

NDIS

1. The National Disability Insurance Scheme (NDIS) is the largest social reform in Australia since the introduction of Medicare. The NDIS is intended to facilitate increased participation by people with disabilities in all facets of society and life, including the workforce, and to significantly improve their access to support.
2. The NDIS represents a new model of service delivery, where funding follows the service user who has choice and control in the delivery of their supports. However, this contestable funding model has increased employment insecurity for the disability support workforce and requires significant reform.
3. Congress supports the promise of the National Disability Insurance Scheme that enables people with disability to maximise their social and economic participation, independent lifestyles and their full inclusion in the community. This includes providing reasonable and necessary supports that are high quality, innovative supports, while delivering choice and control for NDIS participants in pursuit of their goals and the planning and delivery of those supports. This is in accordance with Australia's obligations under the UN Convention of the Rights of Persons with Disabilities.
4. Government must work constructively with both workers and people with a disability to implement the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Findings from the Commissions, as well as the NDIS Review, which must be implemented as a priority are:
 - a. expand the role of the NDIS Quality and Safeguards Commission to regulate all disability services (DRC 10.1), give it the resources to strengthen compliance activities and respond to quality and safeguards issues (NR 17.6).
 - b. A new funding model that enables sufficient and flexible investment in the NDIS workforces and is based on funding for shared supports and with community commissioning in thin markets (NR 9)
 - c. Transitioning price-setting from the NDIA to IHACPA (NR 11.3)
 - d. Support choice and control through adequately funded, high quality independent support coordination, fully funded advocacy services, and supported decision-making in disability services (DRC 10.2 to 10.7).
 - e. Support portable entitlements to training and leave (NR 15.1), provided that the training is stackable, accredited and supplements a minimum qualification requirement.
 - f. Supporting DSW & Provider registration, emphasise that this must be connected to portable training entitlement. (DRC 10.8 and NR 17)
 - g. The future 'foundational supports' must protect choice and control for participants and good working conditions for workers.
5. Disability work is skilled work. Congress recognises that quality care and support for people with disabilities is being undermined by poor staff pay and conditions. Congress supports the vital work performed by all workers in the disability sector and notes that quality care and support can only be delivered by a workforce that has access to fair wages and decent working conditions. Congress supports the introduction of a disability sector workforce development strategy (WDS) that addresses a number of workforce issues including: career progression, attraction and retention, improving the appropriateness training and education, worker regulation, provider accreditation, and best practice disability support management. It is essential that unions play a central role in the development of a disability sector WDS.
6. Congress calls for the closure of the homecare loophole in NDIS to ensure all disability support workers get the benefit of equal pay. This includes attestation as a condition of NDIS funding to ensure providers are paying the correct rates. The correct classification stream is Schedule B – Social and Community Services Employees, in the Social, Community, Home Care and Disability Services Industry Award 2010. The minimum classification is SACS Level 2.

7. In order to safeguard quality support, maintain best practice and enhance professionalisation, a nationally consistent disability workforce registration and accreditation scheme should be established. This must comprise the following elements: pre-employment screening; mandated minimum qualifications (applied proportionate to risk); ongoing professional development; and a protected title. To avoid imposing an onerous burden on individuals through duplication, the process should recognise alignment similar schemes in other care and support sectors such as aged care as well as workers who are regulated under an existing system (e.g. Ahpra).
8. A regulatory framework administered by Government and establishing minimum standards, including a requirement for direct employment and benchmarks for providers should also be developed to ensure accountable, quality care and sustainable outcomes for people with disabilities.
9. The NDIS Quality and Safeguards Commission is the independent regulator for the disability sector. Despite recent staffing increases the regulator has struggled under excessive workloads, under staffing, over reliance on labour hire and a reluctance to use the full extent of its powers to properly regulate a sector riddled with corruption, abuse and profit-driven shortcuts. The NDISQSC urgently needs staffing increases and for the previous mismanagement of the regulator to be addressed. The NDISQSC should also establish a tripartite advisory board to ensure that its decision making and determinations are grounded in a thorough understanding of industry conditions and best practice.
10. Congress notes with concern the low and capped prices of the NDIS and the negative impact they have on the wages and conditions of the disability workforce. Congress supports NDIS prices that meet the true costs of quality service delivery. NDIS price-setting must be transparent and informed by current research that recognises the link between work performed, industrial settings and quality outcomes for people with disability. Prices need to ensure that minimum industrial benchmarks are met, allow scope for bargaining above minimum industrial standards and accommodate meaningful career structures for disability support workers. Both NDIS prices and the key features of the scheme's design must not increase the prevalence of insecure work by allowing for enhanced job security through increased use of ongoing modes of employment.
11. An NDIS Workforce Compact should be established to ensure the NDIA Cost Model operates to allow providers who negotiate enterprise agreements with above Award wages and conditions to have these wage and condition improvements fully funded and passed to workers. This funding should not come at an additional cost to participants and their plans. A NDIS Workforce Compact would fund higher wages and improved working conditions through enterprise agreements to attract and retain a well-skilled and sustainable workforce that facilitates choice and quality outcomes for participants. Government should take steps to establish this compact as soon as is practical.
12. Funding and pricing must better support the NDIS workforce must be better supported, through pay, to complete work outside of direct care and support, such as administration, debrief time and paperwork. Changes needed to ensure that workers undertaking 'sleepover' work are adequately paid for their time. NDIS pricing must capture this full scope of work required by disability support workers and other health professionals, such as allied health.
13. Funding of allied health remains an issue in the NDIS. The delivery of allied health under the NDIS involves significant administrative work, which either goes unpaid or leads to supports being more expensive for NDIS participants. Pricing approaches do not support collaborative health practice or quality outcomes for people with disability, and price caps for therapy supports have remained low for years. Pricing and funding reform for allied health must be explored to maximise value and outcomes for participants and enable workers to operate at the top of their scope of practice, supported by increased investment in non-acute allied health funding outside the NDIS.
14. There needs to be better coordination between health care and disability services, to avoid gaps in care, reduce miscommunication and loss of important information, and improve outcomes for people with disability. This should include in-reach services that support people to stay at home, continuity of care models (including pharmacists that can modify medications for individuals), the involvement of experts in disability working within health care, and including health care experts in disability sector development and reform.
15. Congress notes support future changes to the NDIS which allow more participants to take up different, innovate housing and living options. Such changes would support greater choice for participants and give people with disability more freedom. It is critical however that when this occurs there is a just transition for workers in group homes, particularly for workers in group homes historically operated by

