

# Working under the NDIS: Insights from a survey of employees in disability services

Prepared for:  
Health Services Union, Australian Services Union and United Voice

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# Executive Summary

This report analyses information from almost 1,500 disability service workers. It explores their characteristics and perceptions of their working conditions; their experiences of working under the National Disability Insurance Scheme (NDIS); and their concerns about the implementation of the Scheme and its impact on their working lives.

## Characteristics of respondents

- 74.1% of respondents were women.
  - Among those working in allied health and in-home care settings, there were higher proportions of women (over 80%). In employment, mental health, and residential/ group home settings, the proportions of women were lower (around 70%).
- Respondents had extensive experience in disability services: a quarter (22.5%) had more than 20 years of experience in the industry.
- 28.5% of respondents supervised other staff in their current role, while about the same number (27.3%) did so sometimes.

## Working under the NDIS

- A little over half of respondents (54.7%) were working in an NDIS rollout area or with participants of the NDIS, while 35.8% said they were not, and 9.5% were unsure.
  - Workers in allied health, case management, day settings and in-home care were more likely to report working under the NDIS, while those in mental health, employment and residential/group home settings were least likely.

## Impact of the NDIS on participants and families

- Few workers perceive the NDIS to be having a positive impact on participants or their families
  - 24.6% agreed that the NDIS was positive for the participants they work with
  - A minority (14.6%) agreed that families of participants were happy with the scheme, and
  - 15.7% agreed that the NDIS is better than the previous system.

## Impact of the NDIS on working life

- Comparisons of respondents working under the NDIS and those who were not shows:
  - Lower proportions of very experienced employees were working under the NDIS, while proportions of staff new to the industry were higher.
  - Among those working under the NDIS, a higher proportion of employees are working for more than one disability service provider.
  - Those working under the NDIS were no more likely to be satisfied with their pay: across all contexts only a minority of respondents were happy with the pay they receive.
- High proportions of staff reported challenges to working under the NDIS:
  - 55.9% reported that they did not have enough time to do their work under the NDIS

- 72.2% were worried about the future of their job
- 52.6% disagreed that the NDIS has been a positive change for them as a worker.

## Supervision and the NDIS

- Supervisors working under the NDIS reported supervising higher numbers of staff than others, which made it difficult to provide proper supervision:
  - 20.0% of those in supervisory roles<sup>1</sup> and who were working under the NDIS were supervising more than 14 staff, compared with only 12.0% of supervisors not working under the NDIS.
  - The proportion of supervisors who agreed that they can't provide proper supervision because of lack of time or too many staff rises with the number of supervisees, indicating a major risk for the Scheme.

## General comments from disability workers

Among comments from disability workers, the most common concerns were about the adequacy of resources being provided to people with disability under the NDIS, and the impact of the Scheme on the quality of services people with disability would receive. Many explained the frustrations experienced by people with disability and their families, including delayed, inequitable and impersonal planning processes, resulting in inadequate support plans for participants.

Respondents also made a range of comments about how the NDIS was impacting on their working lives. Many linked risks to quality and safety to the use of casual and agency staff, and untrained staff entering the sector. Others expressed concerns about pay and conditions, including coverage of costs of private vehicle use, loss of penalty rates, subcontracting, short shifts, payment for travel time, and roster changes which could result in fewer hours. Respondents also noted that the NDIS was placing pressure on their employment classifications and pay rates, and some raised concerns their work was misclassified. Related, workers' comments attest to their high levels of stress, with many reporting unsustainable workloads and time pressure (including unpaid work) and poor job security, corroborating the other survey findings.

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<sup>1</sup> Excluding those who only sometimes supervised staff.

# 1. Introduction

This report provides insight into the characteristics and experiences of almost 1,500 survey respondents who were working in disability services in early 2017. The survey was designed and administered by the main unions representing workers in the disability services industry, the Health Services Union, Australian Services Union, and United Voice, to help understand disability workers':

- characteristics and perceptions of their working conditions;
- experiences of working under the National Disability Insurance Scheme (NDIS); and
- their concerns about the implementation of the Scheme and its impact on their working lives.

The survey questions asked about respondents' demographic characteristics and how long they had worked in disability services, the settings in which they provided disability services (respondents could select more than one), their perceptions of their pay, their intention to leave or remain in the disability sector and reasons for this. It also asked whether they were a supervisor and if so, explored the characteristics of supervisory roles, including supervisory workloads. Those who were working in an NDIS area or with participants of the NDIS were asked a series of questions about their experience of working under the Scheme, to capture perceptions of time pressure, job security, and the overall impact of the NDIS on clients and their families. Respondents were also given the opportunity to provide open ended comments about working in disability, and any concerns they had about their work in the industry or under the NDIS.

The survey was distributed online via the networks of the three unions, primarily in the Eastern States. As such it is a non-probability based 'opt-in' sample, selected purposively to enable a focus on members of the unions commissioning the survey and to enable insight into experiences of providing disability services in different contexts, and differences among different groups of workers. A particular aim was to explore the impact of working under the NDIS, and to this end, comparison is made between respondents working under the Scheme and those which were not.

As a purposive sample, it may not be perfectly representative of all disability workers in Australia. As the survey was distributed through union networks, workers who are newer to the industry (and less likely to be union members) are under-represented. Further, responses from the Northern Territory and South Australia were not sought. However, while the sample is skewed to older, more experienced workers in the eastern states and should not be considered representative of the whole disability workforce, it does provide important insights into the experiences of working in disability, and differences for workers in different circumstances and settings. To this end, the analysis focused on comparing workers in different circumstances, with cross tabulations used to provide detailed breakdowns of respondents.

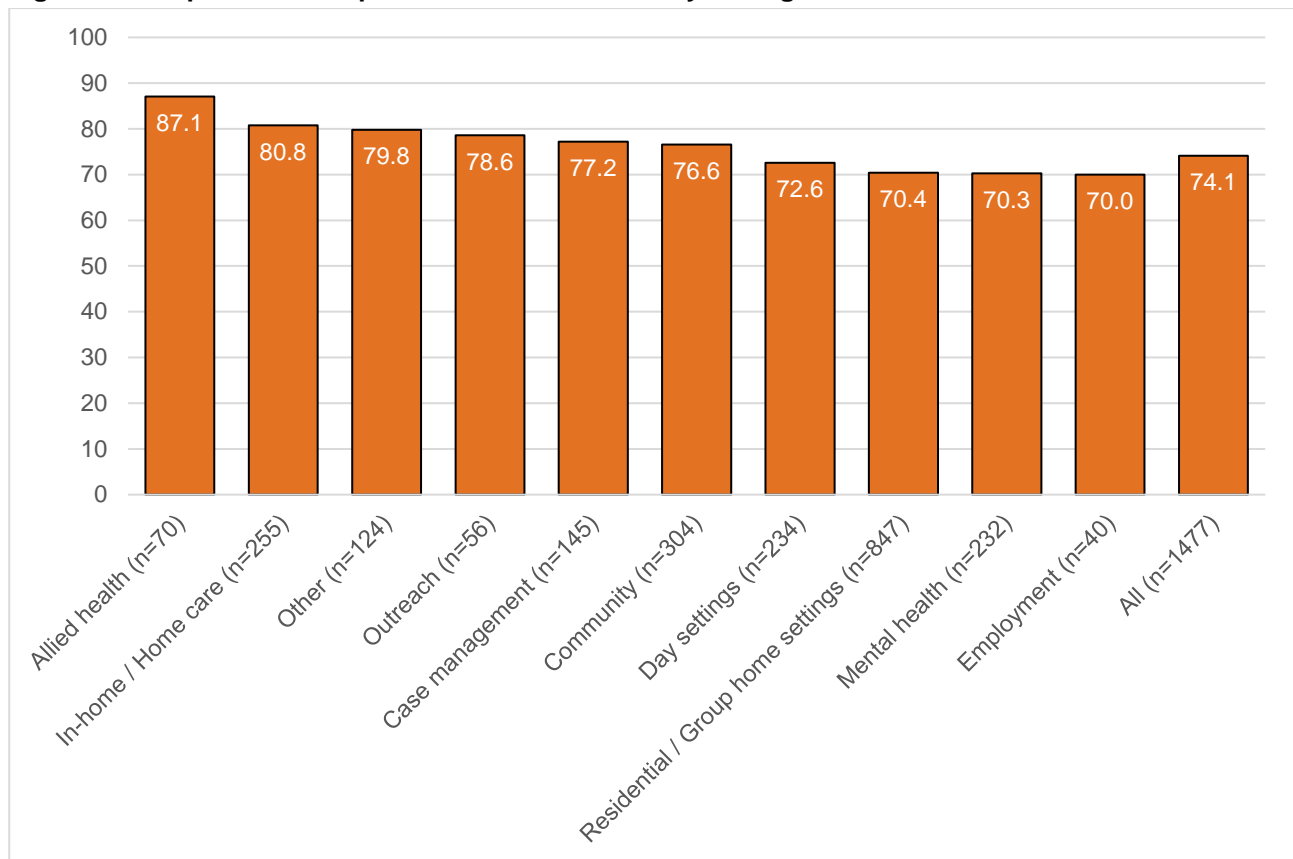


## 2. About respondents

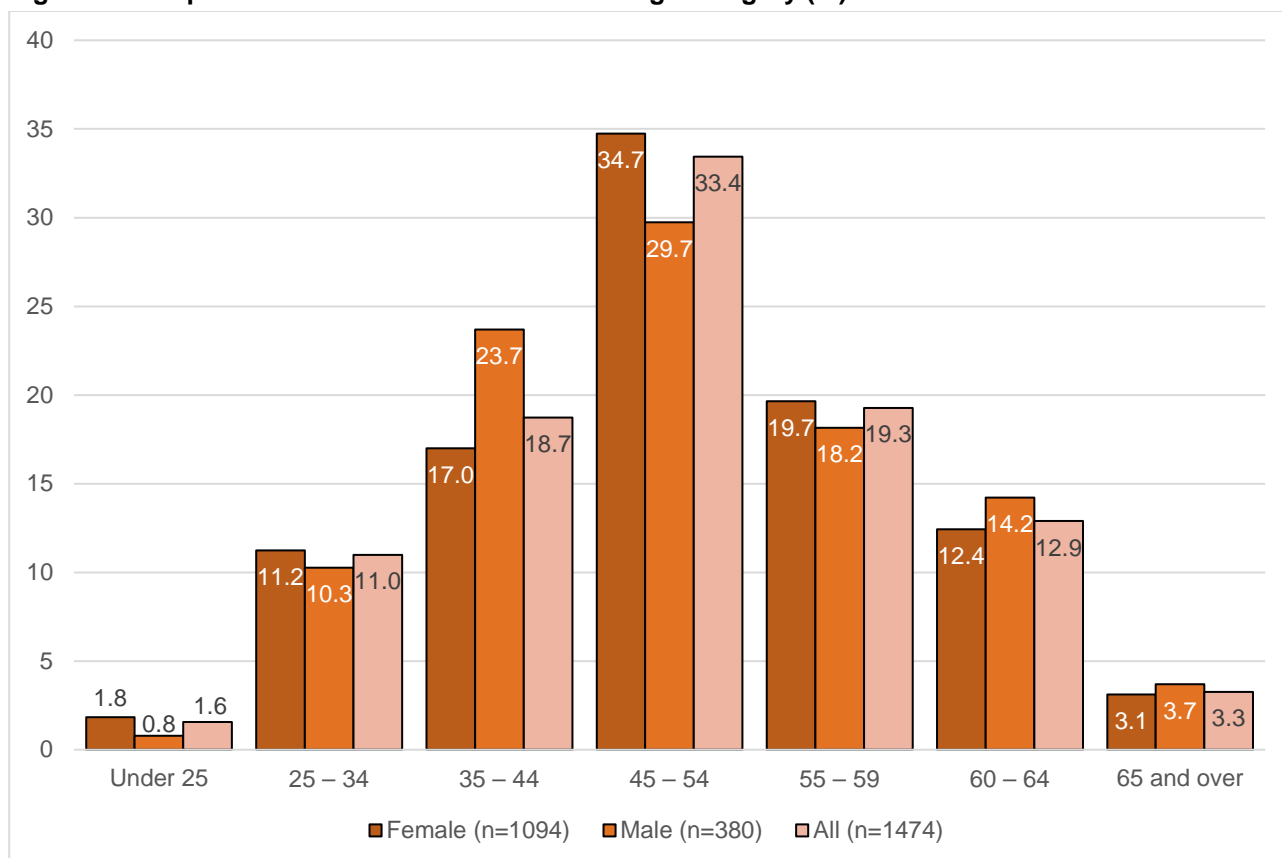
### 2.1 Gender

Of the 1,477 survey respondents who provided their gender, 1,094 (74.2%) were female. This varied slightly across disability settings, as shown in Figure 2.1. Allied health was most strongly female dominated (87.1%), while mental health, residential, and employment services had proportionally fewer women (around 70%). The gender composition of the sample also differed slightly across the age groups. The largest group of men and women were aged 45 and 54, with this group comprising a third of all respondents (see Figure 2.2). In terms of differences in the age distribution of men and women, a relatively high proportion of men were aged 35 to 44, while a lower proportion of men were aged 45 to 54. Figures were similar across other age ranges.

**Figure 2.1 Proportion of respondents in each disability setting who were women**



**Figure 2.2 Proportion of men and women in each age category (%)**



## 2.2 Experience in disability services

Many respondents were highly experienced in disability services. Almost a quarter (22.5%) had more than 20 years of experience providing disability services, and a further 13.8% had between 16 and 20 years of experience (see Figure 2.3). More than half (54.1%) had more than ten years of experience. Only a minority were new to the sector, with 2.0% having less than 1 year experience and 5.2% having between 1 and 2 years of experience. Although the age distribution of men and women differed slightly, there was little difference in the length of experience of men and women respondents, as shown in Figure 2.3.

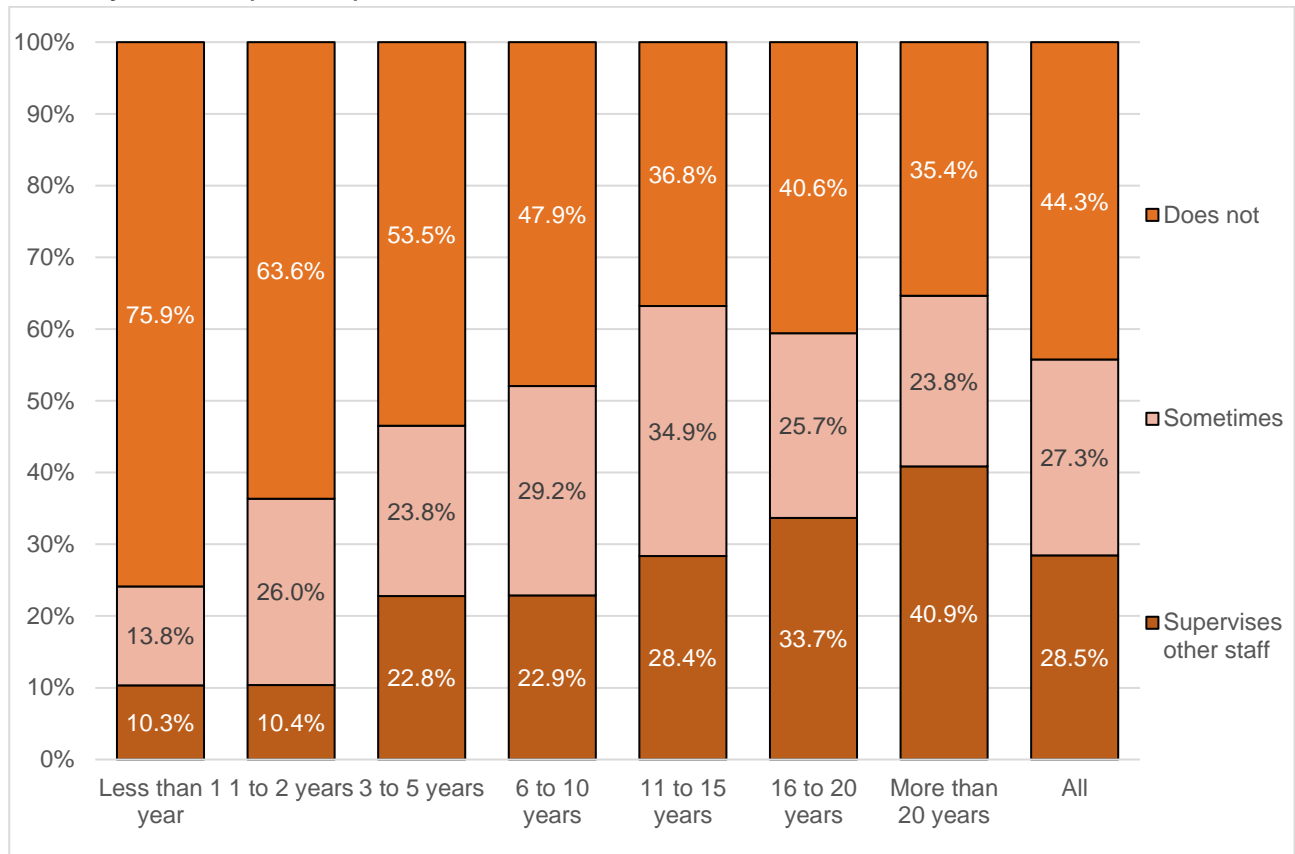
**Figure 2.3 Men's and women's experience of working in disability services**

	Less than 1 year		1 – 2 years		3 – 5 years		6 – 10 years		11 – 15 years		16 – 20 years		Over 20 years		All	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Male</b>	5	1.3	27	7.1	46	12.0	99	25.9	65	17.0	56	14.7	84	22.0	382	100.0
<b>Female</b>	25	2.3	50	4.6	156	14.3	269	24.6	198	18.1	148	13.5	248	22.7	1094	100.0
<b>All</b>	<b>30</b>	<b>2.0</b>	<b>77</b>	<b>5.2</b>	<b>202</b>	<b>13.7</b>	<b>368</b>	<b>24.9</b>	<b>263</b>	<b>17.8</b>	<b>204</b>	<b>13.8</b>	<b>332</b>	<b>22.5</b>	<b>1476</b>	<b>100.0</b>

## 2.3 Supervisory responsibilities

Figure 2.4 shows that 28.5% of respondents supervised other staff in their current role, while about the same number (27.3%) said they did so sometimes. As would be expected, the proportion of staff supervising others was higher for those with longer experience in the disability services sector: 40.9% of those with more than 20 years of experience were supervisors, compared with around 10% of those with less than 2 years of experience.

