforce pipeline into the disability support and other sectors to address labour force shortages.

The promotion strategy is achieved through multiple methods, including:

- providing classroom lessons
- providing resources
- creating career resources
- partnering with employers.

Professional development sessions are provided for teachers to support them in sharing accurate advice to students around subject choices in Years 10, 11 and 12 to assist students considering a career in community services. The project is ‘looking at [effective] ways to engage young people ... [through] social media channels, and through videos and other opportunities’.

#### Finding new solutions

Over the last 18 months, COVID-19 has prevented travelling and engaging with people face to face and has also impacted on students being able to

experience that workforce. ‘A major part of our project is to help the school to build partnerships with industry and industry with schools, whether that’s guest speaking, or students going out to work experience or on work placement, if they’re doing qualifications’. Therefore the team has had to ‘really think outside the square to find ways to still provide that opportunity without putting our sector or [students] at risk’. COVID-19 also created the opportunity to employ new solutions such as engaging with employers online to conduct interviews, onboarding and building the skills of students joining the sector.

As a stakeholder notes, ‘the project is based on collaboration and partnerships that provide opportunities and engage with other peak bodies ... to ensure that we’re providing the right information to our students’. This stakeholder emphasises the importance of rephrasing communications between schools and the industry to avoid the use of jargon that is not understood by students. By bridging this communication gap, providers are more comfortable in engaging with schools, and schools are empowered to engage directly with industry.



#### Key strategies

- Working with schools, students and their parents to increase knowledge and awareness of VET courses and career pathways
- Working with schools and teachers to assist students with appropriate subject choices
- Working with employers to link with schools
- Using social media to promote community services career options
- Finding different placement options for students to mitigate.

# Glossary



**Adzuna Australia** (<https://www.adzuna.com.au>)

Online site that aggregates advertised job information from several employment websites.

## **Australian and New Zealand Standard Classification of Occupations (ANZSCO), 2013 (Version 1.3)**

**Managers** plan, organise, direct, control, coordinate and review the operations of government, commercial, agricultural, industrial, non-profit and other organisations, and departments.

**Professionals** perform analytical, conceptual and creative tasks through the application of theoretical knowledge and experience in the fields of the arts, media, business, design, engineering, the physical and life sciences, transport, education, health, information and communication technology, the law, social sciences and social welfare.

**Technicians and Trades Workers** perform a variety of skilled tasks, applying broad or in-depth technical, trade or industry specific knowledge, often in support of scientific, engineering, building and manufacturing activities.

**Community and Personal Service Workers** assist Health Professionals in the provision of patient care, provide information and support on a range of social welfare matters, and provide other services in the areas of aged care and childcare, education support, hospitality, defence, policing and emergency services, security, travel and tourism, fitness, sports and personal services.

**Clerical and Administrative Workers** provide support to Managers, Professionals and organisations by organising, storing, manipulating and retrieving information.

**Sales Workers** sell goods, services and property, and provide sales support in areas such as operating cash registers and displaying and demonstrating goods.

**Machinery Operators and Drivers** operate machines, plant, vehicles and other equipment to perform a range of agricultural, manufacturing and construction functions, move materials, and transport passengers and freight.

**Labourers** perform a variety of routine and repetitive physical tasks using hand and power tools, and machines either as an individual or as part of a team assisting more skilled workers such as Trades Workers, and Machinery Operators and Drivers.

## **Australian and New Zealand Standard Industrial Classification (ANZSIC), 2006 (Revision 2.0)**

**Other Social Assistance Services:** This class consists of units mainly engaged in providing a wide variety of social support services directly to their clients. These services do not include accommodation services, except on a short stay basis.

**Other Residential Care Services:** This class consists of units mainly engaged in providing residential care (except aged care) combined with either nursing, supervisory or other types of care as required (including medical).

**Other Allied Health Services:** This class consists of units mainly engaged in providing allied health care services not elsewhere classified. These units consist of independent allied health practitioners not elsewhere classified mainly engaged in providing health care and treatment services.

**Physiotherapy Services:** This class consists of units of physiotherapists mainly engaged in providing assessment, diagnosis, treatment (such as manipulation, massage and therapeutic exercise) and help in preventing disorders of human movement.

**Optometry and Optical Dispensing:** This class consists of units of registered optometrists mainly engaged in testing sight, diagnosing sight defects or in prescribing or dispensing spectacles or contact lenses on prescription.

**Capacity Building Supports:** A support that enables a NDIS participant to build their independence and skills.

**Capital Supports:** An investment, such as assistive technologies - equipment, home or vehicle modifications, or for Specialist Disability Accommodation.

**Core Supports:** Supports that enable NDIS participants to complete activities of daily living.

**Employability Skills:** Ability to perform and innovate in the workplace.

**Focus Groups:** Where stakeholders meet to discuss and provide feedback on specific topics.

**Forum:** Designated meeting where views and ideas can be expressed and shared.

**Internet Vacancy Index (IVI):** The IVI is based on a count of online job advertisements newly lodged on three main job boards (SEEK, CareerOne and Australian JobSearch) during the month.

**NDIS:** The National Disability Insurance Scheme was initiated by the Australian Government for Australians with a disability (including intellectual, physical, sensory and psycho-social disabilities).

**NDIS Participants:** Persons with a disability recognised under the NDIS and eligible for NDIS support.

**NDIS Providers:** Organisations and sole traders providing services subsidised or supported by the NDIS.

**NDIS Workforce:** The human capital delivering or supporting the provision of NDIS funded services.

**Non-accredited Training:** Training which does not form part of a nationally recognised VET or higher education qualification.

**Primary Research:** New data collected by a person or group directly, rather than being reliant on data collected by others.

**Qualitative Research:** Primary research involving collecting non-numerical data through mediums, such as asking open ended questions.

**Self-Managed Participant:** Participants in the NDIS scheme, who manages their own NDIS funding.

**Yellow Card:** Criminal history check for use by a NDIS non-government service provider on behalf of a person engaged or seeking to be engaged by the service provider. Disability Services Act, 2006, Section 52.





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