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Workforce Implications of Consumer-Directed Care Implementation in Health and Community Services

Project Report – Phase One

An evaluation of skills and roles used in the Health and Community Services sector

Contents

Introduction

Consumer-directed care (CDC) is currently being introduced across Australia. It is recognised that CDC is a paradigm shift in the way in which care is provided, particularly in the aged care and disability sector.[1] The workforce implications, however, are expected to be felt in other sectors of the Health and Community Services industry. It is therefore vital that the workforce has the right skills sets in order to be able to provide the required support but also to remain employable.

In a CDC model, consumers are given the opportunity to control their own funding and they should be able to select providers and staff that they prefer. This marketisation of care (or cash-for-care) is intended to improve service delivery by encouraging competition and a focus on customer service among providers.[2]

In response to the CDC reforms, an ageing population, and new demands from consumers, new roles and ways of delivering services are being created.[3] However, despite innovative approaches and data indicating the workforce will need to grow substantially, there is a concern that not enough staff will be available, and this remains a serious risk to the quality of care (ANAO 2016).

SkillsIQ is conducting an evaluation of the new roles and skill sets that have emerged with the implementation of CDC models across the sectors and across Australia. It is assumed these roles and skills will become even more sought-after when more consumers join the National Disability Insurance Scheme (NDIS), and after February 2017, when the Home Care Packages will reform the aged care sector by giving aged care consumers the ability to choose their own provider/s.

This report presents the first phase in the evaluation. It provides an insight into the background research conducted and contains recommendations for the CDC evaluation research.

The research review used both academic literature and grey literature to identify what the workforce concerns are across the sectors in relation to the CDC changes. The review also includes information from NDIS trial sites and comments from service providers.

The report briefly identifies the broad stakeholder groups that could be consulted and an intelligence framework, which can be used to frame the data collection at later stages.

Finally, this report provides more detailed information about the three key focus areas identified in the research and included in the recommendations.

In the next phase, this report can be used as a starting point in order to gain feedback from relevant stakeholders. It provides a clear direction and focus for the evaluation.

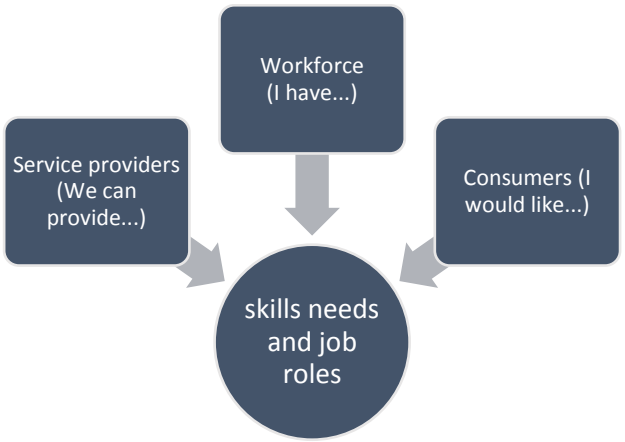
[1] See Dougie Herd: https://blogs.crikey.com.au/croakey/2013/04/10/why-the-ndis-is-shifting-the-paradigm-and-the-balance-of-power-by-all-reports-this-was-an-excellent-presentation/

[2] El Gibbs identifies some of the concerns regarding how NDIS is working and the fact it is not always giving people with disabilities a choice, see https://croakey.org/cripcroakey-ndis-part-1-scandals-blunders-how-change-will-only-come-when-disability-rights-are-front-centre/

[3] See for example Co-operative Home Care (http://www.carecoop.org.au/) and HireUp (https://hireup.com.au/) in NSW, but also the UK-based employee-owned homecare provider; social enterprise CASA http://www.casaltd.com/

Project brief

'To examine the workforce implications in terms of skills needs and job roles across the wider Health and Community Services sector with the full implementation of Consumer-Directed Care'



Context

Consumer-Directed Care (CDC) will have significant impact on the workforce in the aged care, disability, mental health and primary care sectors. There is a clear indication that an expanded and more skilled workforce is required.

'One of the biggest challenges and priorities facing service providers is attracting, recruiting, retaining and upskilling a workforce to meet the needs of people with disability' (The Industry Development Fund 2016, online.)

Similar statements have been made by Vision 2020 Australia (2016) and Alzheimer's Australia (2016) in relation to the aged care sector. For example, in the recent media release 'Aged care workforce significantly under threat' (03 November 2016), Alzheimer Australia explains:

'The workforce must have the appropriate education and training, skills, and attributes to provide quality care for older people.'

However, since the changes to the sectors are happening now, intelligence regarding the workforce and potentially new skills requirements and utilisation is very limited.

This gap indicates an urgent need to evaluate the skill sets, needs and job roles that the current workforce is using when working in a CDC environment. To do this evaluation, empirical data from the workforce about the tasks they perform, their skill sets and job roles, is required.

Evaluation framework

Objective:

- Consult with key stakeholders to identify emerging *skills needs* and *job roles* when working in a CDC environment
- Identify and evaluate skills *used* in the practice of support staff (tasks) in a CDC environment
- Collect quantitative and qualitative data
- Analyse and identify whether there are any *cross-sectoral skills* and *roles used* or *required* when working in a CDC environment
- Analyse and identify whether there is evidence of any discrepancies between skills used and current units of competency in relevant training packages.

Project objective

The objective of the project is to produce a report that will identify and evaluate cross-sectoral roles and skills used by the Health and Community Services sector workforce when they are working and interacting with CDC consumers.

Key phases

- Phase 1: Scope literature
  What is known, where is the gap?
  Suggest approaches and focus for research.

- Phase 2: Stakeholder consultation
  Seek feedback and suggestions regarding key focus areas through collaborative workshops and targeted surveys.

- Phase 3: Initial report
  Draft and provide industry with an opportunity to give feedback and offer further insights.

- Phase 4: Final report
  Draft and publish.

Broad challenges to the industry

- The ageing Australian population, which has resulted in a diminishing labour pool and increasing demands on services
- The disability workforce, which will need to more than double in size between 2013 and 2019-20
- Changes in the way services are provided through consumer-directed service models
- A general decrease of available government funds across the sector.

NDIS separates disability from health. The Scheme only provides funding for disability services that are not covered by other systems (e.g. ageing or health) and it is only for people under 65 years of age.

Service coordination between health and disability is ‘typically poor’ (Smith-Merry 2016, p. 3), despite many people with disability also presenting with poor health. This is made more difficult with a specialised workforce, particularly under pressure in a competitive environment. People with experience in both sectors are therefore desirable, particularly in key roles.

Home Care Packages, which enable consumers to select their own service provider, became available to all suitable aged care consumers during February 2017.