**Figure 2.4 Proportion of staff which supervised staff in their current role, by length of time working in disability services (n=1,462)**



## 2.4 Residence and NDIS involvement

Most respondents resided in the eastern states, reflecting the networks through which the survey was distributed. Around 2 in 5 respondents (40.7%) resided in Victoria, 37.2% resided in NSW/ACT<sup>2</sup>, and 11.8% resided in Tasmania.

Overall, a little over half (54.7%) were working in an NDIS rollout area or with participants of the NDIS, while 35.8% said they did not, and 9.5% were unsure (see Figure 2.5). This differed across the jurisdictions, with relatively high proportions of respondents (more than two thirds) working under the NDIS in NSW/ACT and Tasmania.

<sup>2</sup> A small number (8) were from the ACT, and these are combined with NSW for the purposes of analysis.

**Figure 2.5 Respondents from each jurisdiction by whether or not they were working in an NDIS rollout area or with participants of the NDIS**

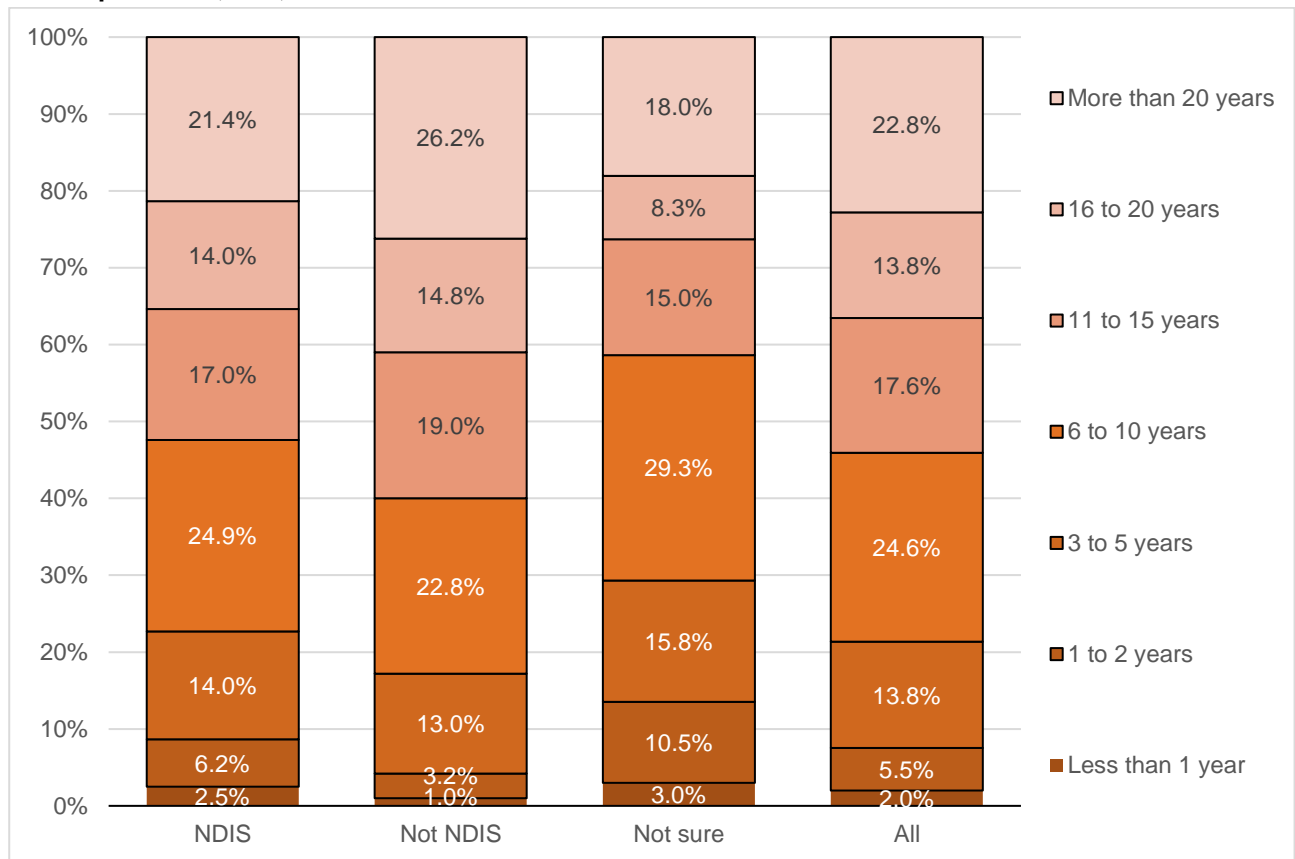
	NDIS		Not NDIS		Not sure		Total	% of total
	n	%	n	%	n	%	n	%
<b>NSW/ACT</b>	356	68.5	121	23.3	43	8.3	520	37.2
<b>QLD</b>	26	37.1	39	55.7	5	7.1	70	5.0
<b>TAS</b>	112	67.9	42	25.5	11	6.7	165	11.8
<b>VIC</b>	224	39.4	277	48.8	67	11.8	568	40.7
<b>WA</b>	45	61.6%	21	28.8%	7	9.6%	73	5.2
<b>Total</b>	<b>763</b>	<b>54.7%</b>	<b>500</b>	<b>35.8%</b>	<b>133</b>	<b>9.5%</b>	<b>1396</b>	<b>100.0%</b>

## 2.5 Experience in disability by NDIS involvement

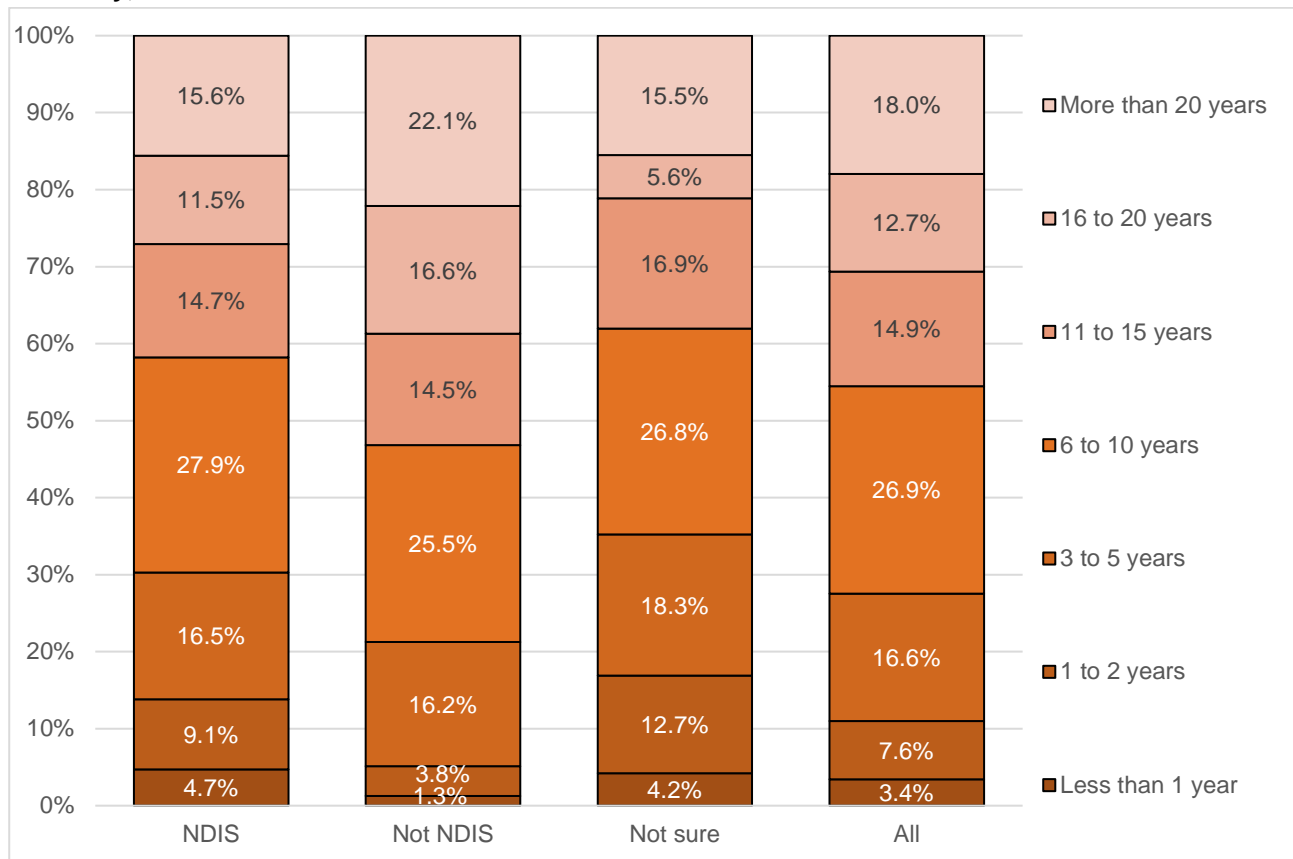
As shown above, over half of respondents were working under the NDIS (54.7%). However, slightly lower proportions of those working under the NDIS had lengthy experience in disability services. As shown in Figure 2.6, among those working under the NDIS, 21.4% of respondents had more than 20 years of experience compared with 26.2% of those not working under the NDIS. Relatively high proportions of those working under the NDIS had 2 years of experience: 8.7% of those working under the NDIS were in this category compared with 4.2% of those not working under NDIS.

The difference between levels of experience of respondents working under the NDIS and others is more apparent for non-supervisor staff (see Figure 2.7). Among staff working under the NDIS, 41.8% of non-supervisory staff had over 10 years of experience and 13.8% had less than 2 years of experience. For those not working under the NDIS the equivalent figures were 53.2% and 5.1% respectively.

**Figure 2.6 Number of years worked in the disability sector, by NDIS involvement, supervisors and non-supervisors, n=1,462**



**Figure 2.7 Number of years worked in the disability sector, by NDIS involvement, non-supervisory staff only, n=646**

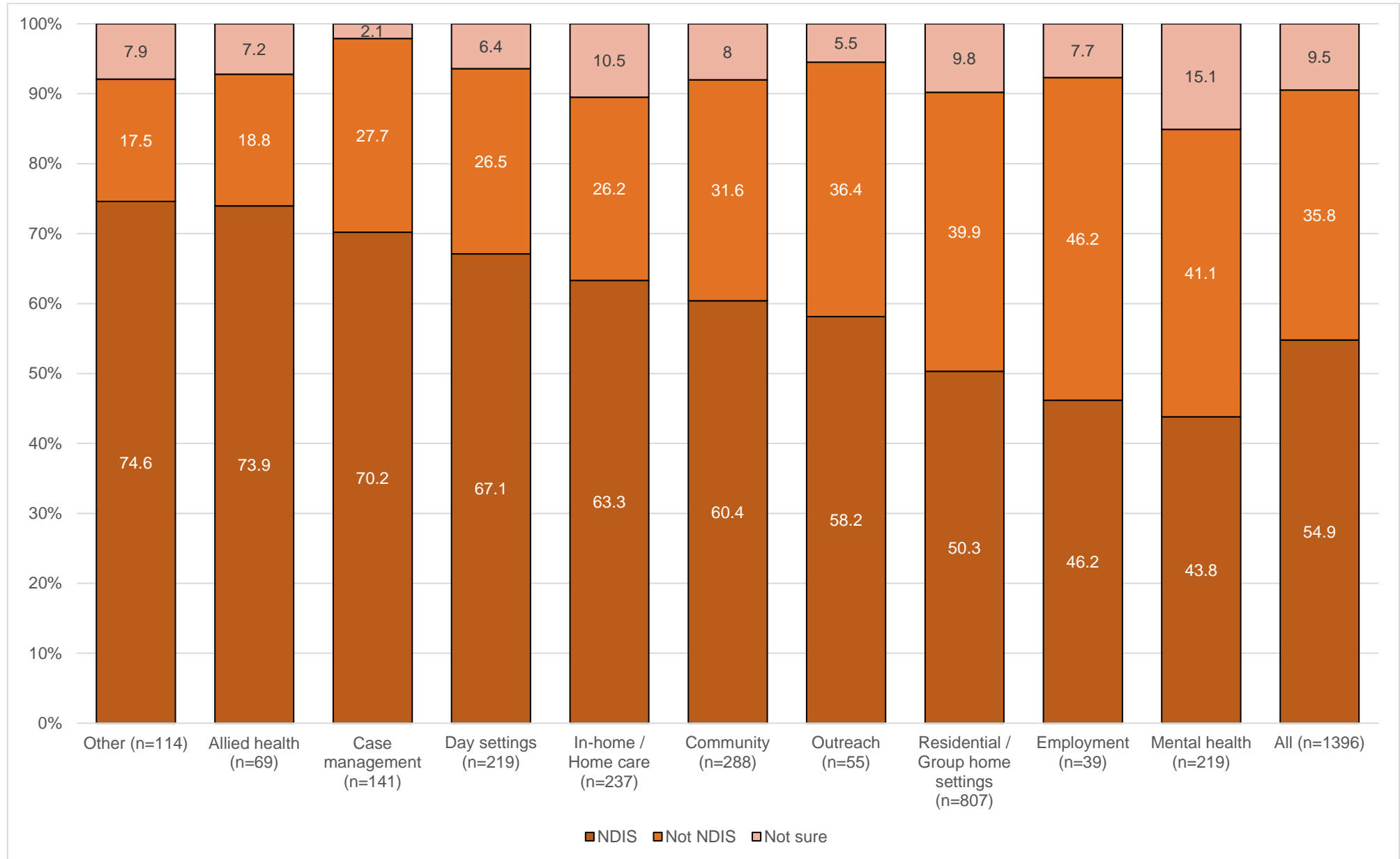


## 2.6 Disability settings and the NDIS

Figure 2.8 shows the proportions of survey respondents working in various settings who were working under the NDIS. The largest group of respondents were working in residential / group home settings (807, or 54.7%)<sup>3</sup>. A lower than average proportion of respondents in residential settings reported working under the NDIS (50.3%). The highest proportions working under the NDIS were in 'other' settings (not specified) (74.6%), allied health (73.9%), case management (70.2%), day settings (67.1%) and in home settings or home care (63.3%).

<sup>3</sup> Note that many residential workers also said they worked in community settings (20.5%), in-home settings (15.1%), and day settings (13.0%)

**Figure 2.8 NDIS involvement for respondents working in the main disability service provision settings**



## 2.7 Multiple job holding

Overall, 11.3% of respondents said they worked for more than one disability service provider or employer. However, this was slightly higher among non-supervisory staff 11.7% were multiple job holders compared with 7.2% of supervisory staff (see Figure 2.9). There was also a slightly higher proportion of staff who held multiple jobs among respondents working under the NDIS. Figure 2.10 shows that 12.8% of those working under the NDIS worked for more than one provider, compared with 8.8% of those who weren't. Further, in some disability settings, very high proportions of respondents worked for more than one disability employer. For example, 23.9% of respondents working in in-home or home care settings worked for more than 1 employer, as did 20.5% of those working in day settings. This is shown in Figure 2.11.

