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**Submission to the  
Joint Standing Committee  
on the National Disability  
Insurance Scheme**

**April 2020**

*[www.anglicare.asn.au](http://www.anglicare.asn.au)*

## About Anglicare Australia

Anglicare Australia is a network of independent local, state, national and international organisations that are linked to the Anglican Church and are joined by values of service, innovation, leadership and the Christian faith that every individual has intrinsic value. With a combined expenditure of \$1.82 billion, and a workforce of 20,500 staff and 9,000 volunteers, the Anglicare Australia Network contributes to more than 50 service areas in the Australian community. Our services are delivered to 450,000 people each year, reaching over 1.33 million Australians in total. Our services are delivered in partnership with people, the communities in which they live, and other like-minded organisations in those areas.

As part of its mission, Anglicare Australia “partners with people, families and communities to build resilience, inclusion and justice.” Our first strategic goal charges us with reaching this by influencing “social and economic policy across Australia with a strong prophetic voice; informed by research and the practical experience of the Network.”

## Contact

Kasy Chambers  
Executive Director

Anglicare Australia  
PO Box 4093  
Ainslie ACT 2602  
T: 02 6230 1775  
[anglicare@anglicare.asn.au](mailto:anglicare@anglicare.asn.au)



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## Summary

Thank you for the opportunity to offer the Anglicare Australia Network's experience to the Committee. The ongoing attention to the NDIS and its complexities that this Committee provides is integral in supporting the scheme to reach its full potential.

Our Network has extensive experience providing services for people living with disability. In 2018-19, over 1,700 staff provided disability support services to more than 30,000 people, with a budget of over \$145 million. Our member agencies' experience ranges from having been fully involved in delivering the NDIS at trial sites for three years to Anglicare WA's recent entry.

The NDIS was designed from inception to permanently change the landscape of Australian disability services. Our Network has found that many of the workforce issues that we raised in previous Inquiries remain significant, and unresolved.<sup>1</sup> Workforce issues are laced into almost all aspects of the scheme and impact on clients, staff and providers. Fundamentally, the pricing structure and the planning process are lacking, meaning that staff cannot be paid at appropriate rates to both reflect the qualifications they should have to carry out disability support work, and to reward the flexibility expected of them. Nor is there sufficient funding in the costing of the workforce to cover essential training requirements.

Anglicare Australia calls for changes to the pricing structure and planning process, and recognition of the complexity of human needs and behaviour. These changes are critical for the NDIS to ensure quality services for Australians living with disability, fair wages for staff, and financial sustainability for providers.

## **The Anglicare Australia Network experience with the NDIS**

Anglicare Australia Network members have worked with people with disability for decades. Disability services are deeply aligned with the mission and values of our Network. That is, to serve people most in need in partnership with them and their communities.

However, some of our largest and most experienced agencies in disability services found that they could not provide services viably and in line with these values within NDIS parameters. They found the NDIS pricing model to be highly flawed in provision of both individual and group support. In particular, the prescriptiveness of NDIS plans regarding staffing qualification levels for different activities, were operationally prohibitive.

The result has been that a number of our agencies have been forced to withdraw from the NDIS. Anglicare WA, as a relatively new provider, is experiencing some of the financial viability issues and staffing pressures that our other members know well. For Anglicare Australia Network agencies to have ceased provision of the NDIS is to the severe detriment of the community. It also begs the question, if large, experienced not-for-profit agencies find they cannot deliver a quality NDIS service, who can and how?

### **The cost and value of a qualified workforce**

Disability support is a vital community service; however NDIS staff do not always feel this value is translated into their pay or working conditions. Much of the NDIS workforce is casualised. The work demands flexibility of availability, while workers are remunerated at very low levels. Many disability services staff rely heavily on the pay and hours they do receive and face challenges in enjoying a decent standard of living.

Many Anglicare Australia Network members have historically paid disability support staff higher wages than that which were modelled in the Reasonable Cost Methodology (RCM). These agencies were faced with difficult decisions in transitioning to the NDIS, whether to reduce pay rates, or unviably continue to pay staff higher than was calculated in the RCM as well as meeting other organisational costs. The higher wages Anglicare Australia Network members paid to their disability staff reflected both the level of skill and qualifications necessary to deliver high quality services to clients; and to fairly reflect the value of our disability workforce. We have long argued that the RCM has been consistently calculated based on far too low a level of minimum qualification and remuneration for disability staff, and fundamentally undermines the ability of the NDIS to deliver on its promise to people with a disability.

Federal wage setting processes are also having an impact on the disability sector. Recent changes to weekend rates for some staff are welcome, but has meant that weekend work is unaffordable, because the RCM has not been adjusted to reflect these changes. The combination of these factors is threatening the ability of Anglicare Australia Network members to deliver meaningful work, sufficient training, and career progression opportunities for NDIS staff. Limited scope for training in plans may result in less direct support being able to be delivered. Staff support and training is crucial to support staff to work effectively with participants, particularly those who have unpredictable and challenging behaviours, but is currently not included within NDIS costings.