Key challenges identified in the literature are as follows. (For details, please see the following sections.)

- Low profit forecasts / unsustainable prices
- Staff shortage
- Skill shortage
- Increased competition for workers
- Difficulties recruiting staff
- Changing consumer expectations (technologies, lifestyles and services)
- Demand for consumer service skills / front facing workers
- Casualisation and lack of job security
- Demand for a flexible workforce
- Automation / robots
- ‘Competition’ among providers
- Complex intercultural environment
- Workloads
- Time management

Cross-sectoral roles

A recurring assumption in the available literature is that CDC is likely to increase the need for cross-sectoral skills (Health Workforce Australia 2014). This is partly due to the interface between health and disability and the need for new roles working across both health and disability (Callaway *et al.* 2015) but also to meet the new demands and expectations (e.g. support with coordination across services).

Health Workforce Australia proposes that there should be 'common pathways of competencies, so that workers can move across sectors and respond appropriately to comorbidity and complexity' (2014, p. 12).

One challenge at the moment is due to the fact that '[t]here are many Certificate III qualifications for each specific sector and sub-sector' and that 'mobility across sectors often requires training in other Certificates' (*ibid*, p. 21).

Recommendations

Based on the review of the literature, an examination of trial site experiences and the objective set out for this evaluation, it is recommended that the research should focus on three key areas; cross-sectoral skills; the cross-sector service coordination role; and the Local Area Coordinator role.[4]

Intelligence about these three focus areas can be used to shape recommendations about future training needs for the Health and Community Services sector.

In order to collect the required intelligence, it is recommended that focus group interviews with relevant stakeholders be held in key sites. Because the full NDIS roll out is taking place now (2016-2019) and the Home Care Packages took effect in February 2017, qualitative data is needed from groups who are working in the CDC environment. This data can then inform the collection of quantitative data, via a survey for example.

Recommendation 1: Cross-sectoral skills

1.1 It is recommended that the research focus on identifying cross-sectoral skills used by the client-facing workforce, particularly the Direct Client Care and Support workforce.

1.2 It is recommended that the data collected in 1.1 should be used to develop 'skills maps' for key groups within the workforce.

1.3 It is recommended that in both 1.1 and 1.2 special attention be given to cross-sectoral skills used at the intersections of the disability, aged care and health sector, and to the safeguarding of vulnerable people and workers in highly autonomous and unregistered service delivery environments.

[4] Further details about these focus areas can be found in the Research Focus section later in this report.

Recommendation 2: The cross-sectoral service coordination role

2.1 It is recommended that a mapping of the cross-sectoral service coordination role (also referred to in the literature as a 'system wrangler' role) be conducted.

2.2 It is recommended that the research focus on identifying skills used by the cross-sectoral service coordination workforce (identified and mapped in 2.1.)

2.3 It is recommended specific attention be paid to the way in which the cross-sectoral service coordination workforce (2.1) operates at the intersections of the disability, aged care and health sectors and supports clients to achieve better outcomes, safely and with dignity.

Recommendation 3: Local Area Coordinators

3.1 It is recommended that the research focus on identifying specific skills used, and roles performed, by Local Area Coordinators (LACs) working in the NDIS.

3.2 It is recommended that the research identify any cross-sectoral roles performed by LACs and to what degree the LACs operate at the intersections of the disability, aged care and health sector.

3.3 It is recommended that the limitations of the LACs role be identified.

Recommendation 4: New skills or job roles

4.1 It is recommended that further research be conducted in order to determine whether additional or expanded job roles exist that do not fall into the above categories. This may cover new job roles, as well as additional skill requirements for existing roles. It is noted that not all skills or job roles will be cross-sectoral or coordination-based, but they need to be considered as a part of this research.

CDC research review

This section contains insights into research and reports about the aged care and disability sectors using a consumer-directed care model. Academic articles, grey literature and trial site data are explored in each subsection. The focus is predominantly on workforce-related insights and findings, not on consumer experiences or other concerns in the sector.

Academic (peer-reviewed) articles

Relevant academic articles are lacking and do not cover the most current changes that will impact the Australian Health and Community Services' workforce. Using NDIS and 'consumer-directed care', or 'cash-for-care' as search terms, the following journal articles were identified. This is by no means an exhaustive list, but an indication of aspects covered in the academic literature.

Key points from academic literature

- Empirical data lacking
- Skills shortages and casualisation of workforce a concern
- More flexible and less regulated workforce may impact quality
- Low, or very low wages, are a risk to the sector
- Questions around what defines reasonable and necessary care
- Expectations around roles create difficulties
- Difficult, and often not appropriate, to make comparisons across different countries, states and/or regions
- Cash-for-care can be positive, particularly for consumers
- Cash-for-care can impact quality of care, income security and opportunities for further skill training.

Australian-focused

The below peer-reviewed articles bring up some concerns. However, there is a lack of evidence about the workforce in a 'cash-for-care' system [or CDC] (Macdonald and Charlesworth 2016). Similar findings are noted regarding the disability sector and the aged care sector.

Among the references mentioned, only Gill *et al.* (2016) use data from the workforce. They provide evidence from qualitative interviews and identify that 'role changes'* (once CDC is implemented in the aged care sector) are creating some difficulties for staff (*role expectations change).

Reddihough *et al.* (2016), using data from the National Institute for Labour Studies (NILS), state that satisfaction in trial sites is very high and consumers appreciate the control and empowerment they are experiencing with the consumer-directed services. However, Brennan *et al.* (2012), looking at the marketisation of care in Sweden, England and Australia, identify how studies in Europe have shown that the elderly in fact do not want the responsibility associated with CDC.

Concerns are raised about the workforce and the new 'person-centred' approach. For example, Green and Mears (2014) highlighted concerns about a growing professionalisation, further casualisation of the workforce, and limited training and career opportunities. They also raised concerns about funding challenges for small-size operators, but they had no data about changing roles. Dowse *et al.* (2016) bring up skills shortages among staff which can be detrimental for people with intellectual disabilities and complex support needs.

There is a concern that support work in a competitive environment needs to be flexible (Foster *et al.* 2016) and less regulated. However, it may 'weaken the sustainability of the workforce' (Macdonald and Charlesworth 2016, p. 641) and potentially lead to uncertainties for support workers, including risks and costs associated with self-employment. Macdonald and Charlesworth (2016) are also critical of the limited research the Productivity Commission relies on when they make their claims about workforce changes (see International studies, below).

Foster *et al.* (2016) demonstrate that the focus on 'reasonable and necessary care' is not straightforward and as a goal for the NDIS, it has policy implications and may lead to some people being left without proper care or support. This relates to concerns about the interface between health and disability and the challenges that may arise when consumers need health and disability support, potentially at the same time.