**Figure 2.9 Whether respondent worked for more than one provider, by supervisory responsibility**

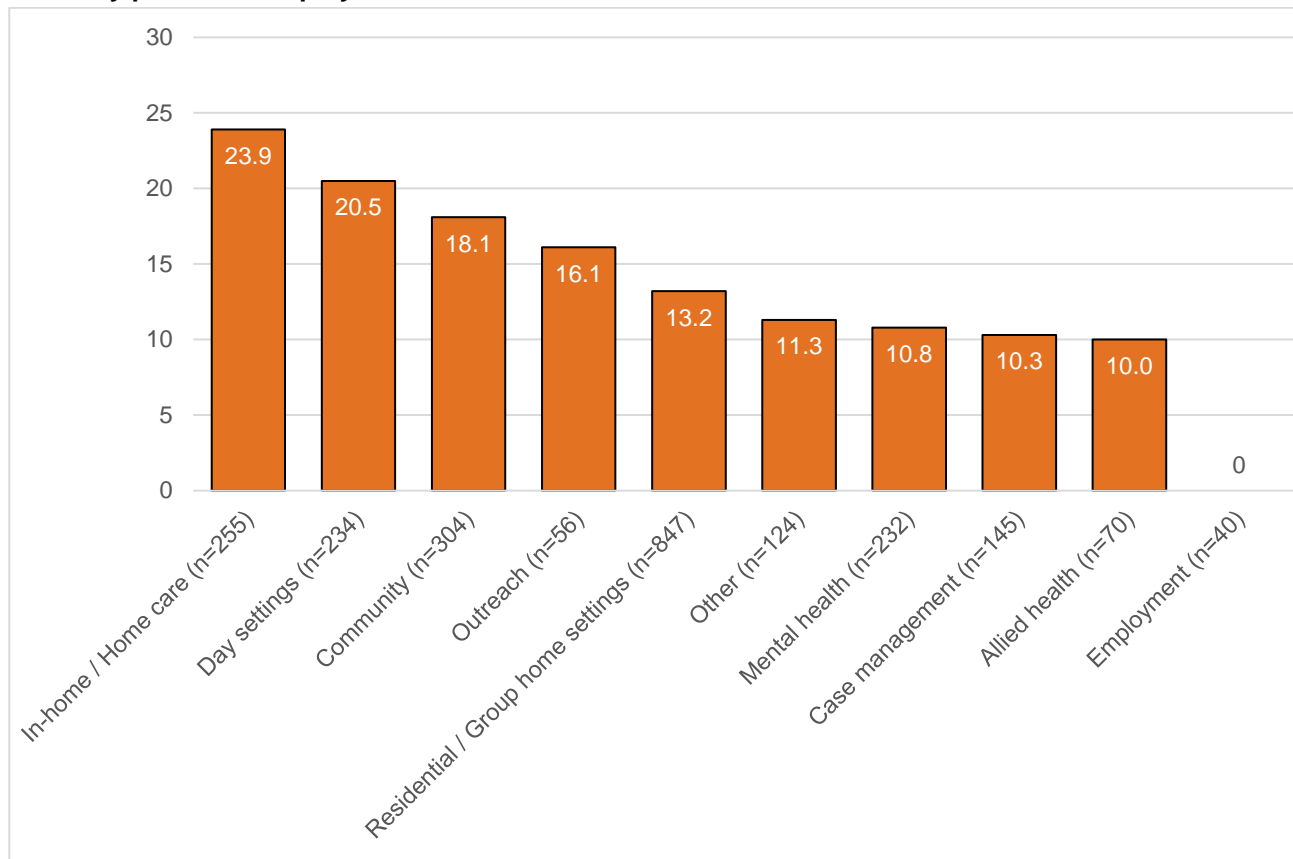
	Works for more than one disability service provider		Works for one disability employer		All	
	n	%	n	%	n	%
<b>Supervises other staff</b>	30	7.2	386	92.8	416	100.0
<b>Does not supervise other staff</b>	76	11.7	571	88.3	647	100.0
<b>Sometimes supervises other staff</b>	59	14.8	340	85.2	399	100.0
<b>All</b>	<b>165</b>	<b>11.3</b>	<b>1297</b>	<b>88.7</b>	<b>1462</b>	<b>100.0</b>

**Figure 2.10 Whether respondent worked for more than one provider, by NDIS status**

	Works for more than one disability service provider		Works for one disability employer		All	
	n	%	n	%	n	%
<b>Working under NDIS</b>	98	12.8	665	87.2	763	100.0
<b>Not working under NDIS</b>	44	8.8	456	91.2	500	100.0
<b>Not sure</b>	14	10.5	119	89.5	133	100.0
<b>All</b>	<b>156</b>	<b>11.2</b>	<b>1240</b>	<b>88.8</b>	<b>1396</b>	<b>100.0</b>



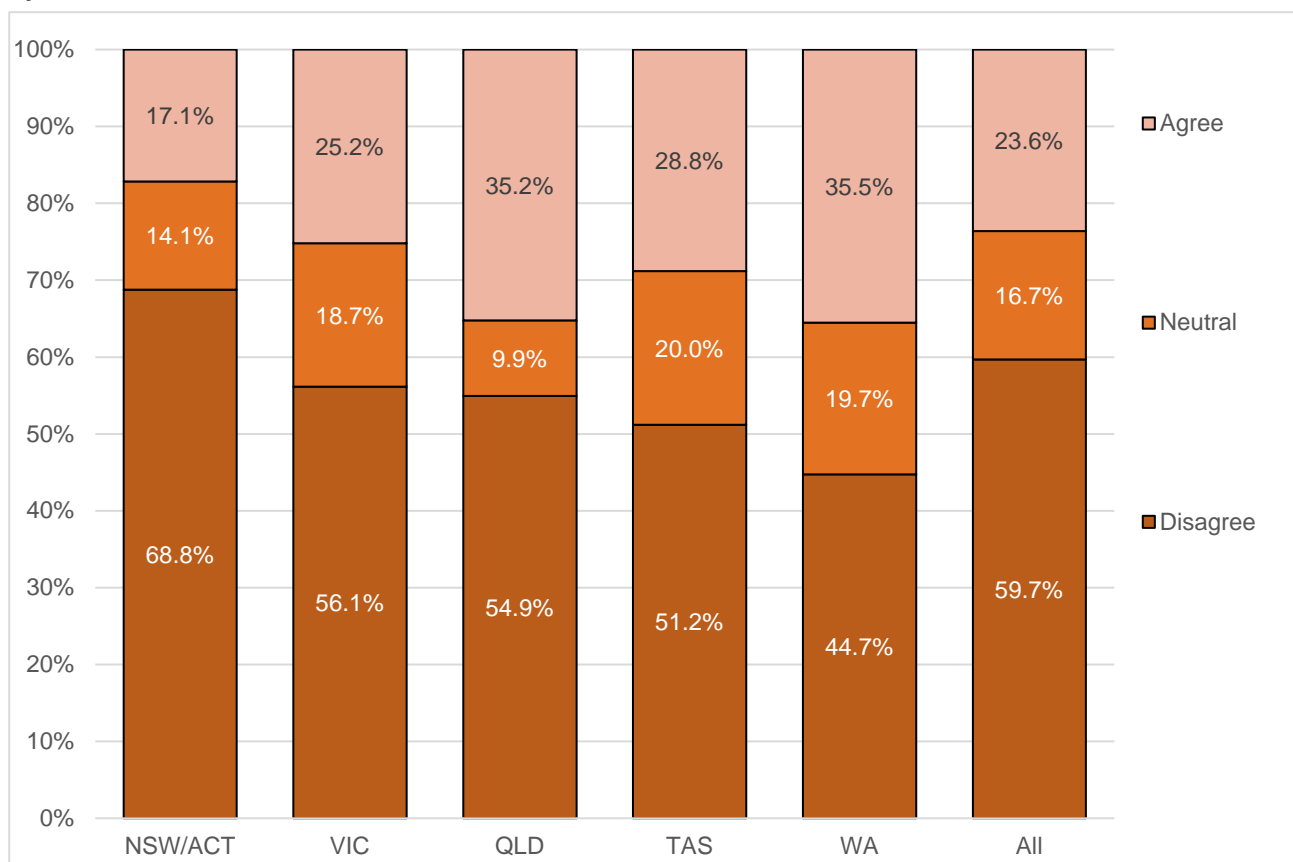
**Figure 2.11 Proportion of respondents in each disability setting who worked for more than one disability provider / employer**



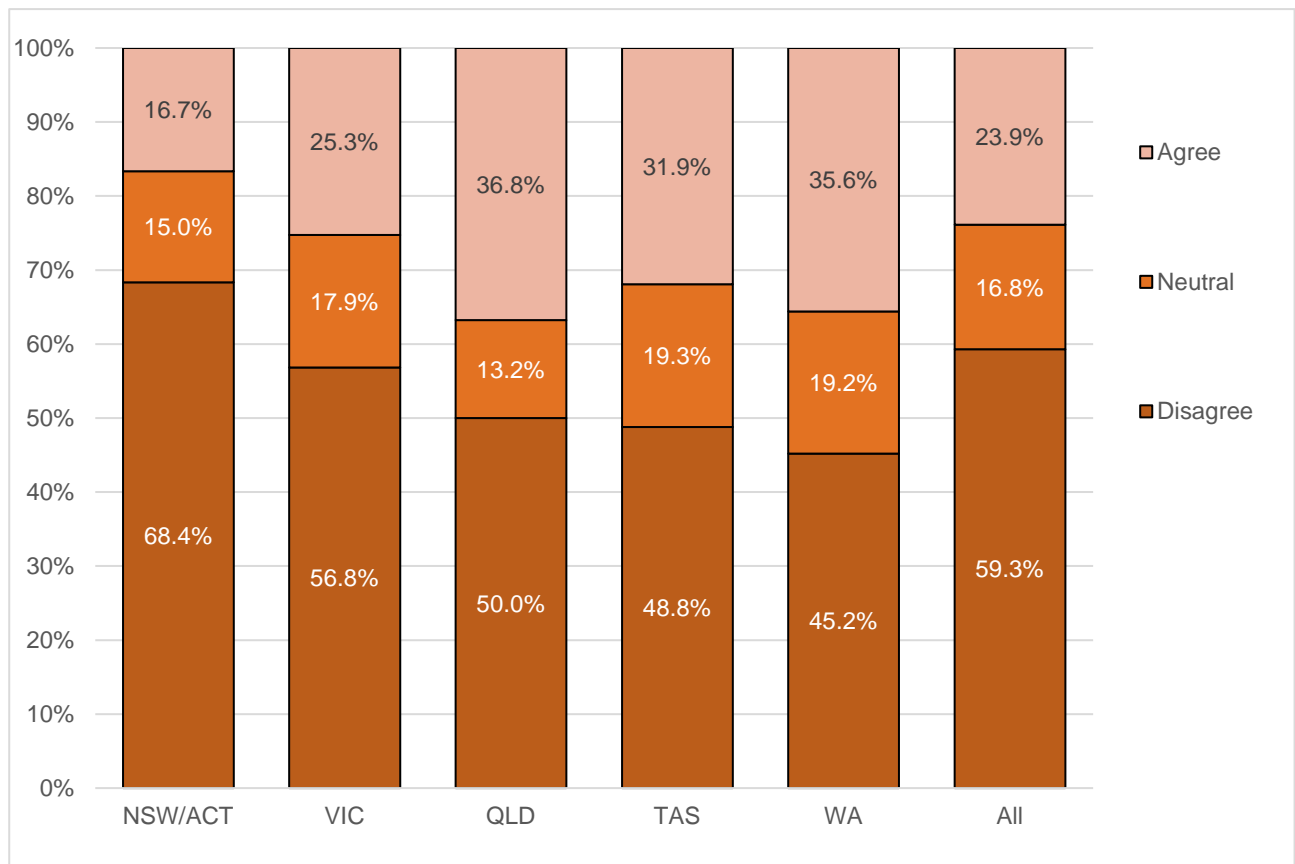
### 3. Perspectives on pay

The survey asked respondents to indicate their level of agreement with the statements "I am paid fairly for the work I do" and "I am satisfied with my overall level of take-home pay". For each of these statements, only a minority of respondents agreed, and this was the case for each statement and in all states (see Figure 3.1 and Figure 3.2). There was little difference between levels of agreement among supervisors and other staff: in both cases and for both statements, only a minority agreed. There were also no significant differences in levels of agreement on either measure between staff working under the NDIS and those who were not; in either context only a minority of respondents were satisfied with their pay.

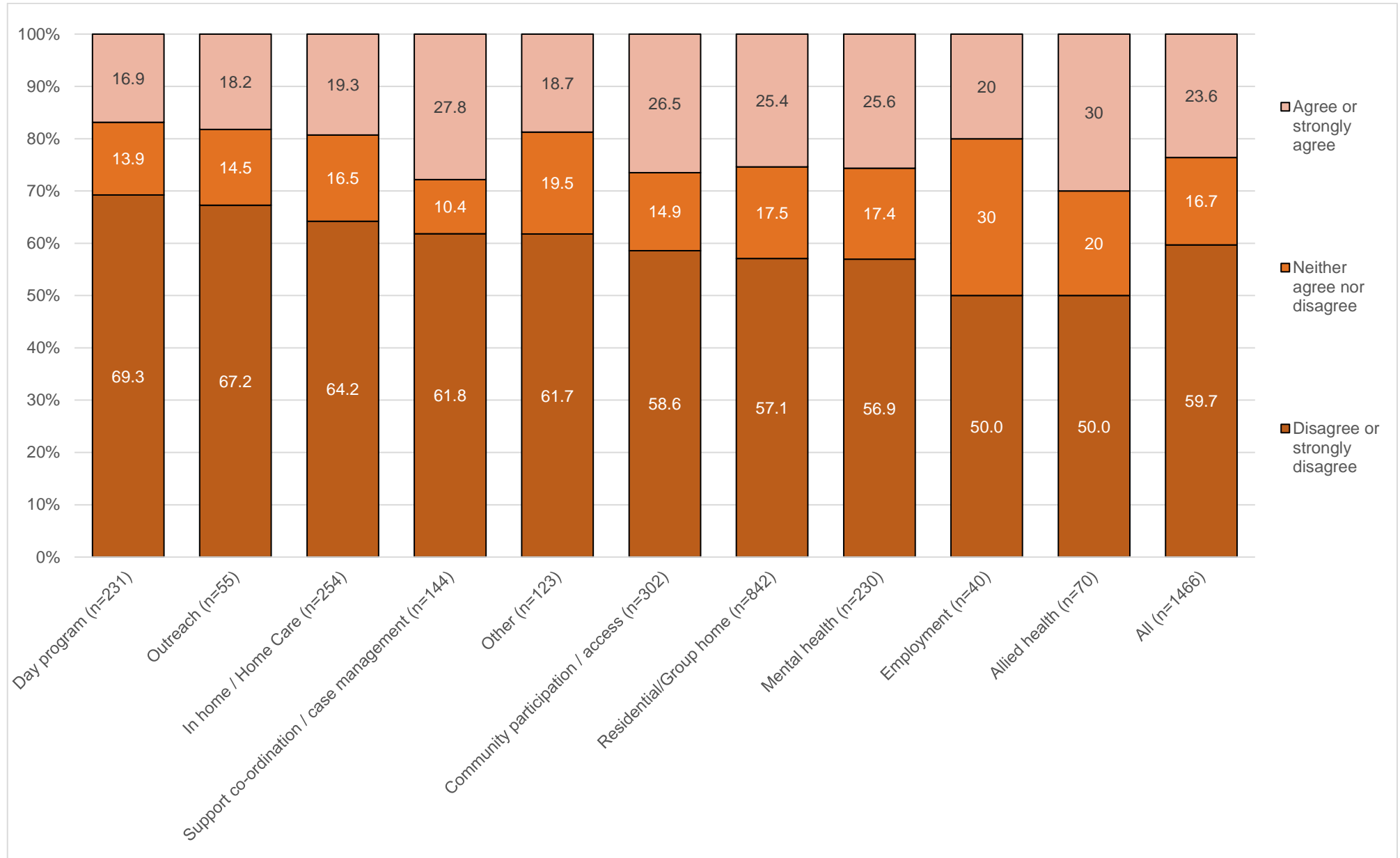
**Figure 3.1 Proportion of respondents who agreed with statement "I am paid fairly for the work I do", by state**



