

**Social, Community, Home Care  
and Disability Services Industry  
Award 2010 Draft  
Determination Submission**



Australian Community Industry Alliance  
2021

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## Introduction

Australian Community Industry Alliance (ACIA) welcomes the opportunity to provide this submission to the draft determination for Application to vary the Social, Community, Home Care and Disability Industry Award 2010.

## Background on ACIA

ACIA is the national peak body representing community care and support providers, including private, not-for-profit and charitable organisations. Nationally ACIA represents over 100 provider organisations, which collectively employ more than 150,000 FTE workers. ACIA also supports the disability and aged care sectors and works with government departments and authorities, including:

- State Disability Agencies such as Department of Family and Community Services, Ageing Disability and Home Care NSW, Department of Health Human Services Victoria and Disability Services QLD
- iCare NSW which includes: Lifetime Care and Support Authority, Workers Insurance, Dust Diseases Care, Self-Insurance and Builders Warranty.
- Lifetime Support Authority South Australia
- Motor Industry Accidents Board, Tasmania
- Transport Accident Commission Victoria
- Workers Compensations Schemes in multiple states
- Representation at the National Aged Care Alliance
- Department of Health
- Department of Social Services

ACIA's vision is for a community care and support industry that is known and respected as a provider of quality services. To achieve this vision, ACIA provides education, resources and support to the industry, as well as developing and administering its own quality standard and scheme (endorsed by the Joint Accreditation System for Australia and New Zealand JAS-ANZ).

ACIA seeks to be involved in the future development of policy and service reform, by bringing to the discussion our experience and expertise, including:

- Membership of over 100 provider organisations and individuals nationally, representing around 150,000 FTE workers
- Membership across the disability and aged care sectors
- Specific expertise in the delivery of support to people living at home or in supported and shared accommodation arrangements
- Lengthy provider experience of delivering individualised support according to the wishes of the individual in line with their funding
- Experience in compensable and business markets
- Experience in the development implementation and administration of quality certification systems that meets the national standards for disability services and home and community care standards (for example the ACIMSS 2008 and the ACIS 2013)
- Proven track record of engaging positively with reform processes, and working collaboratively with governments, providers, consumers and interested stakeholders.

## Significant changes for 1<sup>st</sup> October

The significant changes that are indicated in the draft determination include:

- Primarily that these changes are due for implementation by 1<sup>st</sup> October;
- Minimum engagement of workforce changes from 1 hour to 2 hours;
- Broken shift requirements move from no limits to a basic limit of 1 (can be more by agreement but has penalties for any broken shifts);
- Remote response is being introduced so even when there is an overnight email or phone call there will be 30-60min overtime whilst on call;
- Reimbursements for clothing and equipment; and
- Travel time will now be compensated for.

## Primary Concerns

ACIAs main points of concern are:

- Budgets and funding arrangements have already been set and this is unlikely to change;
- In order to lobby funding bodies this could take at least a year of work;
- Travel time alone as a core requirement will increase costs by 7% of wages;
- Clients quality of life and care provision will be impacted by mandating a 2 hour minimum especially in regional and rural areas where clients requiring complex care needs frequently need short and frequent service provision with legislation in place for most providers attempting to get continuity of care in place;
- Clients allocated budgets have already been agreed for funding and these changes will result in less care and service hours for clients, therefore impacting on their quality of life and care;
- Client agreements are in place to already dictate choice of hours, times and workforce requirements, and these will take a year of renegotiating to put in place planning which may impact on clients quality of care and human rights based choice arrangements in existence.
- Rostering systems and business processes will take additional resources to make all of these changes and 1/10/2021 is too short for implementation;
- Travel to time and from, only between

## Evidence

The evidence that has been gleaned from members includes:

- Costing that the travel time alone will increase costs of wages by 6.5%
- Of the 44 providers on a Panel, 93% expressed significant concern that these changes will adversely impact on client care and service provision. This will be through availability of out of hours services, reduction of time in service and reduce the continuity of staff attending services.
- One funding body representing 42% of our members expressed concern saying that the timeframes in place with the new changes result in them being unable to make changes to funding until next financial year which will impact on service provision and standards of care in their opinion.
- On a LinkedIn survey with more than 1,000 views the results indicated that 54% estimated more than 11% increase as an outcome to the changes proposed in the draft determination, of these majority estimated a more than 16% increase impact directly on income as an outcome. This is not substantiable for an industry already impacted by such significant losses and community expectation shifts. More planning is required to support the changes and greater consultation with funding bodies who have already indicated in consultation activities regarding this that they are not in a position to

change their budgets from FY 2021-22 and will consider the impact for next financial year.

## Recommendations

Whilst we acknowledge the time limited responses that can be gathered on this process. We acknowledge that the market is already under enormous pressure and policy adjustments to such significant areas such as core business processes is not sustainable nor reasonable. Our main recommendations are:

- That changes should not be implemented until 1<sup>st</sup> July 2022
  - As funding has already been established;
  - Budgets already set;
  - Client agreements are already set for the next year to determine service duration and continuity of staff as provisioned in the Aged Care Act and NDIS Act;
  - This may limit the ability to get workforce that is already at an unprecedented shortfall in this sector which has been established by Federal and state governments;
  - Quality and quantity of care and services will be reduced because their budgets are capped and this will impact dramatically.
- Minimum engagement hours extension to two hours should be reconsidered as:
  - Impact on quality of life and care provision of vulnerable in the community.