Despite the challenges regarding skills shortages, Macdonald and Charlesworth (2016) explain that 'the Commission recommended against a qualifications requirement or compulsory training for direct care and support workers…' and they explain this 'is despite the fact that almost 80% of the current workforce has some form of training, mostly either a Certificate III or IV' (2016, pp. 636-637).

International studies

Macdonald and Charlesworth (2016) explain that, internationally, there is 'relatively little research into [cash-for-care schemes'] impacts on care workers' employment arrangements and working conditions.' (2016, p. 628).

Because the cash-for-care schemes look different and function differently in different countries (Brennan *et al.* 2012; Da Roit and Le Bihan 2010), it is not easy to estimate any impacts the schemes will have on a workforce in Australia based on the international research.

Marketisation of care has happened in many 'Western' countries, and it is assumed that a cash-for-care model leads to competition for services. This will likely impact the working conditions for the workforce and the quality of services, potentially in damaging ways (Glendinning 2012; Hussein 2011; Ungerson and Yeandle 2007). Glendinning (2012) concludes after having looked at home care services in England over two decades that;

> *The 'potential benefits of greater market-related choice and competition are therefore likely to be severely attenuated by cost pressures that continue to inhibit improvements in the quality of home care services' (2012, p. 298).*

It is not just quality services that are at risk. Hussein (2011) uses statistical data and shows that in the UK, where cash-for-care has been in place for a while, there is an abundance of evidence of very low pay. In fact, pay under the minimum wage standard is less uncommon than expected. Hussein (2011) also highlights the fact that this is an industry that often employs migrants, who are particularly vulnerable in the workforce.

Findings and comments from specific and regional international studies are not always suitable when discussing the Australian situation, or when research is cherry-picked. As mentioned, Macdonald and Charlesworth (2016) are critical of the Productivity Commission (2011) and the lack of international literature consulted to make comments in the Commission's report about risks associated with the NDIS. They argue the Commission focuses more on positive findings and fails to acknowledge the unique aspect of the Australian situation. For example, two of the references used in the Commission's report, Dale *et al.* (2005) and Foster *et al.* (2007), provide insights into the workforce changes. The concern is that even though relevant, the findings cannot necessarily be transferred to an Australian setting since the cohorts are different and the regulatory space is different.

Dale et *al.*'s (2005) article 'How Do Hired Workers Fare Under Consumer-Directed Personal Care?' focuses on the wellbeing of the support person. They argue that a consumer-directed care scheme will only be effective if the workforce is satisfied. Their findings indicate the satisfaction rate among the directly-hired support persons are high. However, their study focuses on one program, in one state of the USA, and should not be generalised. Furthermore, most of the directly-hired support persons in their quantitative study were friends or relatives of the consumer, making it less ideal to use to assess the Australian context (as argued by Macdonald and Charlesworth, 2016). What does emerge, though, is the need for training and support, whether or not the directly-hired support person knew the consumer previously. Dale *et al.* (2005) explain that, compared to agency workers, the directly-hired support person is less likely to receive formal training.

Foster *et al.* (2007) explain in their article 'How Caregivers and Workers Fared in Cash and Counselling' that directly-hired support workers, compared to agency staff, are more satisfied with their wages and working conditions. Again, their quantitative study includes many support workers who knew the consumer prior to starting care, and often they were related. Again, this means it may not be relevant to an Australian situation, where the workforce may be different. However, the finding that many directly-hired support workers have not received any training may be of concern, particularly since CDC schemes will make it easier for a consumer to employ a friend or relative. This may impact the quality of the care for some consumers, or potentially increase risks associated with the care.

Grey literature

Empirical data from a workforce with CDC consumers is limited in the grey literature. Combined with the academic literature, this further indicates there is a gap about how the workforce experience their roles and any changes to skills used, and/or expected, after the implementation of CDC programs. This is also the reason that the Australian government gave National Disability Services (NDS) the role of administering the $4 million Innovative Workforce Fund (IWF), which will be used for innovative workforce arrangements over the next two years (starting in 2017) [5]. The IWF seems to be most focused on innovative programs that can

[5] See NDS news: https://www.nds.org.au/news/nds-to-manage-new-national-innovative-workforce-fund

support service providers, but otherwise it is not entirely clear how the money will be spent over the next two years.

A number of reports have been published that identify concerns and challenges for the workforce in the Health and Community Services sectors.

Relevant reports consulted are as follows. (Full references can be found in the Reference list.)

- Alzheimer's Australia (2016)
- Australian National Audit Office (2016)
- Aged Care Learning Solutions (2014)
- The Aged Care Sector Committee (2015)
- Aged and Community Services Australia (ACSA 2015)
- Australian Institute of Health and Welfare (2015)
- Callaway *et al.* (2015) (with Yooralla, Summer Foundation & Multiple Sclerosis Limited)
- Central and Eastern Sydney PHN (CESPHN 2016) Annual Report 2015-2016
- Centre for Disability Research and Policy (2014) (high and complex needs)
- Community Services & Health Industry Skills Council (2014)
- Health Workforce Australia (2014)
- Joint Standing Committee on the NDIS (2014)
- KPMG (2012) 'Evaluation of the consumer-directed care initiative'
- NDIS (2016) 'Annual Report 2015-2016'
- NDS (2015, 2016) 'State of the disability sector'
- Productivity Commission (2016) *Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform*
- Quality Jobs & Quality Care (2014)
- Unison (2016) Homecare training survey report (UK)
- Victorian Government (2016) NDIS workforce plan
- Vision 2020 Australia (2016).

Key points from grey literature

- The workforce is changing and needs to grow

The World Health Organisation 'has noted there is a global shortage in home and health care assistants' (The Helpcare Project 2016[6]). In Australia, it is recognised and expected that the aged care and services industry will need to 'grow significantly in the coming years and decade' (ACSA 2015, p. 10). Recent research indicates that many service providers will not be able to satisfy consumers' demands (NDS 2016). However, it is also noted that the challenge is not just about growing the workforce. It is also about understanding the new roles and ways in which services will be delivered once consumer-directed care is implemented across the sector (ACSA 2015. See also footnote 5).

NDS explains that the workforce will need to grow significantly in the disability sector, but also adjust to the new NDIS environment. Despite this, NDS reports that many providers struggle with recruiting staff, particularly allied health staff. Concerning factors are low wages and the increased casualisation of the workforce, with four out of ten in the disability sector being employed on a casual basis (NDS 2016). There is a concern this 'can result in inconsistency of support for participants, low investment in training and qualifications, and weak career pathways.' (NDS 2015, p. 34).