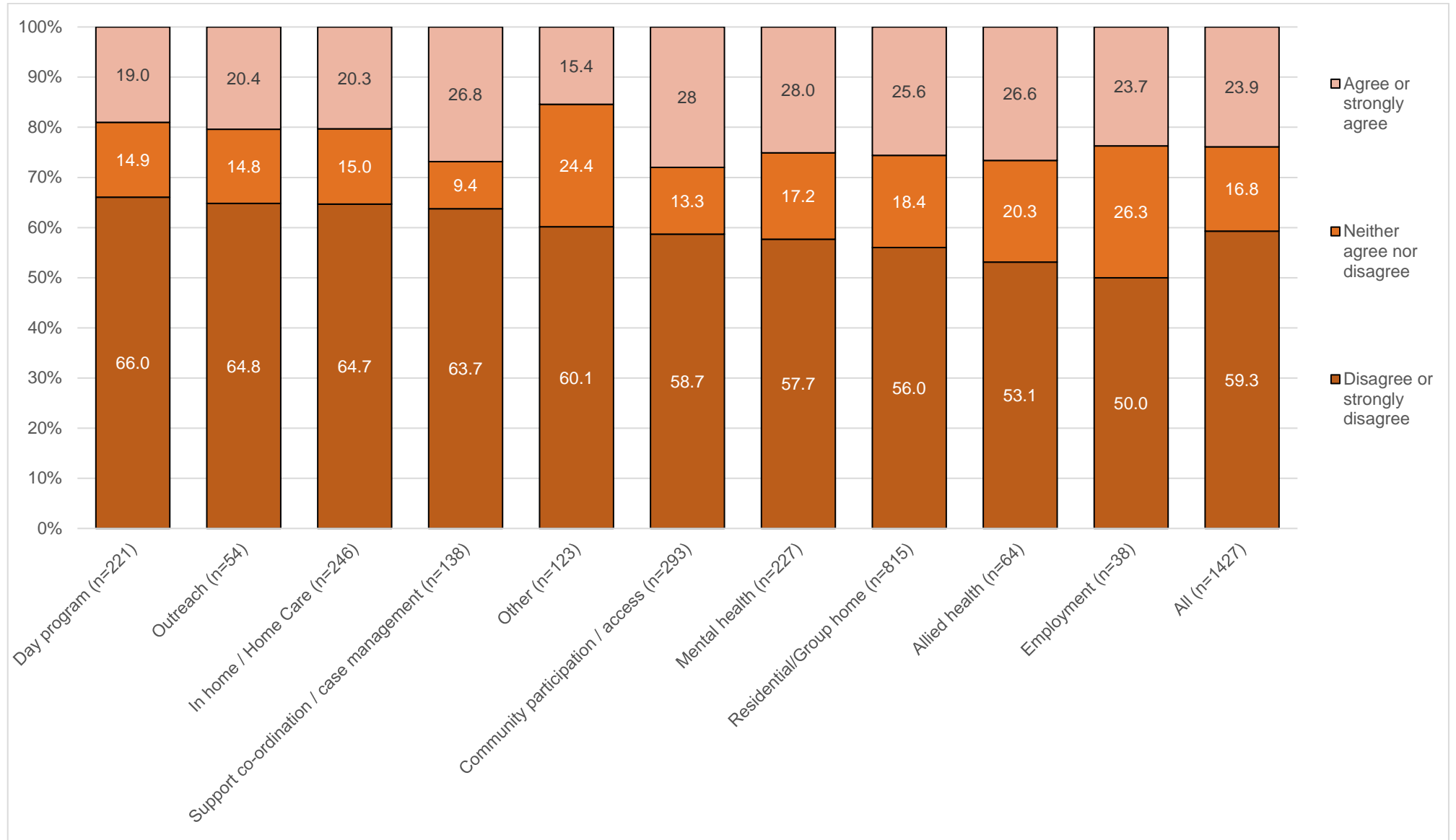
**Figure 3.2 Proportion of respondents who agreed with statement “I am satisfied with my overall level of take-home pay”, by state**



**Figure 3.3 “I am paid fairly for the work I do”**



**Figure 3.4 “I am satisfied with my overall level of take-home pay”**



## 4. Perceptions of working under the NDIS

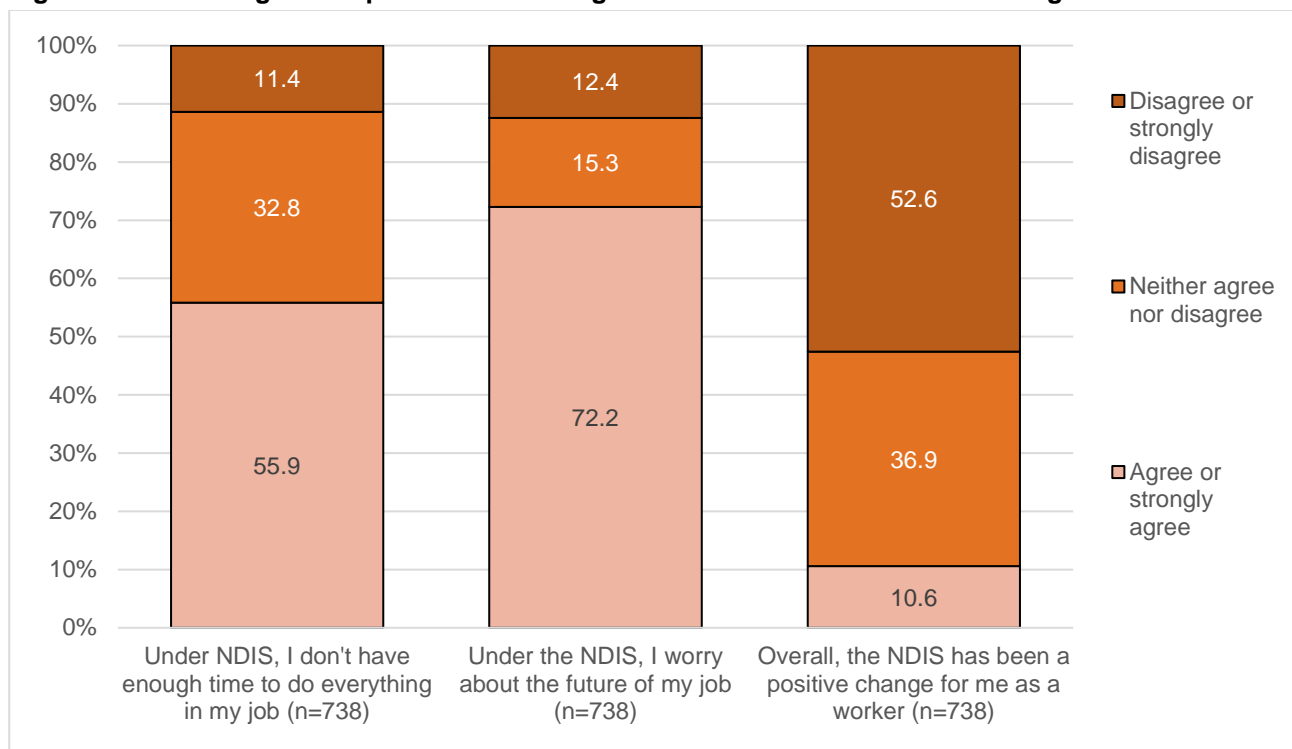
The survey captured respondents' perceptions of working conditions under the NDIS, through levels of agreement with three statements:

- Under the NDIS, I don't have enough time to do everything in my job (capturing workload and work intensity)
- Under the NDIS, I worry about the future of my job (capturing job security), and
- Overall, the NDIS has been a positive change for me as a worker (as a summary measure of the impact of the NDIS on working life).

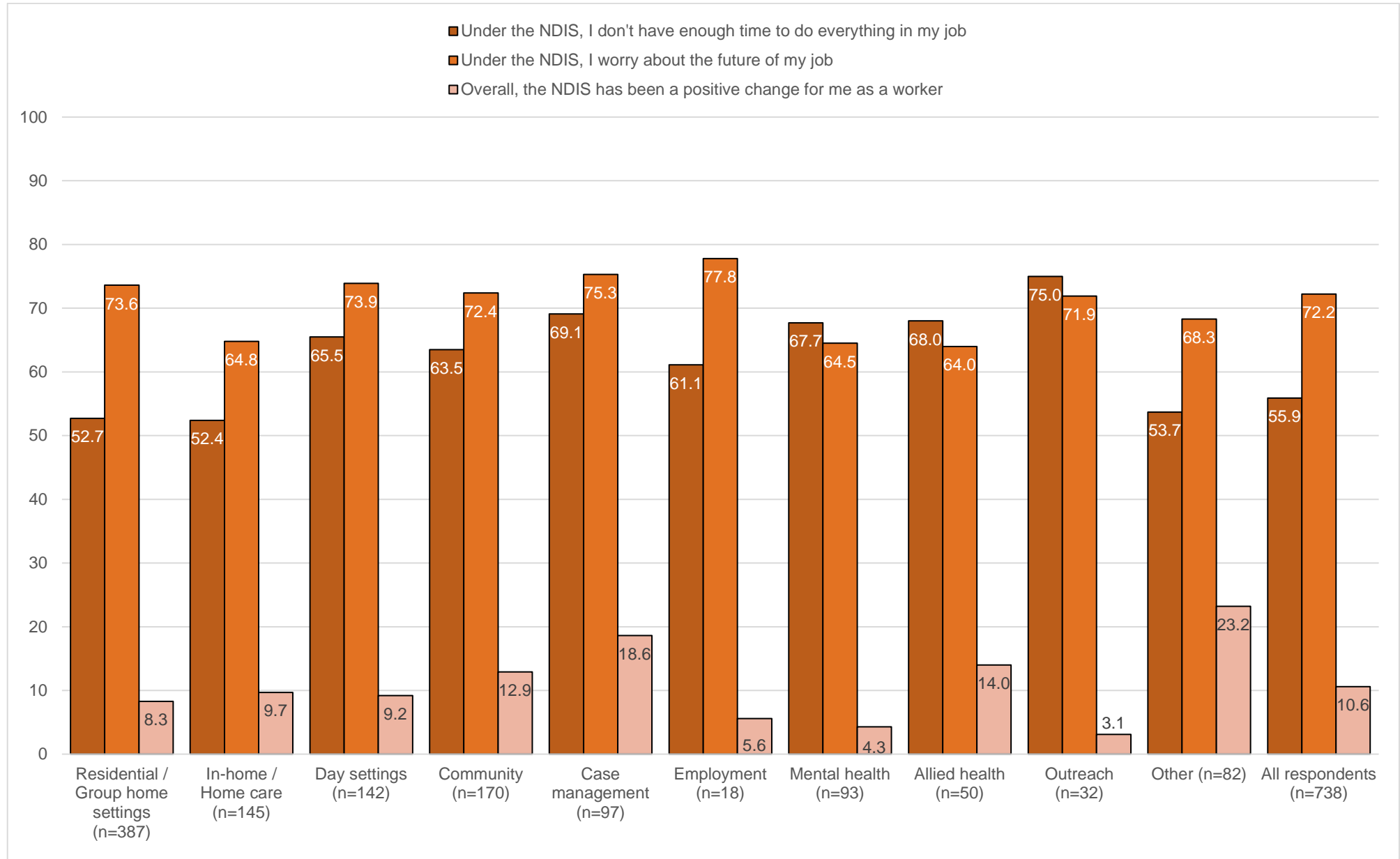
As shown in Figure 4.1, more than half of respondents agreed or strongly agreed that under the NDIS, they don't have enough time to do everything in their job (55.9%), and only a small minority disagreed (11.4%). A larger majority agreed that they worried about the future of their job (72.2%), and 12.4% disagreed. Very few agreed the NDIS was positive for their working lives, with 10.6% agreeing and 52.6% disagreeing. The relatively large proportion who were unsure (36.9%) may have found it difficult to judge, for example if they were new to disability work or if the NDIS was new in their area, or if they had difficulty assessing the mixed impact of the Scheme on their work.

Differences in levels of agreement with the statements reported by workers in different disability settings tended to be small, shown in Figure 4.2. Figure 4.3 shows differences between respondents by their jurisdiction of residence. On all measures and in each jurisdiction, most reported the NDIS was having adverse impacts on their working lives. More detailed insight into experiences of working under the NDIS, in survey respondents' own words, is in Section 8.

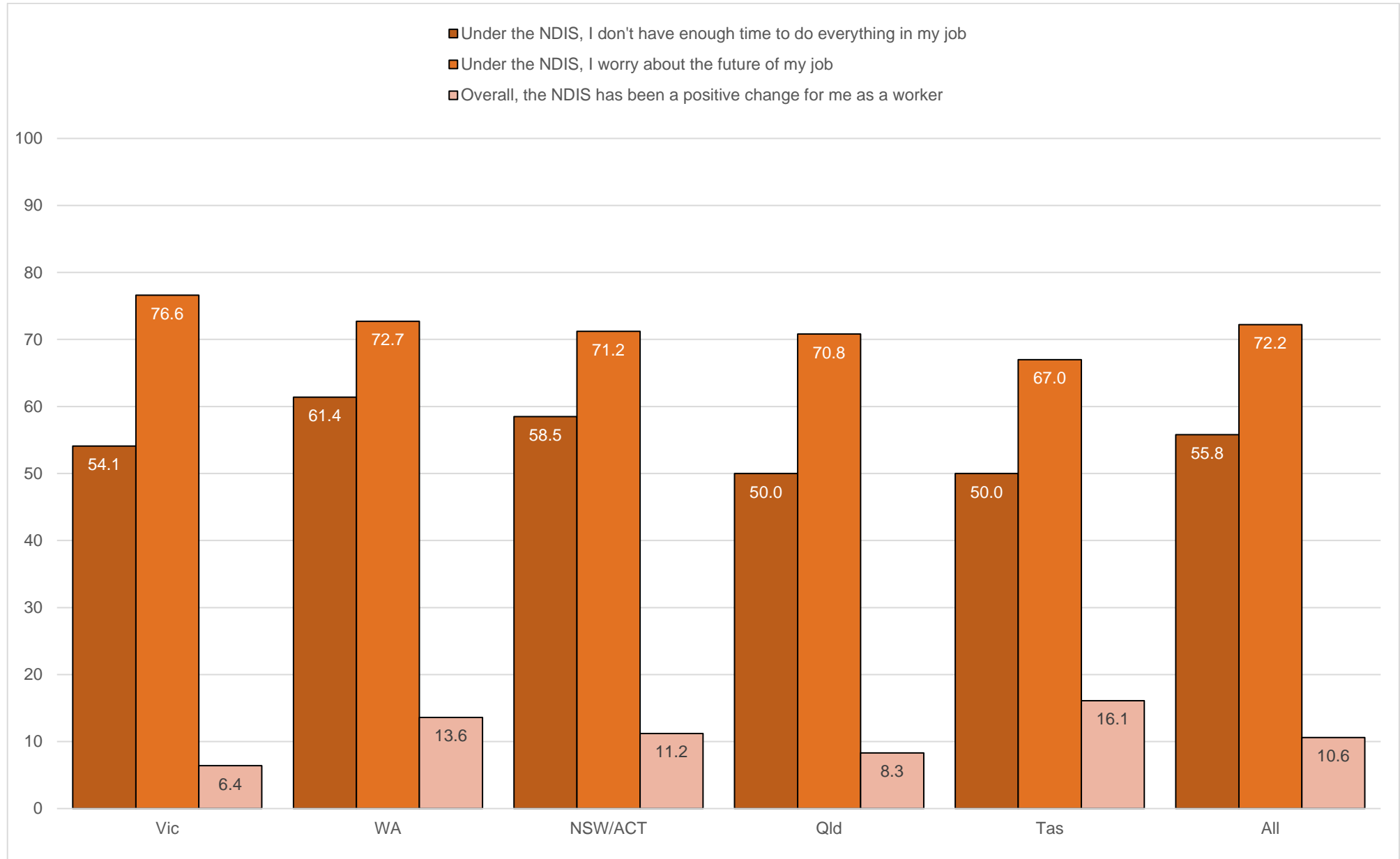
**Figure 4.1 Percentage of respondents which agreed with statements about working under the NDIS**



**Figure 4.2 Proportion of respondents who agreed or strongly agreed with statements about working under the NDIS, by disability support service setting (%)**



**Figure 4.3 Proportion of respondents who agreed or strongly agreed with statements about working under the NDIS, by jurisdiction**





## 5. Perceptions of the impact of the NDIS on participants and families

As well as showing how workers widely perceive the NDIS to be impacting adversely on their working lives, the survey data also shows only a minority reported it was impacting positively on participants and families. Figure 5.1 shows only a quarter (24.7%) agreed or strongly agreed that the NDIS was positive for the participants they work with, and many more disagreed (37.8%). Similarly, only a minority agreed that families of participants were happy with the Scheme (14.6%) and 15.7% agreed that overall, the NDIS is better than the previous system.