state governments on enterprise agreements significantly above the Award (e.g. employees under the Disability Services Enterprise Agreement of Victoria). Any change to housing and living models should ensure continuity of workplace entitlements and stability of funding, and wholesale changes to housing and living should not occur against the will of participants.

16. Congress affirms that any worker providing disability supports funded through the NDIS --including those directly employed by NDIS participants -- is deemed to be covered by the relevant industry Award as a minimum.
17. Sham contracting in the disability industry remains an issue that needs to be addressed – particularly given the industries high rates of disadvantaged worker cohorts such as migrants and women. Platform work needs to be better regulated to ensure platform providers comply with their WHS obligations and provide workers adequate pay and conditions. Congress welcomes the reform
18. Congress supports the development and enhancement of skill levels and continuing professional development of the workforce by ensuring access to quality, relevant and ongoing training. It is also critical to ensure that workers already in the industry are able to have their existing skills and work experience recognised through higher pay.
19. Congress welcomes the agreement recently reached between the federal government and the states and territories which will see state and territory governments return to disability service provision. The government should commit to direct employment for all workers they employ in the disability sector. The Government has an important role to play as provider of last resort in some markets, which may require to re-enter some markets. This does not however allows the government to abrogate its role of market development in thin markets – the government should never be the only provider available to a person with a disability.
20. Congress welcomes the moves made by the Government to reduce reliance on consultants and the rampant use of labour hire in the NDIS. We applaud the progress made in resourcing of the NDIA, and in particular the steps taken to begin to convert labour hire workers to direct employment and insource the contact centre from Serco. However, the NDIA is still experiencing understaffing and the backlog of cases are reaching critical levels, putting people with disability at risk. The NDIA must be properly resourced and appropriately staffed with ongoing, public sector employees. Congress recommends that the Government consider legislating to prevent future Governments undertaking this outsourcing by stealth in the future.
21. It is important that everyone has fair and equal access to the services they require that meets their individual needs and upholds their rights. This includes care and services that reflect the diversity of our society, including Aboriginal and Torres Strait Islander peoples, cultural and linguistically diverse communities, and members of the LGBTQIA+ community. Congress calls for reform to the NDIS that ensure every person has access to services that meet their individual needs, including care in place and on country, care in language or with support to access language and translation services, and care that is free from all forms of discrimination and harassment.
22. The workforce in the caring sector is just as diverse of those that require care. Diversity, equity, and inclusion are essential components of a sustainable, safe and high-quality care workforce. Aboriginal and Torres Strait Islander peoples, migrant workers, and women from culturally and linguistically diverse backgrounds make up a significant portion of the care workforce. It is essential to address the unique workforce development needs of these workers and ensure that they have equal and fair access to career opportunities. A diverse workforce is required to provide culturally safe care, a workforce that is representative of Aboriginal and Torres Strait Islander peoples, LGBTQIA+, and culturally and linguistically diverse workers. It is equally important that workers themselves feel safe and supported in the workplace and that safety is actively promoted as a means of retaining and valuing the workforce.
23. The workforce should reflect the clientele and NDIS providers need to be in place in regional and remote areas, government should assist in the establishment of providers in remote areas to provide services to Aboriginal and Torres Strait Islander peoples that are culturally safe and inclusive.