Aged and Community Services Australia (ACSA 2015) identifies challenges facing the workforce, such as staff shortages, skills shortages, increased competition and potentially automation. Similar concerns are expressed across different reports. Some of the key concerns relating to skills required are listed below.

- Lack of skilled workers

It is not just a lack of workers, but workers with appropriate skill sets. The Australian National Audit Office (2016) is concerned

[6] Established by the WHO. See http://helpcare-project.org/about/

about the substantial risk posed by not having a pool of skilled workers in sufficient numbers to meet the needs of NDIS participants. This is also a concern across the wider Health and Community Services sector. For example, Vision 2020 Australia explains that the ageing population and changes to both the aged care sector and the disability sector means 'it will be essential for the blindness and vision impairment services sector to train, recruit and retain more staff who specialise in aged care, particularly in allied health roles' (2016, p. 3).

Health Workforce Australia (2014) highlights concerns about skill level and training but also a lack of clarity around the health and care workforce's roles and functions. One important suggestion is to make sure it is easy for existing staff to use all of their skills and when needed, to 'increase their skills and competencies' (ACSA 2015, p. 11).

However, training opportunities are not always provided in the care sector. A large survey of home care workers in the UK identifies that 'Many are expected to provide…care with absolutely no training, in a rushed manner, whilst being paid poverty wages' (Unison 2016, p. 2)[7].

- The skills and attributes required by stakeholders will change

There is not just a lack of skilled workers, but the skills and attributes expected from the workforce will change in a consumer-directed environment. ACSA (2015) states that more technical skills are needed, while the Community Services & Health Industry Skills Council (2014) explains how a person-centred care culture will require effective communication and customer service skills. Quantitative research by Newly[8], a support service, using psychometric testing (conducted by Pearson and TalentLens) identified that 'personality' will be more important in a CDC environment (Philips 2016). However, this research focused on pre-employment assessments and not on skills used by the workforce.

Aged Care Learning Solutions (2014) does not provide any empirical data about the aged care workforce, but identifies what skills and attributes the future workforce is likely to need. These are: emotional intelligence; leadership and management; client engagement & enablement; social inclusion; and person-centred approaches to mental illness, dementia and other chronic conditions.

- A broader skill set is needed

Because there is a need for a larger workforce across all services, and the role expectations are changing, there is an argument that a broader skill set is needed, to be able to move across 'program silos' (Williams 2016). ACSA suggests that because of the increase in the use of technologies and medication management, there is an expectation staff will need to have a diverse skill set. This expectation will shape recruitment and training processes (ACSA 2015). Another comment about this relates to the complex interface between health and disability and the need for the workforce to be equipped to provide holistic care (Callaway *et al.* 2015).

- A tailored workforce

It is not just a broader skill set that is needed. NDS (2015) identifies the need to tailor the workforce, in order to meet demands from consumers.

- Cross-sectoral skills required

The focus on broader skill sets is also needed for the workforce to be able to work across the sectors, and be flexible and responsive to consumers' needs. Health Workforce Australia point out that 'The future health and care workforce will require more generalist skills and shared competencies for cross-sector care' (2014, p. 9).

[7] See also https://www.theguardian.com/social-care-network/2016/nov/11/care-workers-training-tackle-recruitment-crisis

[8] See http://newly.com.au/australias-future-aged-care-workforce-personality-matters/

Similar cross-sector arguments are made by the Centre for Disability Research and Policy (2014), which identifies the need for a cross-sector service coordinator. Part of their work would be to understand and navigate across service systems. Such a cross-sector role is supported by the Australian Healthcare & Hospital Association (AHHA 2016) and in Callaway *et al.* (2015). Callaway *et al.* (2015) explain that there 'remains, however, lack of clarity regarding the complex interface between disability, health, aged care and allied health services for NDIS participants.' Roles with these skills seems to be Local Area Coordinators, developed by the NDIA (2016) and the Care Coordinator role developed by the Central and Eastern Sydney PHN (CESPHN). They help people with complex needs to navigate their way through the systems and support available. However, the skills used are not clear.

- Conclusion

These concerns are raised in the grey literature. Considering that the changes to the health and community services sector have not been experienced across all regions and sub-sectors, it is too early to make substantial claims about the workforce based on these insights.

It is possible to look at the evidence that is emerging from the NDIS trial sites, which is included in some of the grey literature (and in reports not yet published). This evidence is outlined in the next section and confirms many of the previous findings.

Trial sites data / notes

Data from NDIS trial sites about workforce changes and challenges is limited. Some data has been collected, or is currently being collected, but has not yet been published. For example, the National Institute for Labour Studies (NILS) is conducting research, including a survey, interviews and focus groups which were held between 2015-2016, asking people about their experiences with NDIS. The report was due June 2016, but the Australian National Audit Office says it has been 'substantially delayed' and it is now not due until December 2017 (ANAO 2016). Data from the Business Confidence Survey is available in NDS (2016), but the full report is expected to be published in early 2017.[9]

The first stage of the Productivity Commission's report 'Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform' was published in November 2016 while the second stage is due in November 2017. It is in the second part that the Commission will 'make reform recommendations that help to ensure all Australians have timely and affordable access to high-quality services that are appropriate to their needs' (2016, p. 4). Furthermore, the second part of the Centre for Applied Disability Research's 'Australia's disability service sector' project, which deals with the workforce, has not yet been released. It is not clear whether these reports will have data gathered from the workforce in any CDC sites.

The Future Social Service Institute, an institute in Victoria that will focus on preparing Victoria for workforce changes in the consumer-directed service sectors, will begin full operation in 2017. At this stage, funding has been announced, but no further details (http://www.futuresocial.org/). Similarly, the previously-mentioned Innovative Workforce Fund (IWF) will be used to fund innovative ideas, but it starts in 2017 and it is likely some funding will go to innovations prototyped in trial sites (see footnote 5 for IWF information).

In the 2014 progress report released by the Joint Standing Committee on the National Disability Insurance Scheme, evidence regarding the achievements and challenges in the NDIS trial sites (in the Barwon area of Victoria; the Hunter area of NSW; Tasmania, and South Australia) is provided.

[9] The 2016 Business Confidence Survey was undertaken by Curtin University Not-for-profit Initiative (NDS 2016, p. 48)

Even though some insights are emerging, 'evidence' is very limited, but it is needed to inform decision-making (NDS 2016, p. 44).[10] In order to collect this evidence (i.e. data), larger empirical studies of the workforce and providers are required. Such studies could focus on what roles and skill sets the providers and consumers understand as essential or desirable; the skills the workforce actually uses, or experience workers are lacking; and their role (or roles) in a CDC environment. This data is essential for evidence-based recommendations relating to skills development, developing suitable cross-sectoral skills for training packages, and for a re-assessment of units of competency in training packages.