**Figure 5.1 Percentage of respondents which agreed with statements about impact of the NDIS**

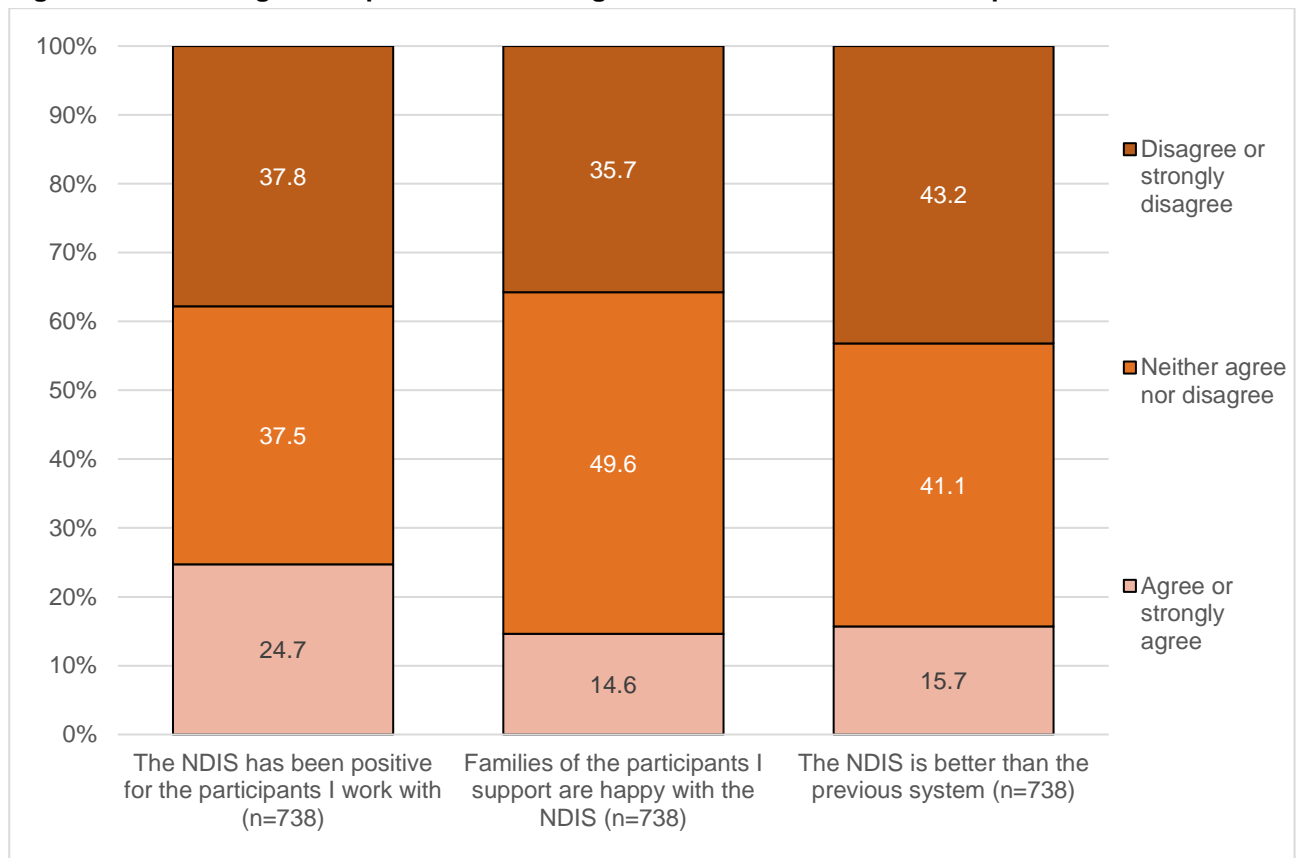
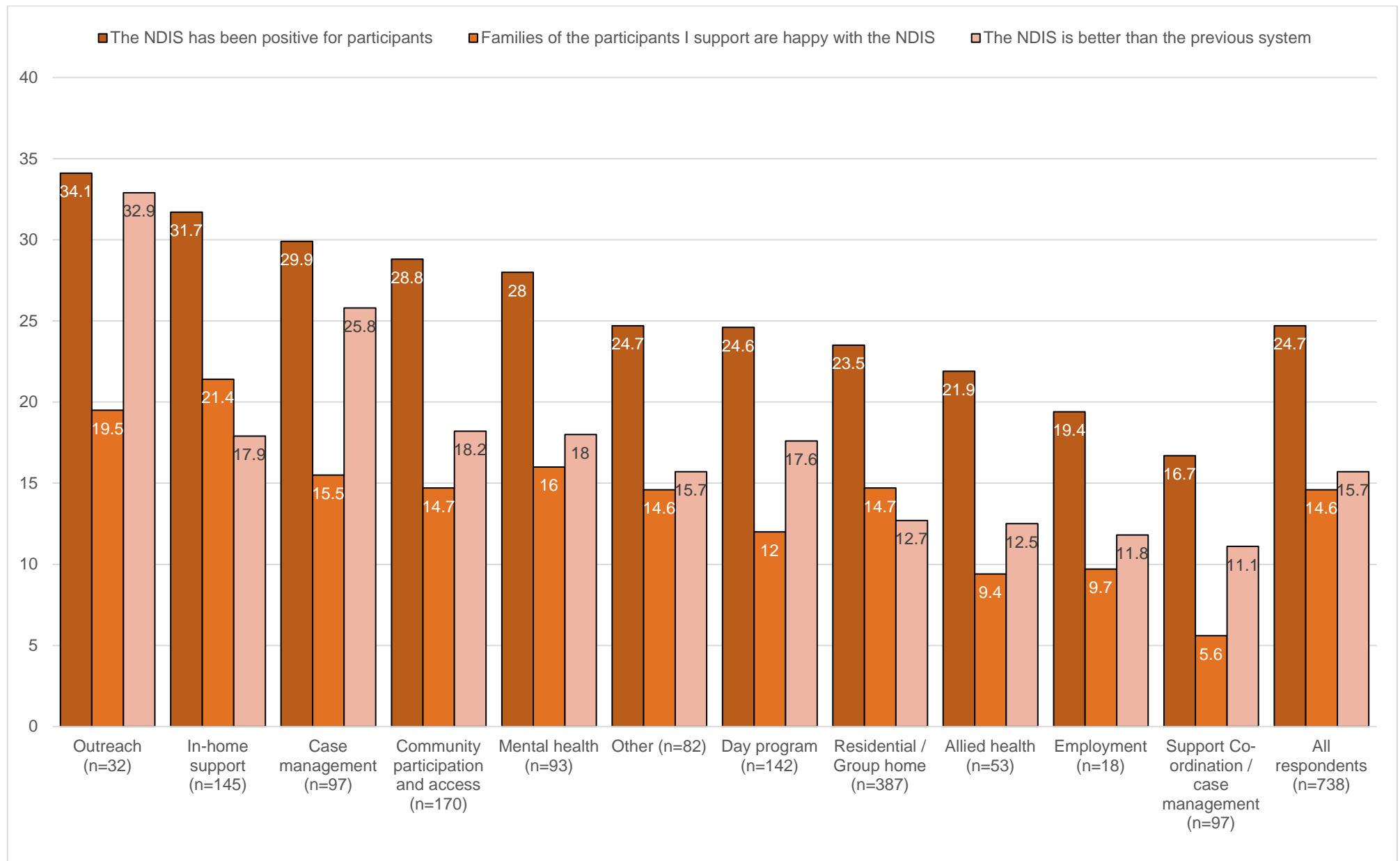


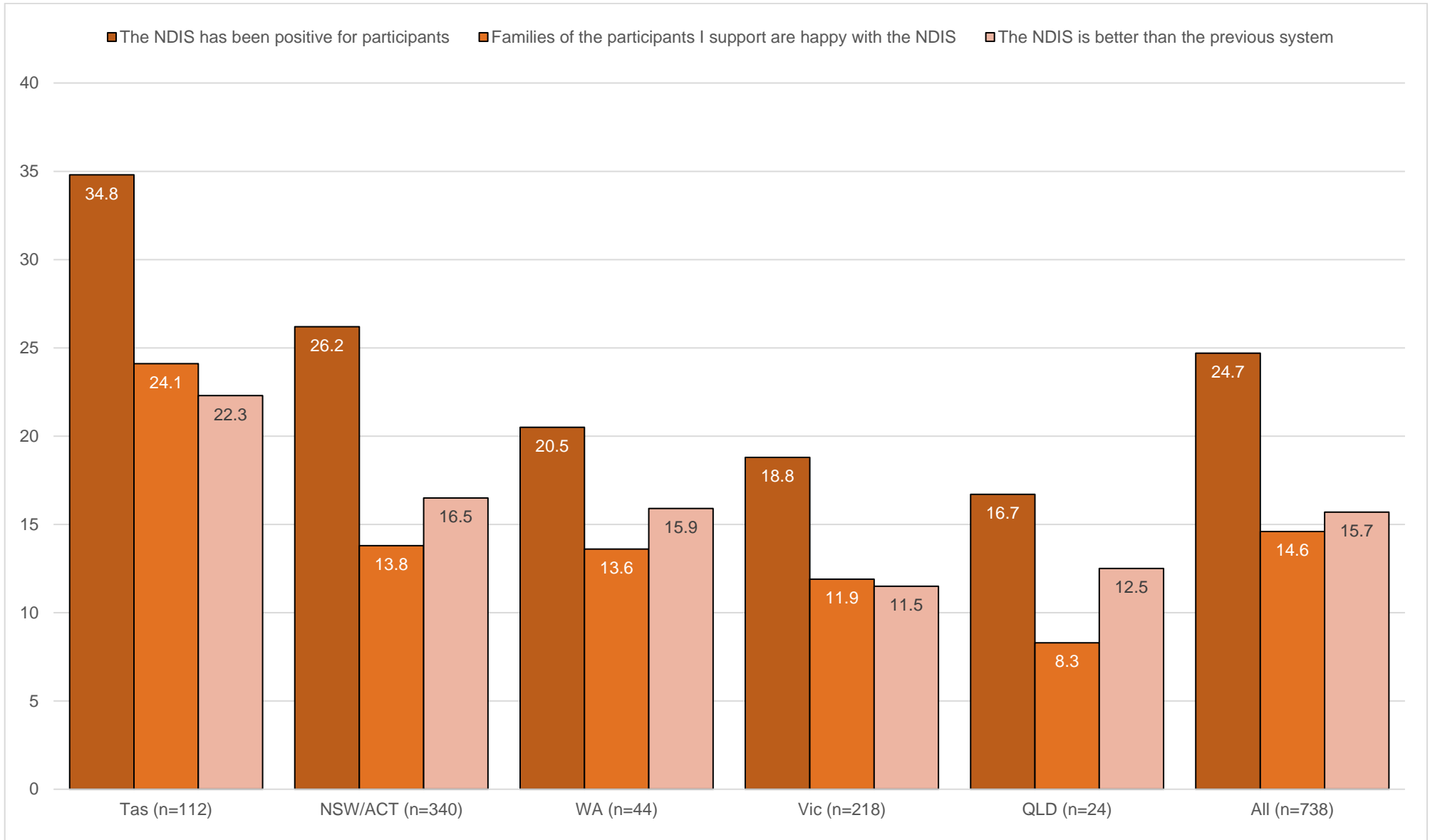
Figure 5.2 shows the proportion of respondents in each disability setting who agreed with the statements about the impact of the NDIS on participants and families. Among those in in-home, community, case management, allied health and 'other' settings, there were relatively high proportions of respondents who agreed the NDIS has been positive for participants, however, this remained a minority in all categories. Fewer agreed with the other statements, with variation by setting shown in Figure 5.2.

Figure 5.3 shows differences among respondents according to their jurisdiction of residence. Higher than average proportions of residents from Tasmania agreed with the statements, while agreement was lower for respondents from Victoria and Queensland.

**Figure 5.2 Proportion of respondents which agreed or strongly agreed with statements about the impact of the NDIS on participants and families (%)**



**Figure 5.3 Proportion who agreed with statements, by jurisdiction of residence**



## 6. Intention to leave or remain in the disability sector

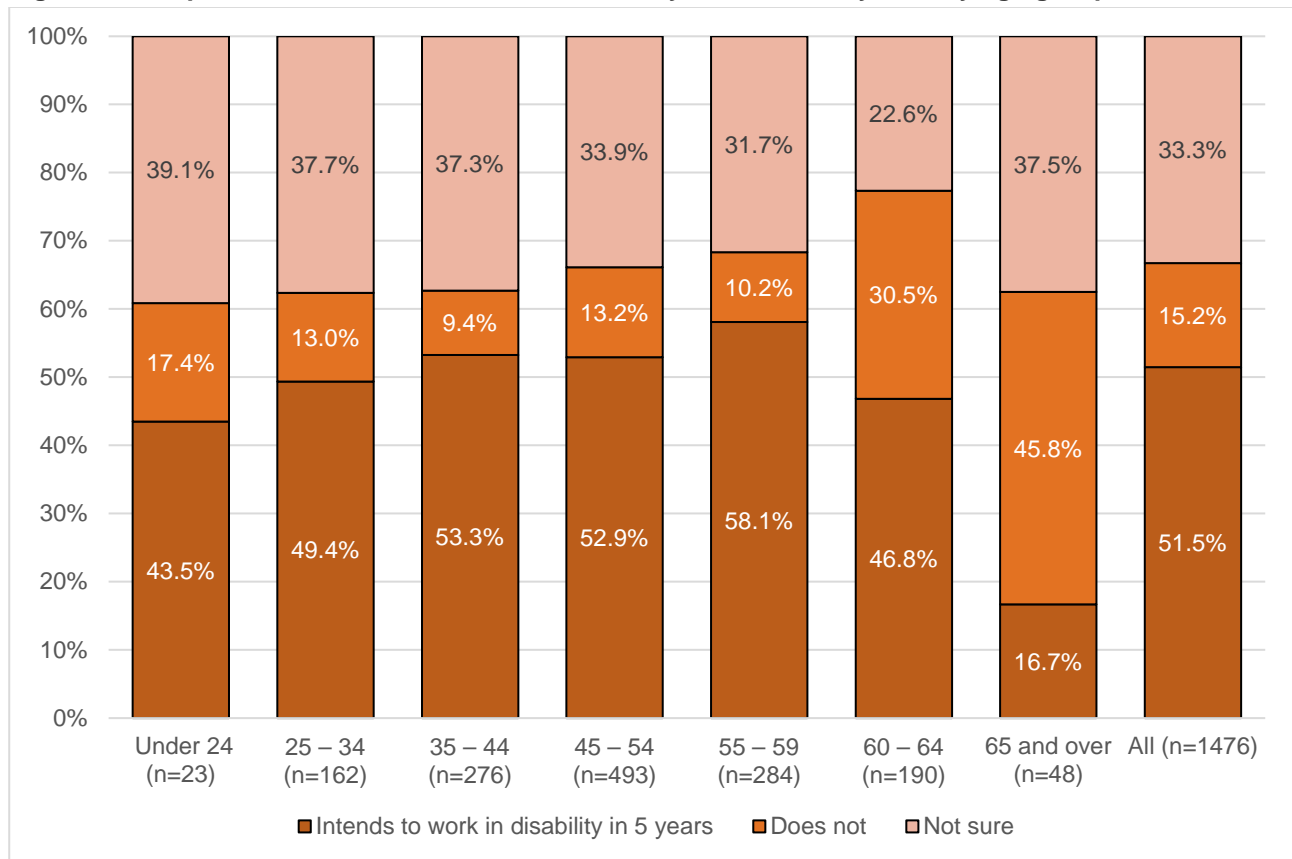
Respondents were asked "Do you intend to be working in the disability sector in five years' time?" Around half said they did intend to be working in the sector (51.5%), while 15.2% said they did not, and a third (33.3%) were unsure.

The main differences in intention to leave were according to age, with a smaller proportion of those aged 60 or over intending to work in disability in 5 years, presumably due to retirement (see Figure 6.1). Indeed, when those who reported they intended to leave were asked why, retirement was reported by 36.7%. Reflecting dissatisfaction with remuneration discussed in Section 3, 27.6% of those intending to leave said it was because they could get better pay and conditions doing work elsewhere. A further 13.1% pointed to the nature of the work, saying they would leave as the work was too difficult or risky, while 12.7% said they would leave due to limited career development opportunities. Smaller proportions were intending to leave because of the unsociable hours (5.9%).