### **Working through transitions and pricing structure**

Anglicare Australia Network members have submitted for many years that the NDIS pricing structure is rudimentary in that it fails to both recognise the complexities of its clients and allow for high quality services.<sup>ii</sup> The system is designed with low level personal care as the basis for the pricing and

such is insufficient to purchase services which can meet the needs of people with higher needs and complex psychosocial disability.

Some providers of core supports are making business decisions around what services to deliver and the parameters around number of hours. Anglicare Tasmania submits that this impacts not just choice of providers but also increases stressors on other points such as casualised workforce pressures and supporting those people with complex needs. Disillusioned and burnt out employees result in a high churn rate that causes difficulty for both providers and clients. Another issue for Tasmania is limited access to allied health professionals. Waitlists can be lengthy and some providers have chosen to register under the NDIS commission which can constrict choice for participants.

Time is still being taken up adjusting to the transition which is constricting growth and the ability to take on more new clients. The Temporary Transition Payment (TTP) has assisted Anglicare WA but they believe their model will have to be tightened before it tapers off. The amendment of the NDIA's geographic arrangements so that areas classified as 'regional' that are completely surrounded by 'remote' or 'very remote' areas are classified as 'remote' for planning and pricing purposes has been positive for some parts of WA, such as the town of Kalgoorlie. Towns in large states like WA that lie on the outskirts of regional centres have not been included in the TTP model.

Many providers including Anglicare WA also believe that the episodic needs of people with mental illness is not always a good fit with the nature of NDIS support. Clients may need intensive support for many hours one week and none the next, and may realise they need support with little notice. When people with psychosocial disability don't get the flexible and intensive psychosocial support they are in need of, this can progress to them needing acute care in hospitals more often. The pricing structure does not foster the flexibility to access higher qualified workforce for supports for these cohorts such as counsellor level support.

### **Provider involvement in planning**

The experience of our Network is that in order to best support clients, typically, many hours of unfunded work must be undertaken by staff in the planning stage. Many Anglicare Australia Network members support clients and their families all the way through the planning process, including pre-planning for an NDIS appointment; assisting with plan set-up including case management; providing stop-gaps for the lack of Local Area Coordinator (LAC) capacity; and covering the time LACs take to undertake plan set up and service connections. This is due in part to the lack of funding for support coordination in many plans. Established relationships are drawn on when plans are approved, yet funding does not allow for those workers to work under the plan, for example, social workers assist in access but only core funding appears in the plan.

When LAC is available, sometimes it is not effective. Anglicare NSW South, NSW West and ACT has found that families are reporting confusion and frustration with a high percentage being unhappy and asking for plan reviews. The lack of inclusion in many cases of the family and existing providers in the planning process means that existing knowledge of what has worked for supporting a participant is not being drawn upon.

Some of our agencies are also supporting existing clients with psychosocial disability to obtain a diagnosis, in order to increase the much lower than expected numbers of people with psychosocial disability in the NDIS. This time is also unfunded but is vitally important to ensure fair and adequate take-up of the NDIS.

### **The NDIA workforce**

The experiences of many of our clients interacting with the NDIA workforce are unfortunately negative. We believe that increased training and resources for the NDIA are vital and would significantly improve the experience of NDIS participants and NDIA staff, who clearly work under a great deal of pressure.

Anglicare Australia Network clients have found a lack of consistency in planning and advice from within the NDIS that likely reflects a lack of staff training and support. Clients report long waiting times sometimes in excess of two hours for the 1800 number, which can be assumed to be due to resourcing issues. Some plans are over-funded and some are under-funded and occasionally reluctance from the NDIA appears when a client is trying to approve plans with independent living. The necessary supports for people are routinely ignored when requested. For example, participants' requests for their support worker be listed as the key contact for assessment and planning are often ignored.

## Conclusion

Our members that deliver the NDIS are deeply committed to the scheme, and the people and communities they serve. However it is our view the NDIS has yet to fully deliver on its potential. It continues to be beleaguered with workforce issues that should have been ironed out in the transition. Many of these issues have been raised with government repeatedly.

While not all of the issues submitted above have a simple fix, many can be traced back to pricing structure and resourcing. There is an urgent need to fix the RCM to properly reflect the required level of skills and training disability support workers require to deliver high quality services, and be fairly paid.

Structural flaws in the RCM undermine the financial sustainability of NDIS providers and are putting pressure on staff. The role of the providers and the NDIA in planning needs to be resolved, as providers are currently shouldering hours of unfunded work to ensure fair outcomes for their clients.

These fundamental changes must be addressed if the NDIS is going to ensure quality, accessible services for Australians living with disability, and fair remuneration for disability support workers.

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<sup>i</sup> See Anglicare Australia (2019) [Submission on the NDIA Annual Price Review](#); Anglicare Australia (2018) [Submission on the Market Readiness of the NDIS](#).

<sup>ii</sup> Samaritans Foundation (2016) [Is the NDIS Reasonable Cost Methodology reasonable?](#)