Insights from the Joint Standing Committee, NDIA, NDS and service providers relating to the NDIS trial sites, are identified as follows:

- Consumers are satisfied or very satisfied with the NDIS (NDIA 2016)
- Consumers exercise more choice, particularly over staff
- Some consumers are not very happy about the Scheme (Joint Standing Committee 2014)
- Many businesses are seeking to expand their services (80% in trial sites)
- Providers are hiring more staff (support workers with autonomous skills)
- New markets are emerging (marketing opportunities)
- Providers are operating for longer hours
- Competition between sectors is a risk (but also an opportunity)
- Smaller providers are most at risk and fear not being able to cater to new demands (but mergers are suggested as solutions)
- Frustration has been identified among some providers around the changes involved in moving from the ISP (Individual Support Package) funding model to NDIS, with some identifying that the NDIS model is not as holistic as it should be (Committee 2014)
- A much larger and flexible workforce is needed (NDS 2016)
- A skilled and diverse workforce is needed, with cross-sectoral skills
- Recruitment is difficult (particularly in terms of recruiting allied health workers)
- New roles are created (e.g. client liaison officer and accountants)
- Flexibility in pricing is needed (some prices are unsustainable)
- Lower prices threaten to undermine the quality and diversity of support (NDS 2016)
- Good record keeping is necessary
- Risk analysis of participants' plans is necessary
- Better access to assistive technologies and therapies is required
- Innovative support and services are encouraged (and there is a need to communicate these to the persons responsible for developing and costing the plans).

Further qualitative insights from trial sites.

NDIA's Annual Report 2015-2016 includes 'highlights across trial and early transition sites'. The agency states that they listen to 'real life experiences' from participants, providers and partners. However, apart from identifying coordinator roles, the report does not include insights from the workforce that provides services to customers.

[10] NDS 'is building an Industry Barometer based on sound data' and they 'have proposed the establishment of a national disability research initiative' (2016, p. 44). However, this is still being developed.

Helen Riordan, NDIS Engagement and Innovation Manager from the largest service provider in the Hunter trial site, House with No Steps, explains:

- 'The NDIS trial has also meant House with No Steps supports more people than ever, and has been able to employ more staff to provide these supports.'
- 'We've created new roles to provide one-on-one support to assist with helping people prepare for their planning meetings, organised meetings with small groups of individuals and families, and larger community forums.'
- 'Staff are working flexibly in this new environment and are focusing on customer service and quality outcomes for the people they are supporting.'
- 'Staff are also working in more settings, which has given them more opportunities for professional development.'[11]

Libby Mears is the CEO of Leisure Networks, an organisation in the Barwon trial that has been going through significant NDIS-driven growth since it started the trial three years ago. Mears does not identify specific workforce challenges, but highlights the uncertain nature of the NDIS transition and the fact they had to prepare in order to have the staff skills ready to provide the services customers required.[12]

Anthony Mitchell, the CEO of LeapFrog Ability (in the Hunter trial site) advocated educating staff about the cultural changes and their new roles and skills needs in the consumer-directed space (i.e. person-centred, flexible, and in tune with clients' needs and wants).[13] He explained they have created a new role - client liaison officer, who supports clients with their plans. It is unfunded but relieves others of that duty.

A similar role seems to have been created by HireUp. Details are not known, but it is a community-building role that has been created because they have identified that 'no two people's support solutions are the same' (Poppy Malone, HireUp).

James Wilson from Life Without Barriers (LWB) identified the need, or opportunity, to up-skill support workers so they are able to take on some case management tasks. He also spoke about the need for a generic skill set across the sector, in order to enable the workforce to not just be 'support workers' but have skills that work across different sectors. [14]

Justine Colyer, CEO of Rise Network, a leading provider of housing and care services for people with disability based in Perth, explained they had to go through a culture shift, moving from running block funding to providing consumer-directed services. She explains how they have been 'recruiting a different type of person' and not being 'fixated on qualifications'. Instead they have thought about what sort of person they want, and what values and attributes those individuals should have. She explains that 'qualifications will only tell you certain things, but it won't give you someone who is autonomous, comfortable with ambiguity and happy to think on their feet and make decisions'.[15]

In a report from Carers Australia (2014), one carer (who manages her son's funding) explains how the CDC packages allow participants to make staffing decisions to get more individualised support, but they are decisions that may also benefit the staff and give them training opportunities:

> *"We promoted one support worker to co-ordinate the support, arrange rosters and verify time sheets. We have more choice and control, support is totally tailored to my*

[11] http://www.everyaustraliancounts.com.au/exciting-times-ahead-lessons-from-the-ndis-trial-sites/
[12] http://disabilityservicesconsulting.com.au/barwon-trial-site-3-years/
[13] https://www.youtube.com/watch?v=hAbe3mflU9g
[14] https://www.youtube.com/watch?v=b-o90SLbMRs
[15] http://disabilityservicesconsulting.com.au/lessons-from-the-ndis-trial-sites-interview-with-justine-colyer/

son, support workers undertake the training we want and we get more bang for our buck." (p. 11)

Several service providers made comments at the Joint Standing Committee on the National Disability Insurance Scheme (2014). These comments provide further insights into some of the challenges in the trial site areas.

- One provider explained: 'ISPs offered holistic support for people with disability. NDIS plans are by comparison quite limited' (p. 27)
- 'The committee heard of the impediments facing disability support workers in accessing appropriate and affordable training to continue providing a quality service to their clients' (p. 69).
- Someone noted that 'the lack of staff qualification is a "big issue," particularly given the requirement of a Certificate IV for higher needs support positions.' (p. 69)
- The committee notes that the size of the workforce will need to increase in order to meet future demands. It recommends a workforce strategy that identifies the issues, challenges, options and recommendations to meet demand (recommendation 16). However, no further recommendations about the workforce are given.

Summary: skills needs and role requirements

It has been established that real and current data about skills needs and skills used, and roles for people working with clients who get funded through a CDC program, is lacking. This is not surprising considering that the changes are recent and most of the Health and Community Services sector have not yet been through the full CDC roll-out.

Apart from challenges and changes to the industry, there is a sense that future employees will need to have 'broader sets of skills than in the past' (ACSA 2015, p 9). Relevant skills, competencies and role requirements are summarised below (in no particular order). These are mentioned in the literature (academic and/or grey), but evidence for how these skills and role requirements are actually used or taken into account when performing a role, is not available, or is very limited. Because of this, they can act as guides for further discussions, but the empirical data (i.e. the evidence) about them is lacking.