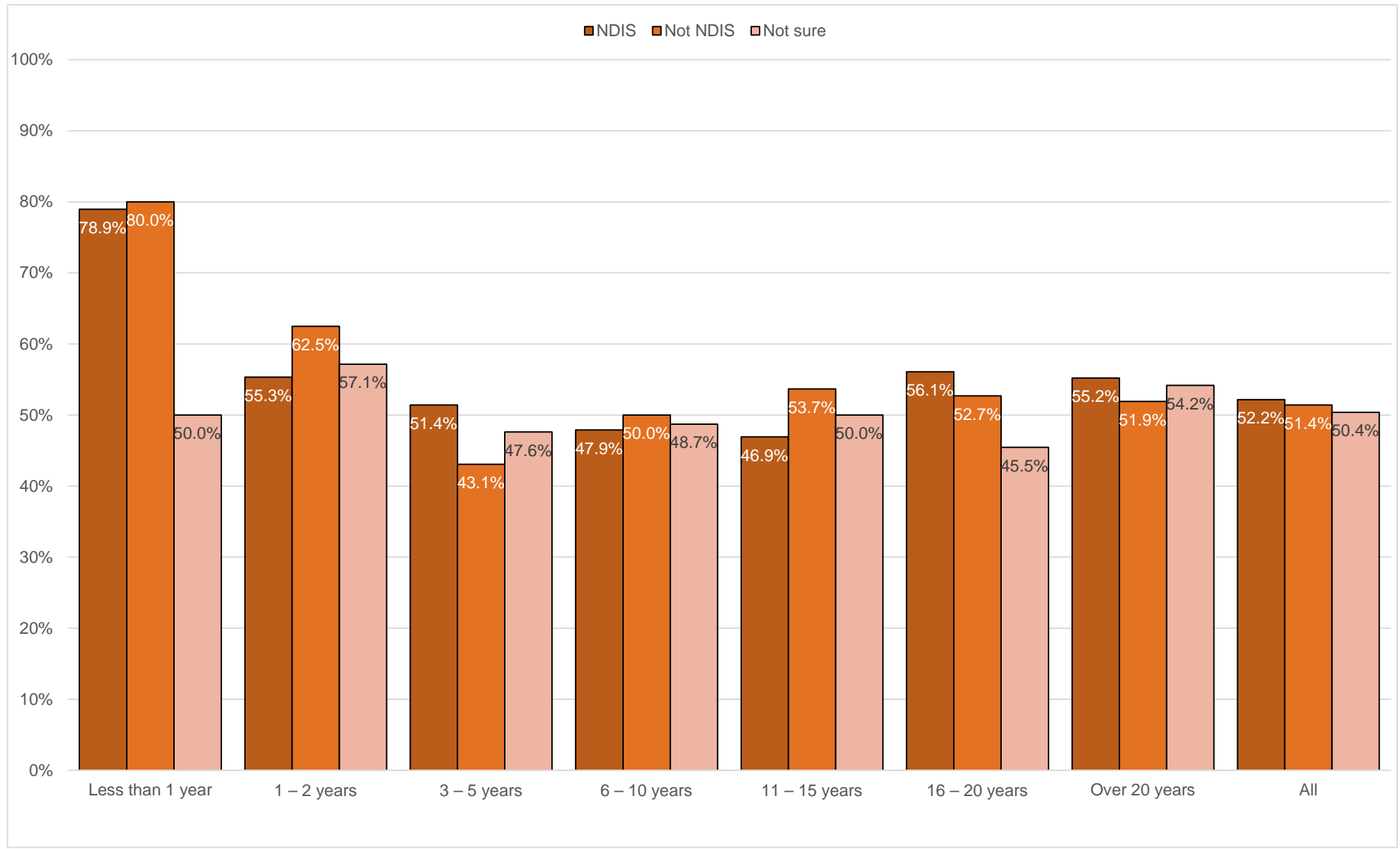
The main reasons for staying were due to commitment to clients, with 60.7% reporting they intended to continue working in the disability sector as they were 'passionate about supporting people with disabilities' and a further 18.8% said because 'I enjoy the client contact'. 10.9% said they had the flexibility to meet personal and family commitments. A small minority (4.0%) said they receive good pay and conditions, 3.3% said it was the best job available, and 2.3% said they had good career development opportunities.

Figure 6.2 shows the proportion intending to remain in disability services, according to respondents' years of experience in disability, and whether or not they were working under the NDIS. The proportion intending to stay was similar for staff working under the NDIS (52.2%) and those who were not (51.4%).

**Figure 6.1 Proportion who intend to work in disability services in 5 years, by age group**



**Figure 6.2 Proportion of respondents intending to be working in the disability sector in five years time, by years of experience in disability services and whether they were working under the NDIS**



## 7. A closer look at supervision

As shown in Section 2.3, 28.5% of respondents said they currently supervise other staff, while about the same number (27.3%) did so sometimes. These supervisors (including those who always and sometimes supervised other staff) were asked further questions about the nature of their supervisory responsibilities, including how many people they supervised, and whether they experienced any challenges in providing proper supervision due to lack of time and the number of people they were supervising.

### 7.1 Numbers of staff supervised

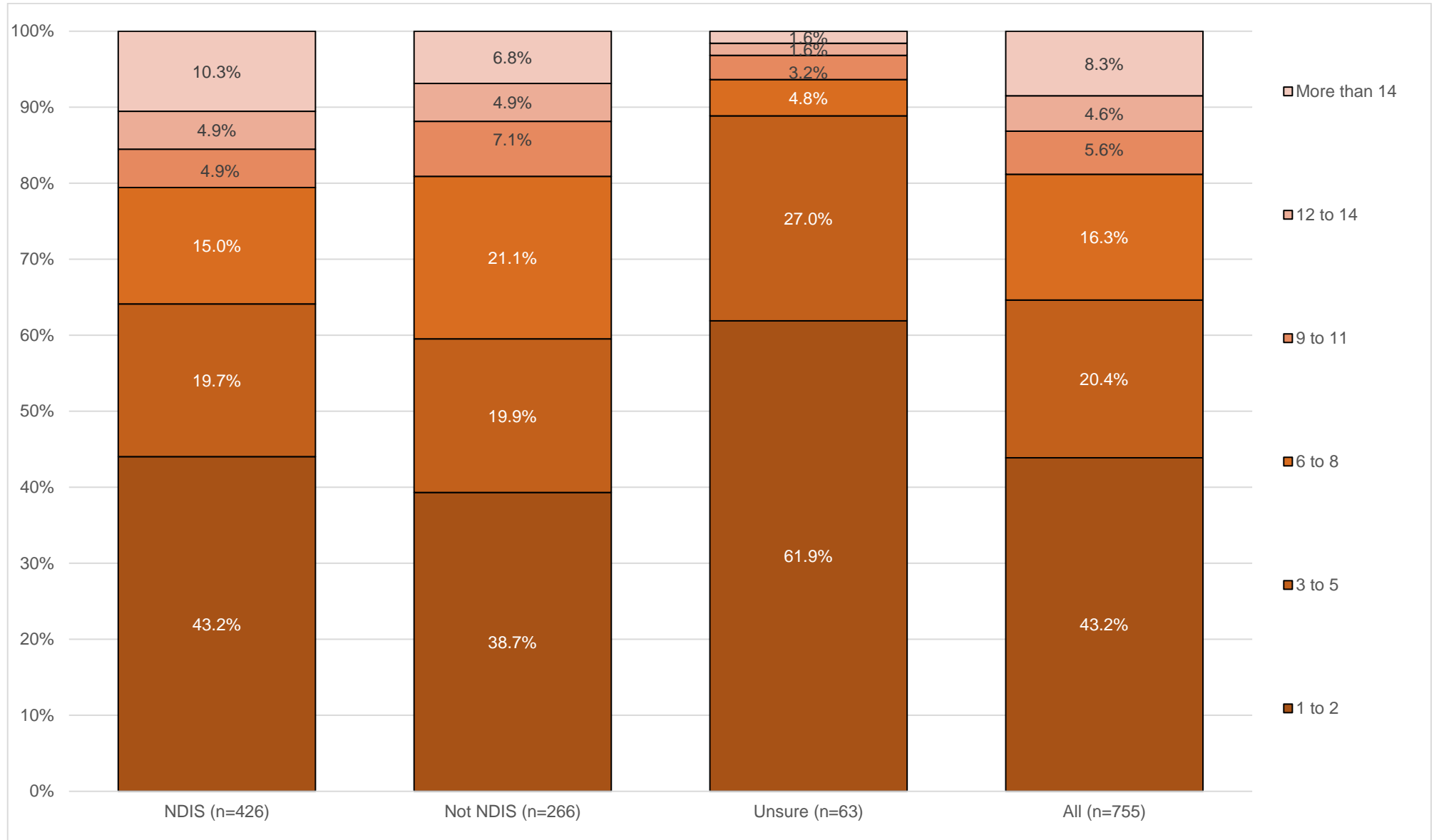
The numbers of subordinates reported by supervisors working under the NDIS, and those who were not, is shown in Figure 7.1 (including information for those who 'sometimes' provided supervision). Overall, most supervisors reported only a few subordinates: 43.2% supervised one or two staff, and a further 20.4% supervised 3 to 5 staff. For this group, only 8.3% of supervisors supervised more than 14 staff<sup>4</sup>. However, this was higher for those under the NDIS, 10.3% of supervisors had more than 14 supervisees, compared with 6.8% of those not working under the NDIS.

Figure 7.2 provides the same indicators but excludes those who reported 'sometimes' supervising other staff. This allows a focus on the numbers of subordinates supervised by staff whose roles consistently involved supervision. For this group, 20.0% of those who worked under the NDIS supervised more than 14 staff, compared with 12.0% of those not under the NDIS.

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<sup>4</sup> Supervision of more than 14 staff is of interest because the National Disability Insurance Agency's pricing model assumes supervisors directly supervise 15 staff, and provides resources accordingly. See NDIA (2014) NDIA report on the methodology of the efficient price: National Disability Insurance Agency.

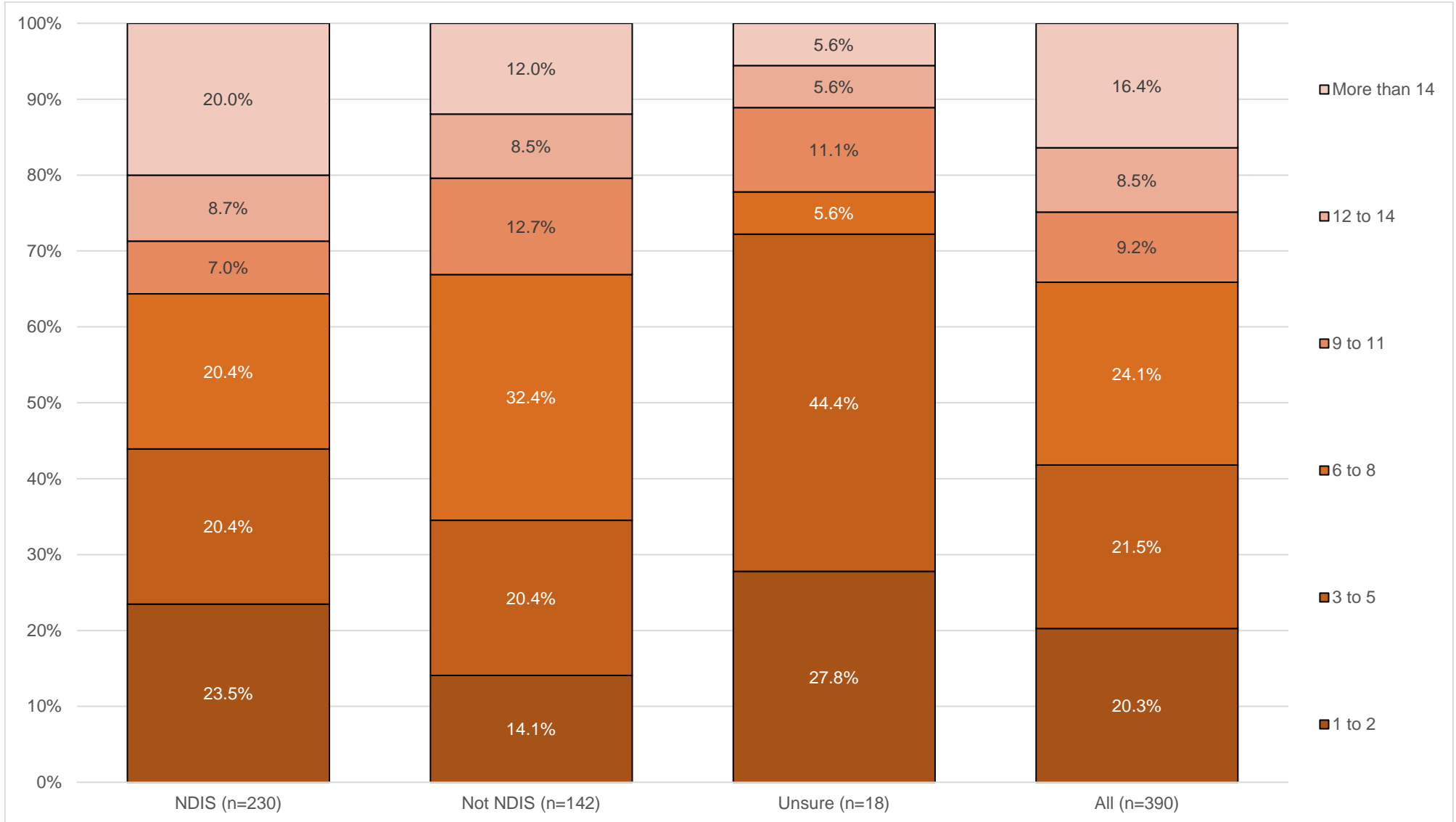
**Figure 7.1 Number of staff directly supervised, by whether or not respondent was working under the NDIS, all supervisors^ (%)**



^NB: This includes supervisors who always or sometimes provided supervision.



**Figure 7.2 Number of staff directly supervised, by whether or not respondent was working under NDIS, supervisors^ (%)**

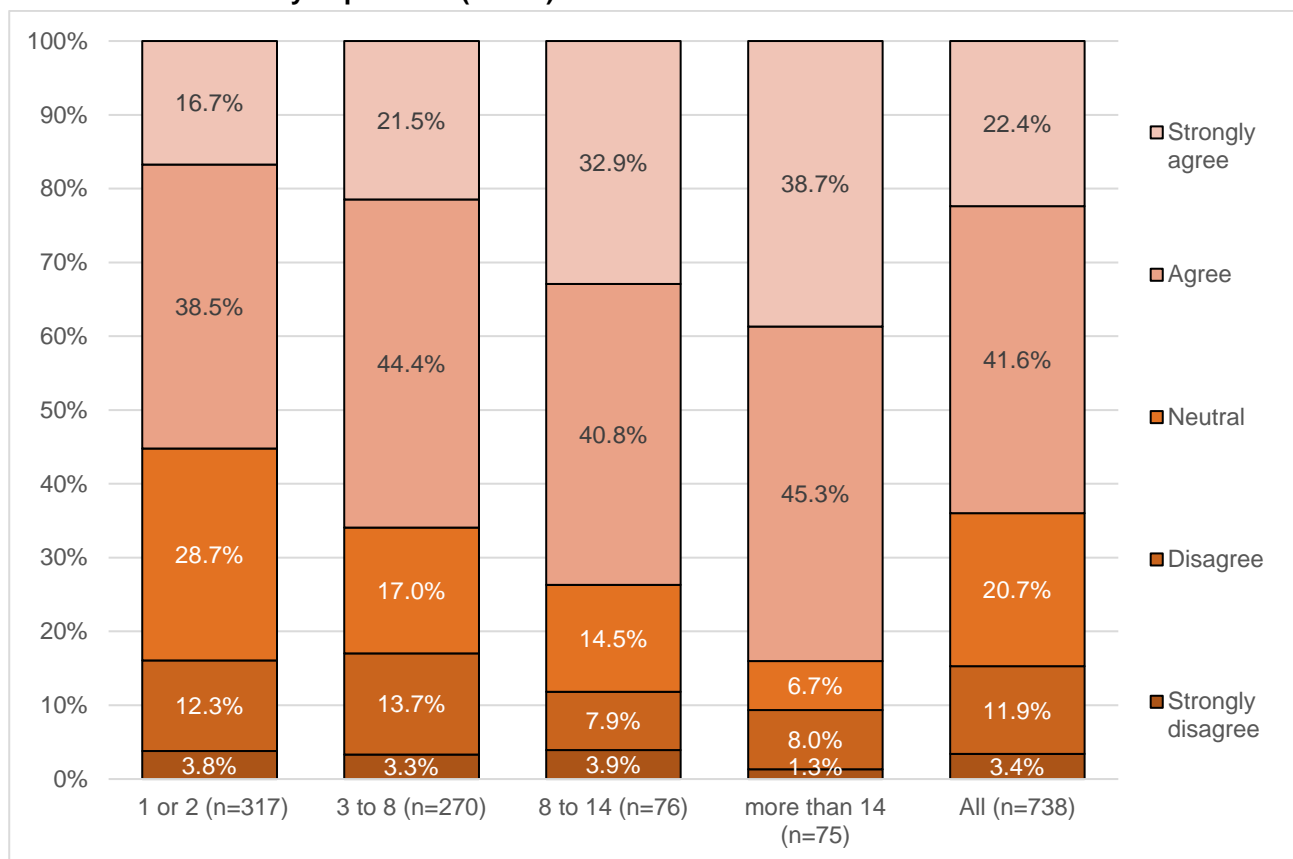


^NB: This includes supervisors who always provided supervision only (ie those who sometimes provided supervision are excluded).