- Flexibility (with work times and roles)
- Person-centred approaches
- Technical proficiency
- Cross-sectoral skills and ability (generalist skills and shared competencies for cross-sectoral care)
- Understanding the interface between the health sector, aged care and the disability sector
- Time management
- Understanding about relevant systems and schemas (particularly for 'wrangler' or 'coordinator' roles)
- Record keeping (including budgets)
- Ability to work independently, autonomously
- Strong interpersonal skill set (to build trust and nurture relationships)
- Developed communication skills
- Cultural competence
- Emotional intelligence
- Advocacy skills
- Customer service skills
- Client engagement and enablement-focused
- Leadership and management skills
- Responsive to the needs of the local market.

Sites and stakeholders

Where (sites) and who (stakeholders)

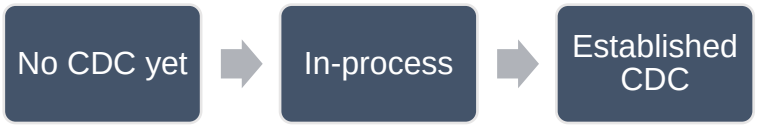
Sites

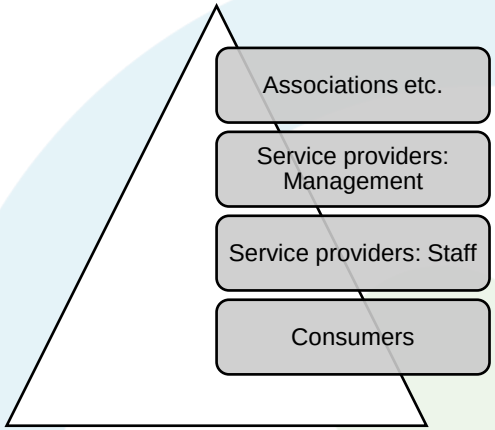
- Established CDC sites are the only places that give us current intelligence about tasks and roles post-CDC program roll-out
- 'No CDC' program or NDIS sites can be used to compare, but less relevant for research focusing on new roles
- 'In-process' can highlight transitional challenges, but the data may be limited and not suitable for the research objective

Stakeholder groups

- Associations etc. – industry-wide
- Service providers: Management - staff and employment challenges / successes, new role expectations or demands (desired capabilities)
- Service providers: Staff - insights into and examples of actual work tasks, expectations, challenges, demands, and needs (capabilities used)
- Consumers - insights into their expectations, support required or desired, lived experiences, new challenges or changed demands

Andersson and Kalman (2012) identify how care workers, managers, and consumers (the elderly in their study) understand everyday terms, processes and practices differently. This can have serious implications and it is something researchers need to take into consideration when analysing data and making recommendations.



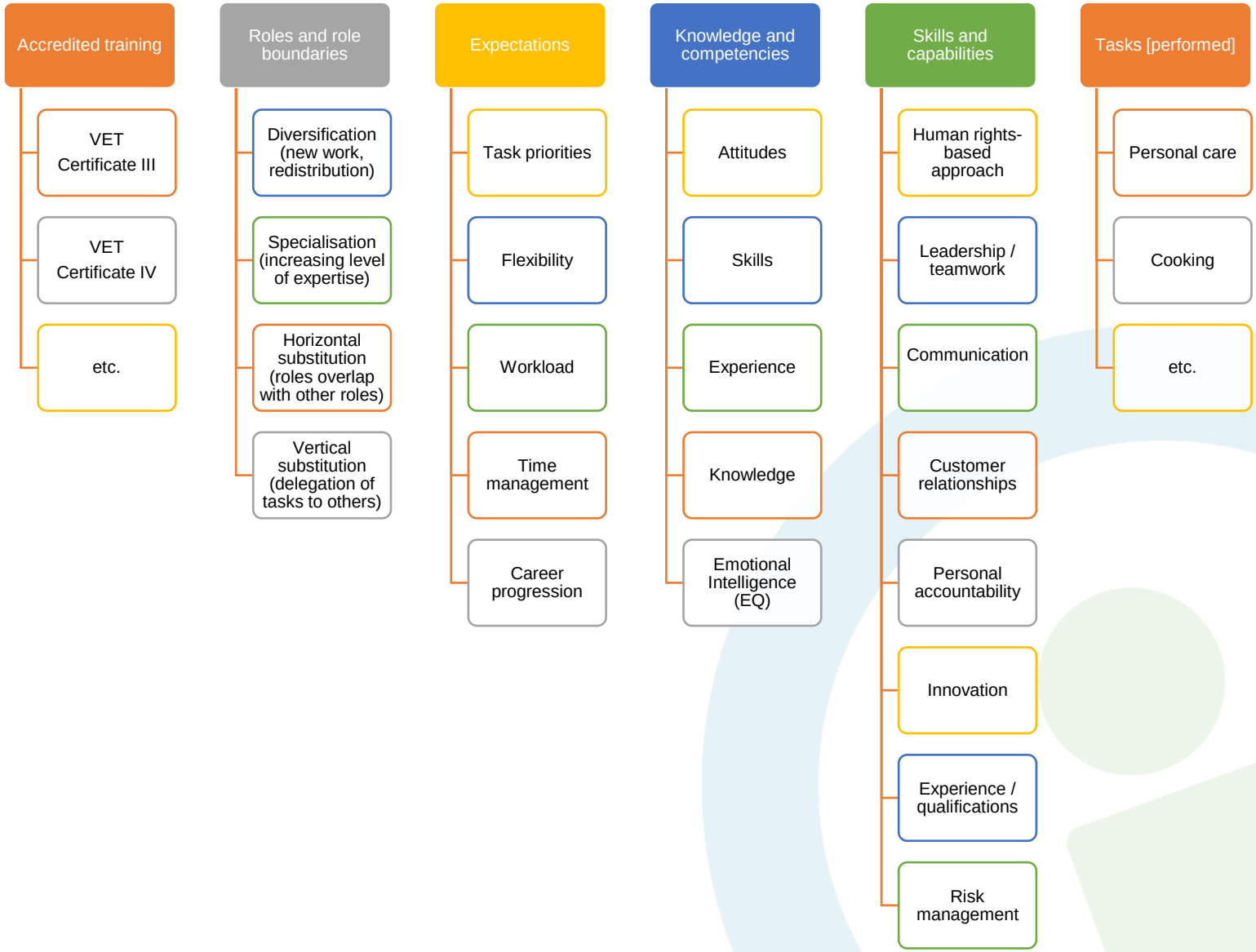


Intelligence model

The research needs to be focused on skills needs and roles. To collect the relevant evidence, the following six key areas provide a framework, or model, for this research. Each area influences and shapes what the workforce is doing and how it operates. Because of this, the model can be used to develop questions for focus groups and surveys.

Key areas:

- **Accredited training**
  What training is required or expected and what is missing?
- **Roles and role boundaries**
  How are traditional role boundaries changed in a CDC setting?
- **Expectations (consumer / service provider / support staff)**
  What are the expectations in a CDC setting for all involved?
- **Knowledge and competencies**
  What knowledge and competencies are employees asking for (expecting) in a CDC setting?
- **Skills and capabilities**
  What skills and capabilities are required by staff in a CDC setting?
- **Tasks [performed]**
  What tasks are performed by staff and expected by the consumer?


Accredited training
VET Certificate III
VET Certificate IV
etc.
Roles and role boundaries
Diversification (new work, redistribution)
Specialisation (increasing level of expertise)
Horizontal substitution (roles overlap with other roles)
Vertical substitution (delegation of tasks to others)
Expectations
Task priorities
Flexibility
Workload
Time management
Career progression
Knowledge and competencies
Attitudes
Skills
Experience
Knowledge
Emotional Intelligence (EQ)
Skills and capabilities
Human rights-based approach
Leadership / teamwork
Communication
Customer relationships
Personal accountability
Innovation
Experience / qualifications
Risk management
Tasks [performed]
Personal care
Cooking
etc.

Research focus

Based on the preliminary research, it appears that, once a CDC model is rolled out, a workforce with capable cross-sectoral skills will be most successful. This applies both to the direct client care roles and new coordinator roles. However, it is not clear how and when these cross-sectoral skills are used and whether there are any gaps in the skill sets the workforce have, or in their training. Based on the initial desktop research conducted, this section will suggest three areas upon which the CDC evaluation can focus: firstly, the cross-sectoral skills used by the direct client care workforce; secondly, the new coordinator-type roles; and thirdly, the new Local Area Coordinator roles. Each one is explained below.

Because the CDC environment is a new space, it is important to collect in-depth and qualitative data about skills the workforce use in different settings across the sector. This data can then be used to develop targeted surveys for the collection of quantitative data.

Cross-sectoral skills

Focus: It is recognised that cross-sectoral skills and tasks will be expected, or required, by the workforce in a CDC environment. This is particularly important for a flexible and employable client-directed care workforce. Little is known, however, about what these 'new' skills and tasks are. Are they in fact new, and, if so, what are they and what are the skills gaps?

Background:

The need for cross-sectoral skills was identified by Health Workforce Australia (2014) in their report: '*Assistants and support workers: workforce flexibility to boost productivity – full report'*. They argue that 'The future health and care workforce will require more generalist skills and shared competencies for cross-sector care' (*ibid*, p. 9). Similarly, Caroline Alcorso, National Manager of Workforce Development for NDS, explains that NDIS allows support staff to work 'across a whole lot of different areas [and] they don't have to work in program silos anymore' (Williams 2016, online). With this in mind, Health Workforce Australia acknowledges there are concerns about the skill levels and training the workforce has, but also a lack of clarity around their roles and functions. As a result, they recommend further research and evaluation.

Cross-sectoral service coordination role

Focus: The cross-sectoral service coordination role has been defined by the Centre for Disability Research and Policy (2014). Aspects of what this role should entail are evident in the Local Area Coordinator (LAC) role, developed for the NDIS[16] and provided by NDIA partner organisations. They are also evident in the care coordinator roles from the Connecting Care program, developed by the Central and Eastern Sydney Primary Health Network (CESPHN 2016). The care coordinators provide a care coordination role for clients with complex needs within the PHN. However, it is not clear if a LAC or the care coordinators in the PHN are performing a 'wrangler' or cross-sectoral role as identified by AHHA (2016) or the Centre for Disability Research and Policy (2014), nor is it clear how service providers utilise their own 'cross-sectoral coordinator' role,

[16] LACs were developed by Eddie Bartnik in WA, and the term was used in the Productivity Commission 2011 Inquiry Report on Disability Care and Support (NDIA 'History of Local Area Coordination'). In Western Australia Local Area Coordination programs were established in 1988 (http://www.disability.wa.gov.au/).

See also Broad, R (2012). For a history of LACs, see, https://www.scribd.com/document/97543996/Local-Area-Coordination#download&from_embed and Broad (2015) for how they have been used in the UK.

such as the Client Liaison Officer role created by LeapFrog in the Hunter trial area (see trial site data). Because of this it is suggested that there be a distinction made between 'general' coordinating roles, potentially created by service providers and the PHN, and the established LACs, created by NDIA.[17]

Background:

The Centre for Disability Research and Policy explains the 'cross-sectoral service coordination' role in 2014:

> *'Cross-sector service coordination is critical to ensuring that NDIS participants get the range of services and supports they need to participate in society and the economy, and that the NDIS remains sustainable' (p. 8)*
>
> *'A critical component is the 'single point of contact' — a skilled service coordinator, working across sectors, as an active negotiator, understanding the person and their needs, and familiar with and expert in the human services system more broadly… Structurally, the service coordinator would be the designated central 'linkage point' in the disability sector, able to identify and link with linkage points in other sectors (e.g., health, housing, education, justice), helping each other to navigate systems' (2014, p. 6).*

AHHA (2016) explains:

> *"System wranglers', also known as care coordinators, system navigators, nurse navigators, outcome facilitators and similar, are a response, some say a market response, to the complexity of the various care systems and funding streams available. These systems and streams can be notoriously difficult to navigate—both within and across.' (p. 10)*
>
> *The need for coordinated services has been recently identified in the Productivity Commission's (2016) report titled 'Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform'. The Commission explains that '[p]eople with complex needs require coordinated assistance across several services… [because they may be] inadequately served when the system is fragmented and difficult to navigate.' (p. 30)*

The concern is that, as raised by AHHA (2016), there is a general agreement that:

> *'…currently, wranglers in Australia work in 'pockets'—they are not spread evenly throughout care systems and regions.' (p. 10)*

Considering the importance of these roles, it is important to not just identify the skills used by 'wranglers' or coordinators, but also to map these roles across the sectors.