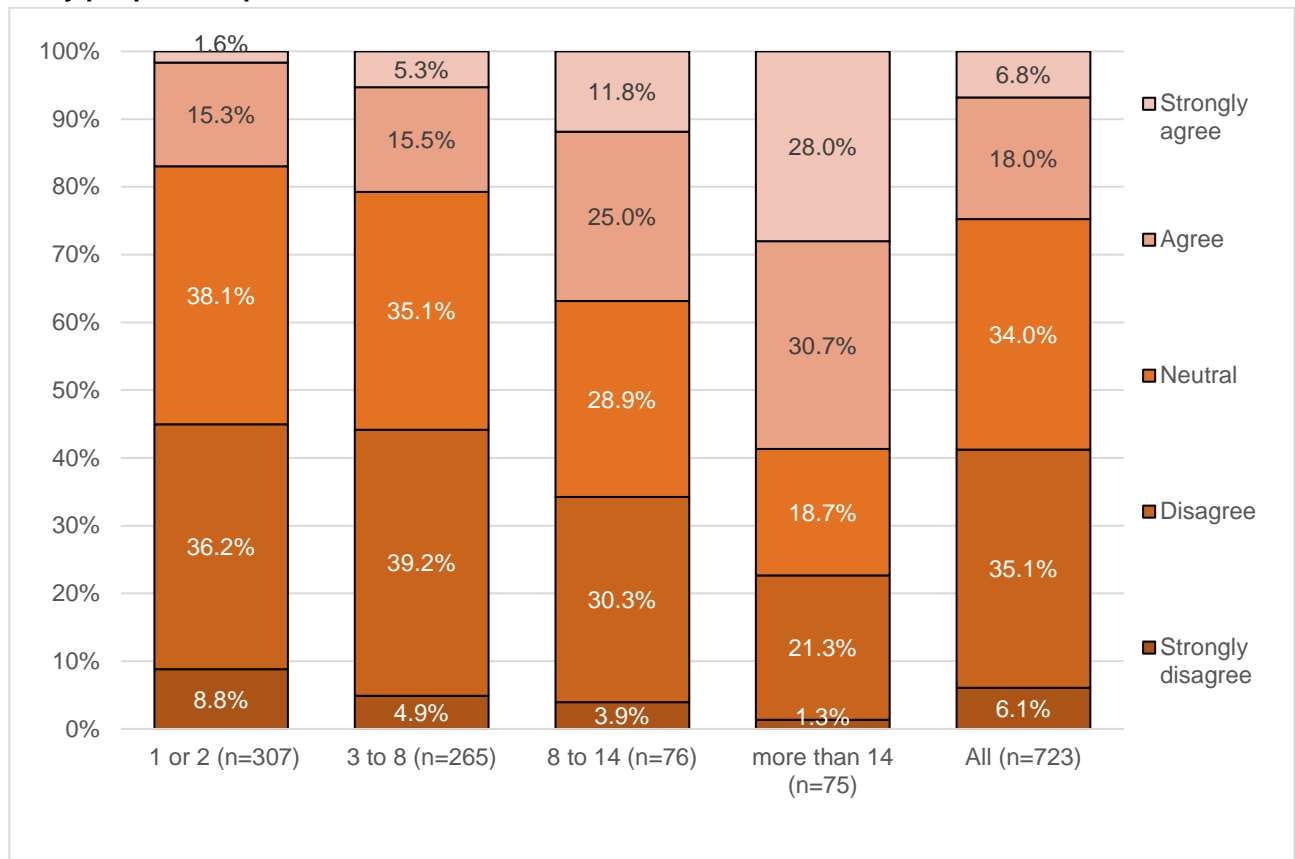
## 7.2 Pressure on supervision

The data shows that supervisors who directly supervise large numbers of staff experience difficulties in providing proper supervision. As shown in Figure 7.3, the proportion of supervisors who agreed that they can't provide proper supervision due to lack of time increased with the number of staff directly supervised. Among those supervising only 1 or 2 staff, 16.7% strongly agreed with the statement, and a further 38.5% agreed. Among those supervising more than 14 staff, many more strongly agreed or agreed: 38.7% and 45.3% respectively. Figure 7.4 shows that similarly, the proportion of supervisors who agreed or strongly agreed with the statement "I can't provide proper supervision because I have too many people to supervise" increased according to the number of supervisees. Well over half of those supervising over 14 staff (58.7%) agreed with the statement. Figure 7.5 and Figure 7.6 shows differences in agreement with the statements according to disability setting. On both measures, higher proportions of supervisors in day, residential and case management settings tended to agree.

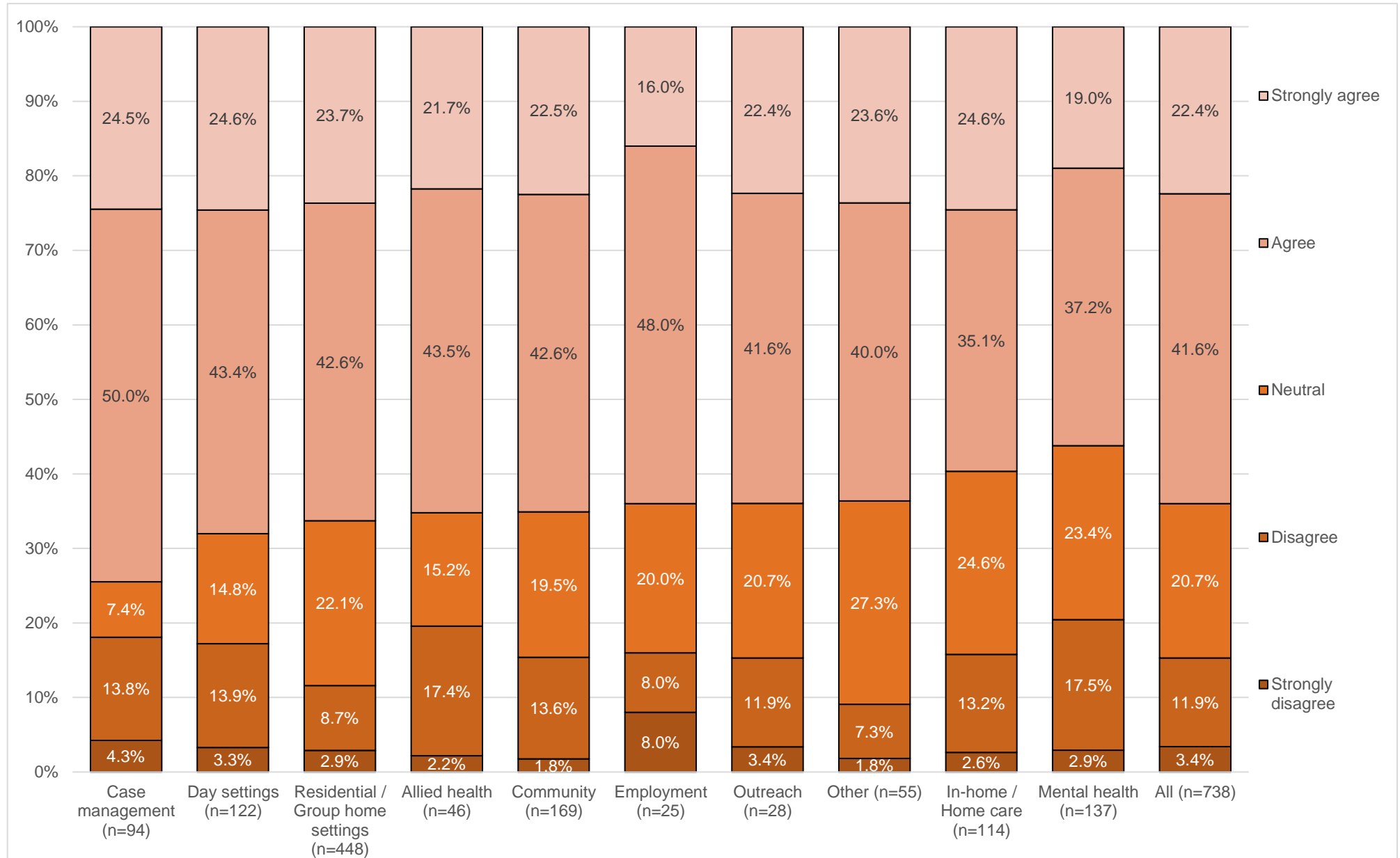
**Figure 7.3 Agreement with the statement "I can't provide proper supervision due to lack of time", by number of staff directly supervised (n=382)**



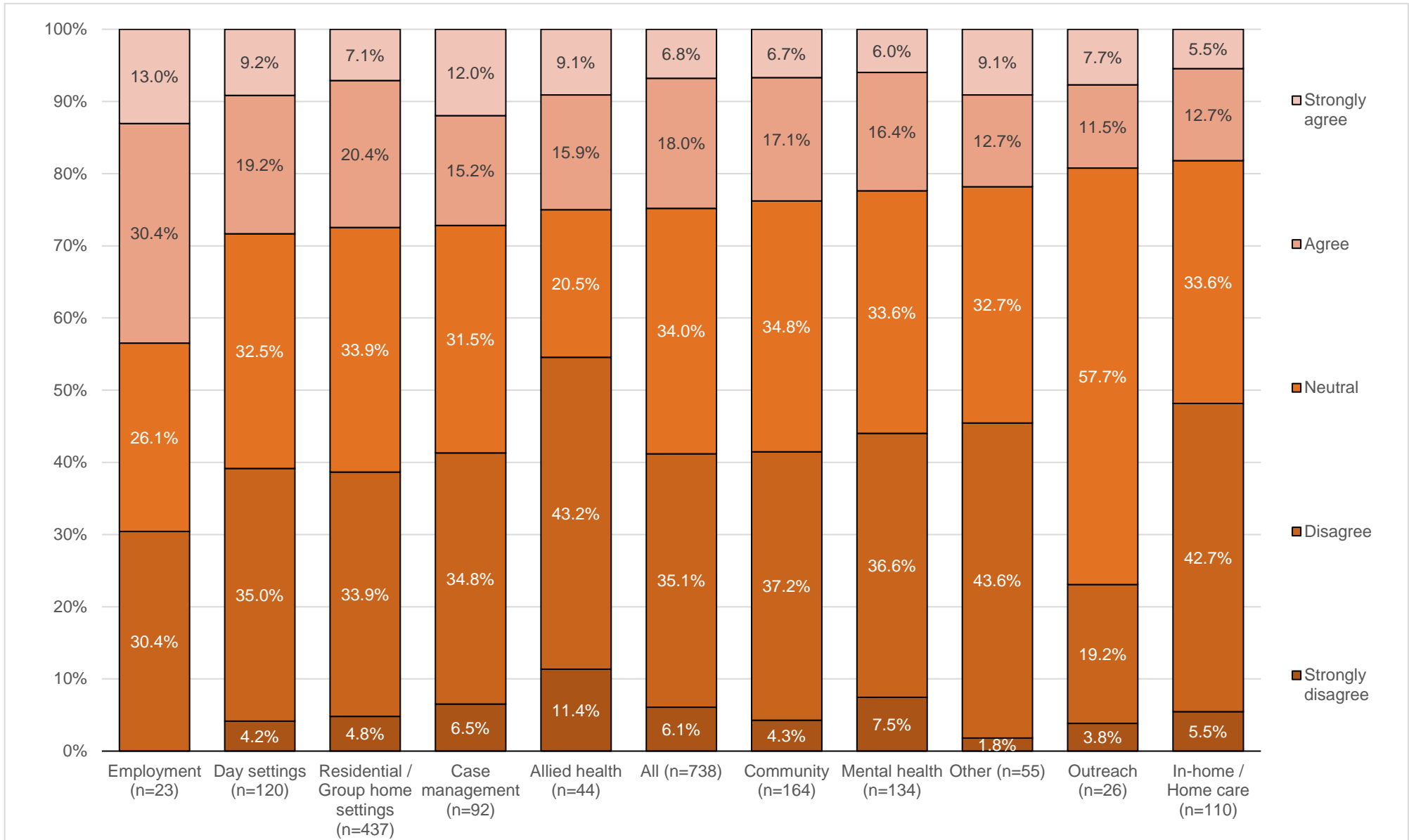
**Figure 7.4 Agreement with the statement “I can't provide proper supervision because I have too many people to supervise”**



**Figure 7.5 Agreement with the statement “I can’t provide proper supervision due to lack of time”, by disability setting**



**Figure 7.6 Agreement with the statement “I can’t provide proper supervision because I have too many people to supervise”, by disability setting**



## 8. Logistic regression

### 8.1 Understanding the factors affecting impact of the NDIS on participants

To better understand the factors affecting whether or not respondents perceived the NDIS to be positive for participants, multivariate analysis (logistic regression) was used. Logistic regression allows exploration of associations that multiple variables have on a binary categorical (non-numerical) outcome variable. In this case the outcome variable was a binary indicator distinguishing whether respondents agreed (or strongly agreed) with the statement "The NDIS has been positive for the participants I work with" (coded as 1), as opposed to those which did not agree with the statement (coded as 0).

### 8.2 About the model

The model includes control variables to account for the effects of worker demographics, disability setting, and working conditions, each of which could influence perceptions of the impact of the NDIS on participants. Binary indicators were included to control for the effect of gender, and working in NSW and Tasmania (as higher proportions of respondents in these areas reported the NDIS was positive). It also controlled for disability setting, whether respondents had worked in disability services for less than 2 years, or more than 10 years, and whether the respondent worked for more than one disability provider.

Working conditions were captured with a binary measure of pay justice, job security, time pressure, and capacity to provide quality supervision. Pay justice was constructed as a binary measure which grouped together (and coded as 1) those who agreed (or strongly agreed) with both the statements about pay "I am paid fairly for the work that I do" and "I am satisfied with my overall level of take-home pay". Those who did not agree with both measures were treated as not perceiving pay to be just (and coded as 0). To capture job security, a measure was constructed capturing those who agreed with the statement "Under the NDIS, I worry about the future of my job" compared with those who did not. Similarly, time pressure was captured with those who agreed with the statement "I don't have enough time to do everything in my job" coded as 1 (and the remainder coded as 0). A measure of quality supervision was constructed. Those who disagreed with the statement "I can't provide proper supervision due to lack of time" and "I can't provide proper supervision because I have too many people to supervise" were considered to provide quality supervision, and coded as 1.

### 8.3 Results

Results (odds ratios) are in Figure 8.1. Odds ratios greater than 1 (and which were statistically significant) indicate the factor was associated with increased odds of reporting the NDIS was positive, while those lower than 1 predict lower odds of doing so. The results show that three factors predict whether or not respondents perceived the NDIS to be positive for participants: state, pay justice, and job security. In particular:

- Residing in NSW and Tasmania were associated with increased odds ratios (of 2.7 and 2.5 times, respectively).

- Perceptions of pay justice also more than doubled the odds of perceiving the NDIS to be positive for participants, with odds ratios of more than 2.4 times.

Poor job security was associated with lower odds of reporting the NDIS had a positive impact on participants:

- Worrying about the future of one's job lowered the odds of reporting the NDIS was positive for participants (Odds Ratio=0.3).

**Figure 8.1 Odds ratios: Employees who agreed with the statement “The NDIS is positive for the participants I work with”**

	Odds ratios	Standard error
<b>Works for more than 1 provider</b>	.83	0.4
<b>Two years of experience or less in providing disability services</b>	1.8	0.6
<b>More than 10 years of experience</b>	1.4	0.3
<b>NSW</b>	2.7**	0.3
<b>Tas</b>	2.5*	0.4
<b>In-home/home care settings</b>	.8	0.4
<b>Allied health</b>	1.5	0.5
<b>Case management</b>	1.2	0.4
<b>Community settings</b>	1.2	0.3
<b>Perceives pay is just</b>	2.4**	0.3
<b>Provides quality supervision</b>	1.2	0.4
<b>Time pressure</b>	1.1	0.3
<b>Concerned about future of job</b>	0.3***	0.3
<b>Constant</b>	<b>0.2</b>	<b>0.4</b>

\*p<.05 \*\*p<.01 \*\*\*p<.001, Nagelkerke r square = .18, Hosmer-Lemeshow chi-square=5.6 (8), p=.685. Reference category is a female employee in 1 job with between 2 and 10 years experience working outside NSW or Tasmania.

## 9. Comments and concerns about working in the disability sector

Respondents were asked if they had any comments or concerns about their work in the disability sector and / or the NDIS. Overwhelmingly, respondents used the opportunity to comment: 913 workers provided comments (60.0%). The themes below reflect areas of concern. Note that each quote comes from a different person, with quotes selected to exemplify key themes expressed from the group as a whole.

### 9.1 General concerns about the NDIS

Respondents expressed significant concerns about the working in the disability sector and under the NDIS. Several respondents expressed confusion about the NDIS and the process of change, for example:

The organisation I'm with are not providing informing us what we employees should be doing to prepare for the roll out in our region, not sure they know what they are doing.

Everyone feels that they are in the dark about the NDIS, no one knows what's happening, or where they will be standing in the future, whether our jobs or pay will be secure, who knows, because no one is telling us anything

As well as reflecting uncertainty about the process of change, respondents' comments provide insight into the range of adverse impacts workers see the NDIS to have on the quality of services and the quality of jobs. Some explained that although they agreed with the principles of the NDIS, the Scheme did not appear to be implemented in positive ways, as financial considerations were eclipsing the needs of clients. Many expressed concerns about the resource model. They saw funding levels for people with disability to be inadequate, which raised concerns about clients' ongoing and future capacity to purchase the quality and quantity of services required. Examples of this sentiment are in the following statements:

I fear it is mostly a cost saving scheme for the government. Theoretically it should work well, but at the moment it appears to be underfunded.

I am concerned that people will not receive adequate packages. I work in respite and there appears to be questionable future funding for this service.

The NDIS has turned an industry which use to be about caring and nurturing into an industry which only cares about profit for the provider.

Concerns about resourcing of the NDIS centred on the impact on people with disability. One respondent explained:

The funding for the NDIS needs to meet the needs of people with disabilities. The government needs to take a reality check and they need to remember that they are dealing with the lives of very vulnerable people. If the NDIS is funded correctly it will



be a fantastic step forward if the funding is not there then people with disabilities will have to take a giant step backward to time before deinstitutionalisation!!!

Many of my clients have wondered why they have to change and what are their choices if they don't go with the NDIS? Many of my clients cannot read or write or are very limited, they have no family and the NDIS was not designed for these types of clients. The NDIS should have been more carefully worked through but all clients have been lumped in the one boat. Many have been very stressed about the change and all that goes with it. They feel they have no choice but to go along with it.

As well as being concerned about the impact of the NDIS on people with disability, workers also expressed concerns about the impact on family members:

People with high support needs will get less hours of support. There will be pressure for the mothers of people with disabilities in particular to look after their son or daughter for more hours.

I am concerned about vulnerable families and how they will be able to articulate their needs and negotiate the system. Both staff and participants are very confused about how the NDIS will work.

Another respondent, working in a community participation / community access setting, also focused on the impact of the NDIS on parents of children with disability, and described their frustration at discovering plans were unsuitable for meeting their children's needs:

The NDIS is the worst thing this country has done. I am constantly on the phone with parents, crying out of frustration as they feel that they have lost support, have nowhere to turn for help and basically do not totally understand the scheme as it stands. I have had one parent at the edge of totally giving up and was so concerned with his state of mind that he was referred onto support for himself. The amount of times I have heard families say, "I am so tired of fighting for my child". We have that many families who have appealed their plans as Local Area Coordinators and Planners have been employed with minimal or no experience in the disability sector. How can families receive a plan that suits their needs when the person who is supposed to be guiding them through the process has so little experience?

Other workers also expressed concerns about the quality of the planning process, pointing out how planning was conducted without ensuring support for participants, and without a face to face meeting:

I feel that anyone changing to the NDIS needs support while being interviewed on the phone. There is no face to face meetings and the people doing the interviewing know nothing about the person being interviewed. This can be very misleading if the person being interviewed does not give a full history of their situation.

Another respondent outlined how the NDIS was reproducing inequalities, as people with disability who had strong family advocates had better access to Scheme resources:

I have concerns about families not receiving the support they need to navigate the 'system'. From accounts with numerous families I have learned that NDIA support/funding is more likely to be received by families who 'jump up and down', which indicates to me that it is a reactive, not proactive system. For such an amazing concept, I think it is really important for access to the NDIA to provide equality, otherwise the same inequalities that have always been in the disability sector will continue to occur.

Several workers commented that the NDIS was failing particular groups of people with disability, in particular by failing to recognise the complexity of need. As one explained:

NDIS has been created with a particular set of disabilities in mind, or at least as a priority, but in the case of intellectual disability there is not enough consideration given to the complexities of supporting those with complex care needs. Where participants are unable to self-manage or advocate strongly for themselves, supervisory staff are not being given the resources to properly provide choices and to collect the evidence that quality services are being delivered. What was sold as an opportunity to address the inequalities inherent in the block-funded arrangements has instead delivered a cost-cutting exercise; whether through accident or design, the lofty ideals of the NDIS are not being going to be achieved for a great many participants unless the paucity of funding to provide the best outcomes is rectified.

As well as people with intellectual disabilities, workers also noted the difficulty of engaging with the NDIS for people with mental health or psychiatric needs, older clients, people who were homeless or disconnected from family, and those unable to advocate for themselves.

## 9.2 Concerns about service quality

In their comments, workers expressed strong concerns about service quality under the NDIS. Perceptions that clients' needs would not be met under the Scheme were widespread, reflected in comments like:

The only concern that I currently have is that the people that I work with, I'm worried that their needs won't be totally met.

Those working with NDIS participants had witnessed changes in practice which they attributed to the Scheme, while others commented that changes had been made by their organisation in anticipation of the NDIS rollout. Some commented that people with disability were 'treated like numbers' in ways antithetical to the ambitions of personalisation, while others noted high risks, including poor staff training, reductions in staff numbers, and grouping clients together in inappropriate ways. One respondent, who had been a casual worker in an accommodation setting for 10 months and was new to disability services, explained that she had never been shown how to manually assist in moving people in and out of wheelchairs. Another, working in a day program setting explained how services were being organised in ways which raised behaviour-related risks:

The day programs I work at supports participants with high support need and challenging behaviours. Due to the lack of funding some of these participants receive we are currently grouping the participants up. This can be difficult as some of them do not like to be grouped up and this can cause behaviours which is not

detrimental to the worker who could be on their own supporting this group but also the other participants in the group.

Risks were also seen to arise relating to the use of temporary casual and agency staff, and staff turnover, which were seen to undermine standards of care:

Standard of care drops significantly when new, temporary and unfamiliar staff work with residents. The calibre of agency staff is significantly lower than that of ongoing employees. In my team, this is not just a job; it is a career that we are passionate about. We commit to our residents long term for consistent improvement and quality life experiences. I am concerned that NDIS will casualise the workforce, leaving staff disengaged, devalued and bitter, and clients in the care of people who are not committed to positive outcomes.

Others explained:

There appears to be a trend of more agency and casual pool staff working than permanent employment. This impacts on clients' health and well being. Increased assaults at work result from staff who don't know clients enough to support them especially clients with behaviours of concern. Job security and not being able to retire is impacting staff health and wellbeing. Working on weekends impacts on family togetherness. The pay scales have not increased but the cost of living has and staff are struggling to meet basic living standards.

The hourly rate payable is so low that we have to take what we get in terms of staffing. This is extremely dangerous in a sector that does not require any prerequisite qualifications, skills, or knowledge, and will undoubtedly (especially with such little time to effectively supervise staff) result in people dying either directly or indirectly from staff actions (or lack of action). The NDIA will see a devolution of large residential services, which are filled with trained and qualified medical staff, mental health professionals, psychologists, psychiatrists and social workers. The people from these places are going to NGO's who have untrained and unqualified staff looking after these highly vulnerable and complex people, most of whom have been in the disability sector for a couple of weeks by the time they commence supporting them, coming from fast food/hospitality services, newspapers, and (even scarier) security services where brute force was the preferred option of dealing with people.

The use of untrained staff was seen as a major risk:

I feel that our ability to support individuals with mental health concerns has been undermined and negated by the new methodology of the NDIS. New staff that have been employed to fill the newly created gaps, they are not trained and are creating confusion with our supported individuals. Apparently there is no training funded for these new staff members which I find absolutely horrendous. I have studied for approximately 5 years in this position. I am very worried about how this will impact on the individuals that we support. Also, that the sector will not retain quality staff members.

### 9.3 Concerns about pay and conditions

Survey respondents expressed significant concerns about their working conditions and remuneration under the NDIS. These concerns are captured in the following statements, which highlight degradation of working conditions in a range of ways, through subcontracting and self-employment, use of private vehicles, unpaid administrative time, loss of hours, and loss of penalty rates:

I am concerned about changes to my working conditions under the NDIS. Forced to use own vehicle to provide support. Associated costs e.g. business rego and insurance, cleaning, wear and tear. Not paid until I reach the home of my next client. Not paid for admin time. I believe that the NDIS can be beneficial for people with a disability and may offer great opportunities. However the disability support staff seem to be the ones that have to make all of the sacrifices, money, time and workload.

I am concerned about there being sufficient work available and a possible big drop in pay and working conditions and the possibility the weekend pay rate dropping and the country taking a huge step back in time in terms of pay and workplace conditions and standards.

I'm concerned that the 'hidden' world of subcontracting will become the norm and already on the NDIA website there are banners excitedly promoting self-employment opportunities. Standards of care will drop exponentially and the people that will suffer will be the clients. I will not work for peanuts whilst putting myself at risk of physical assault and I think many long-term employees with many years experience will do the same.

Many explained how they had experienced degradation in their work-life balance, and associated work stress, lowering enjoyment of the work:

In the past year our staffing has been cut back dramatically and the customers are not able to get all goals realised or quality one on one time with staff, also I am finding I am exhausted and on some days rushing aimlessly trying to complete all tasks pertaining to all customers within the daily time frame, it's becoming ridiculous. Starting to hate coming to work, some days. And that's just not who I am, I don't like what's happening to the industry, I hope the changes make work life conditions better once things settle down with the NDIS transition.

Indeed, the challenge of delivering quality services and supports were a reason people were leaving, including this respondent:

I have just resigned as a NDIS LAC due to over work, lack of management support, focus on KPI's not participants, changing requirements in the job, lack of follow up / time for participants after planning session, huge discrepancies in \$\$\$ attached to plans by NDIA planners for similar situations/disability.

## Remuneration

Overwhelmingly, workers considered the pay they received to be inadequate given the level of complexity and risk in performing work in disability services, or were concerned that pay would drop as a result of the NDIS making remaining in the sector untenable:

The NDIS does not allow employers to offer appropriate wages, especially high risk clients. \$22-25 an hour for high personal risk - no way. I'd rather work at Woolworths.

I enjoy the client contact and believe the pay is fair but would reconsider working in the sector if I was paid any less for what I do.

The NDIS is only paying award wages and not what I am currently being paid. I fear that I along with many others, will be financially disadvantaged! I fear that quality of care will gradually deteriorate for the clients.

Many comments gave examples of poor employment and work organisation practices, including being employed at low pay grades and on short term or casual contracts. Some explained how changes in rostering had left them worse off, or that they were worried about how shorter shifts would erode their pay, for example:

I am worried that the hours of work offered will consist of 1 to 2 or 3 hour shifts and hardly worth traveling for once you factor in travel time petrol and time wasted to get to other shifts.

Recently, I had a roster change, a take it or leave it change even though I was already working a permanent roster, since then my yearly income has reduced by \$8000. When I questioned this the coordinator said that [the organisation] doesn't care about penalty rates or your personal life outside of work. We have also been cut on weekends from 2 staff to 1 to look after 5 high support clients. Lack of support is getting worse.

## Employment classifications

Several respondents identified how the NDIS had caused their organisation to downgrade their employment classification and freeze their pay rates. As one worker explained:

I am concerned that the organisation I work for is trying to downgrade mine and co-workers grades by using the NDIS as an excuse to do so. They claim in order to be attractive to families to want to use us that it is better for us to be grade one or two rather than grade three as we are at the moment. I believe they are just in a race to the bottom with only their own company profits as their main focus. I have qualifications in disability as in a Cert 4 but they would prefer to employ people off the street with no experience and no qualifications because they are cheap. What sort of service is that going to be for our clients? It's a disgrace.

Similarly, others explained:

My employer and many others in our region are reducing pay grades in anticipation of the roll out of the NDIS. For the last two years all new employees are paid at SCHADS 2.2 instead of the previous starting rate of 3.2. By attrition they are

eroding pay rates in order to shore up their financial position to weather the end of block funding and the introduction of fee for service invoicing under NDIS. There now are almost no new permanent employment contracts and most new contracts are offered on a three month basis at the most.

We have been advised that our hourly rate is higher than what the NDIS rate is so as grade 3 employees, we will be now classed as grade 2. We won't lose pay immediately however we won't be getting a payrise until grade 2 rates catch up to ours. We currently access cars from our organization on leaseback as we use our cars daily for our work. We are losing the cars too. We have also lost our first aid allowance and we no longer get our first aid training paid for by our employer. We are also concerned that we will only be paid per the actual hours spent with clients and not for the travel in between and office time etc. Currently I may only spend 6hrs directly with clients (3 clients at 2hr each) and am paid for my whole day 9am - 5.00pm as that reflects my roster.

Another explained how employers were attempting to save money by reclassifying disability work under the 'homecare' part of the SACS award, to enable shorter shift times:

The casual nature of the work and the pay/minimum hours is very unsustainable. My employer claims it is legal to pay under the Homecare part of the award for some classifications of clients and therefore legitimise a minimum 1 hour shift. It is also very difficult to come to work (often travelling 30 kilometres) for a 2 hour shift, then having to wait around for the next shift 4-5 hours later. There is little consideration for the impacts on workers - the entire focus for the organisation is on filling shifts and building customer (participant) numbers.

## Workloads and stress

As well as pay, many highlighted how their workloads had increased under the NDIS, or in anticipation of NDIS, resulting in high levels of stress:

As a carer, I feel I am placed in impossible and stressful work situations - there are so few carers available that I feel compelled to accept work hours & travel times (often unpaid) due to a sense of obligation and loyalty to my clients. During many services, there is insufficient time to complete all I need to do and if I exceed the allocated time, I am not paid. I know my clients are very grateful and value my commitment but I feel carers are being taken for granted & have no voice at all.

We are being loaded with more work and less time for the people we support and are told we just have to deal with it as its going to get worse for us support workers as it is now we don't have enough time in a day to do all they expect us to do and from management it is like it or lump it.

I am concerned that our rate of pay will be less and we will be required to support more people eg instead of two per day face to face it may be increased to four, therefore decreasing the quality of support currently being provided. Also it appears that our organisation is going to be a mobile workforce and we will have to use our personal vehicles etc which will increase our personal expenses plus increase isolation of workers where we will not have the opportunity to debrief with each

other face to face. Many more concerns. However the financial aspect is very concerning.

Many workers who responded to the survey linked their concerns to both transition to the NDIS and the associated privatisation which has occurred or which was pending:

I am concerned that under NDIS we have to take on more clients as we are now privatised. There is a lot more pressure to take on new clients so that the case load has increased. There is less recognition of mental health issues that impact on our work. Before we could spend extra time if needed with a client in crisis, now it is all about hours and money. The pressure is immense and we are monitored to every minute via a carelink software system and we have to bill everything. I have never felt so pressured as I do now and the pressure is just not the clients but also the system that surrounds NDIS. I worry that whoever provides the cheapest service will get the clients and this it becomes all about money. Certainly the money and hours is what is now pushed and this seems to be the main thing. As a worker this is very disappointing and has changed the face of disability work for the worse.

Concerned that the residents that I support will have a poor standard of care should [my organisation] privatise. I have supported the same client group for 10 years and know their support requirements, service providers and family well. I would seek different employment opportunities available to me if [my organisation] was privatised.

## Concerns about unpaid work

A strong theme within workers' comments about the adverse impact of the NDIS on wages and conditions was the amount of unpaid work required. Employees expressed concerns that expectations of unpaid work were increasing, including for travel and administration which were necessary elements of service delivery. Examples of comments that focused on this are as follows:

The system does not provide funding for anything other than direct support, therefore all the ancillary tasks such as note writing, documentation, communication with other stakeholders must be done in the employee's own time. In my case I spend at least one hour each day unpaid doing file notes etc. This needs to be looked at as all of this documentation is mandatory.

My biggest issue has been agency work where you use your own car and do not get paid between jobs. Sometimes I have been paid 1-2 hrs for spending over half a day doing job related activities. I see conditions getting worse under these conditions.

## Job security and underemployment

Many employees also expressed significant concerns about job security and the security of their shifts and income, in the disability sector and under the NDIS. One respondents, who provided disability services for more than one employer, explained:

My jobs feel very insecure, I'm forced to remain a casual as part time jobs are less available and can drop my hourly rate to just \$20. In every job I've had we are

ALWAYS understaffed and torn between multiple employers. Support worker turnover is fast, especially when there are management issues and this is detrimental to the clients and their continuation of care. I love my work but I'm so shocked at how ruthless service providers can be!

Workers perceptions that hours were under pressure, and that shifts were not secure, were reflected in the following comments:

In one role I am employed in they are not offering part time permanent positions only casuals and they have reduced my rostered time by 1/2 an hour each day.

I started on a 136 hour a month contract and lowered it to 120 and was told I could always put it up if needed the hours are always there which was not true, they would not let me increase my contract. They have just hired people on a 8 hour a month contract and 30 hour contract and they pick up extra shifts. I have always tried to be a reliable and valued employee but not feeling it now.

I am concerned that I may lose the stability of the current shifts that I have once the NDIS roll out. For example if the client cancel the support and giving enough notice to the organisation.

Others expressed similar sentiment:

I am a single parent and am worried that I will not maintain my current level and entitlements and salary which will affect me and my family directly.

My concerns are job security and my future employment I still have almost 30 years of work ahead of me so it's important now!

Currently not getting enough hours since the introduction of NDIS because of the 10hrs break in between shift that they just introduced

Together, these responses reflect significant concerns among employees about a wide range of quality and employment issues seen to arise from the NDIS, or which workers were anticipating would arise from rollout in their area.



## 10. Conclusions

Overall, these findings provide insight into the characteristics and experiences of workers in the disability service sector and in particular, their experiences of working under the National Disability Insurance Scheme. While differences between those working under the NDIS and other disability workers were not consistently evident, the results show a range of quality and workforce risks of the Scheme. While workers' primary concerns were with falling standards of service for people with disability, the survey also shows workforce problems such as high supervisory loads under the NDIS, multiple job holding, and major concerns about job quality, work time and financial security. Moreover, the regression analysis suggests that for this sample of highly experienced workers at least, decent pay and job security are associated with higher perceptions of outcomes for NDIS participants.

The findings indicate the importance of working conditions in the disability sector, and the links between working conditions and the quality of service provision. The results suggest some ways forward, including keeping supervisory loads at reasonable levels, and ensuring experienced workers are retained in the transition to the NDIS. This could be built on with an ongoing and ideally longitudinal program of research, to monitor workforce issues and working conditions in the disability sector through the process of change, and to assess the impact of interventions to improve working conditions and workforce quality and sustainability as a determinant of high quality disability services.