[17] Broad (2015) explains in his report for the Centre for Welfare Reform that people sometimes see the LAC role as a version of traditional service roles, but 'Local Area Coordination combines all of these traditional separate roles and delivers them, very locally, alongside local people in their community.' (p. 26)

Local Area Coordinator (LAC)

Focus: NDIA is outsourcing work to Local Area Coordinators. LACs are trained and employed by NDIA partner organisations (e.g. service providers). NDIA has provided LAC training guidelines, but explains that 'as the exact qualifications and professional backgrounds of LACs will vary' the guidelines are broad. Disability Services Consulting (2015) explains that the 'LAC services are designed to connect people with disability to services in their local communities as well as to improve the way mainstream services (e.g. education and health) support people with disability' (per website). In a report from the Centre for Welfare Reform in the UK, it is explained that LAC 'is an innovative approach that integrates a range of existing roles (usually provided by a range of different people)' (Broad 2012, p. 21) and there 'is no referral system' (Broad 2015, p. 25). Instead, they work with people in the community to imagine and plan a better future.

This workforce will need to increase when the NDIS continues to be rolled out across Australia.

It is expected that within the first five years of the Scheme, the LAC will (from NDIS 2016):

- support 60-70 per cent of all participants
- provide assistance to connect to and build informal and natural supports
- provide assistance with the planning process and effective implementation
- work with people who are not participants of the Scheme as part of information linkages and capacity building
- work with community, providers and the mainstream to build inclusion
- provide some outreach by being visible and active in the community.

In the 2014 Joint Standing Committee on the NDIS it was identified that, based on information from the trial sites, on 'average, Local Area Coordinators (LACs) support 54 participants each' (p. 213). This is similar to findings from the UK, where LACs are used (see Broad 2012, 2015).

However, AHHA explains that the 'role of NDIS coordinators is more focused on outcomes of a funded package rather than individual services' (2016, p. 22) and it is not clear the extent to which the LAC is a cross-sectoral role, navigating between the health, disability and aged care sectors, which is a key aspect of the 'wrangler role'.

Even though LACs have existed before the NDIS roll-out, their new role requirements and skills sets are most likely to be shaped by the new CDC environment. Because of this, LACs can be seen as a new workforce segment that is responding to the marketisation of care.

(This suggestion could also include the care coordinators within the PHN.)

References

Aged and Community Services (2015*) The aged care workforce in Australia: position paper,* Aged and Community Services Australia (ACSA), Deakin.

Aged Care Learning Solutions (2014) *Building and developing the Australian aged-care workforce.*

The Aged Care Sector Committee (2015) *Aged Care RoadMap.*

Alzheimer's Australia (2016) *The Future of Australia's Aged Care Sector Workforce*, Submission to the Senate Community Affairs References Committee Inquiry

Andersson and Kalman (2012) 'Methodological challenges in the implementation and evaluation of social welfare policies', *International Journal of Social Research Methodology*, 15(1), January 2012, 69–80

Australian Healthcare & Hospitals Association (AHHA) (2016*) Cross-sector simulation, final report,* Australian Healthcare & Hospitals Association (AHHA)

Australian Institute of Health and Welfare (2015) *Australia's welfare 2015*. Australia's welfare series no. 12. Cat. no. AUS 189. Canberra: AIHW.

Australian National Audit Office (2016) *National Disability Insurance Scheme—Management of the Transition of the Disability Services Market,* Australian National Audit Office (ANAO), Canberra.

Ben-Tovim, D. *et al.* (2008) Patient journeys: the process of clinical redesign, *MJA* Volume 188 Number 6

Brennan, D. *et al.* (2012) 'The marketisation of care: Rationales and consequences in Nordic and liberal care regimes', *Journal of European Social Policy,* 22(4) 377–391

Broad, R. (2012) *Local Area Coordination – from service Users to Citizen,* Sheffield, The Centre for Welfare Reform

Broad, R. (2012) *People, Places, Possibilities: Progress on Local Area Coordination in England and Wales,* Sheffield, The Centre for Welfare Reform.

Callaway *et al.* (2015) *Considerations for National Disability Insurance Scheme design: The health and disability interface for people with complex needs living in shared supported accommodation,* Melbourne, Australia: Monash University, Yooralla, Summer Foundation & Multiple Sclerosis Limited.

Carers Australia (2014), *The NDIS one year in: Experiences of carers in the Hunter trial site.*

Central and Eastern Sydney PHN (2016) Annual Report 2015-2016, CESPHN, https://www.cesphn.org.au/

Centre for Disability Research and Policy (2014), *Policy Bulletin 2, Cross-sector service coordination for people with high and complex needs: harnessing existing evidence and knowledge.*

Community Services & Health Industry Skills Council (2014), *New roles in the community services and health scoping project: Report on consultation findings*.

Dale, S. *et al.* (2005) 'How Do Hired Workers Fare Under Consumer-Directed Personal Care?' *The Gerontologist*, 45(5), 583–592

Dowse *et al.* (2016) 'Workforce issues in the Australian National Disability Insurance Scheme: Complex support needs ready?' *Research and Practice in Intellectual and Developmental Disabilities*, 3(1), 54-64

Foster, S. S. Dale, R. Brown. (2007) 'How Caregivers and Workers Fared in Cash and Counseling', *Health Services Research* 42, 510–532.

Foster, M. *et al.* (2016) 'Reasonable and necessary' care: the challenge of operationalising the NDIS policy principle in allocating disability care in Australia', *Australian Journal of Social Issues*, 42(1) 510-532

Gill, L. and Cameron, I. D. (2015) 'Innovation and Consumer Directed Care: Identifying the challenges', *Australasian Journal on Ageing*, Vol 34 No 4

Gill, L. et al. (2016) 'Consumer Directed Care in Australia: early perceptions and experiences of staff, clients and carers', *Health and Social Care in the Community*, Mar 2, 1-14

Glendinning, C. (2012) 'Home care in England: Markets in the context of under-funding', *Health and Social Care in the Community* 20(3), 292–299.

Green, J. & J. Mears (2014) 'The Implementation of the NDIA: Who wins, Who loses?', *Cosmopolitan Civil Societies Journal*, 6(2)

Health Workforce Australia (2014) *Assistants and support workers: workforce flexibility to boost productivity – Full report.*

Hussein S (2011) 'Estimating probabilities and numbers of direct care workers paid under the national minimum wage in the UK: A Bayesian Approach', Social Care Workforce Periodical 16: 1–33.

Industry Development Fund (2016) 'Workforce capability framework – get it right now for the future!' http://www.idfnsw.org.au/career-planning-capability-framework viewed 5 December 2016

Joint Standing Committee on the NDIS (2014) *Progress report on the implementation and administration of the National Disability Insurance Scheme,* Senate Community Affairs Committee Secretariat, Canberra

KPMG (2012) *Evaluation of the consumer-directed care initiative – Final report*, Department of Health and Ageing, January 2012

Macdonald and Charlesworth (2016) 'Cash for care under the NDIS: Shaping care workers' working conditions?', *Journal of Industrial Relations*, 58(5), 627–646

McIlwraith, J. (2014) 'First NDIS cases clarifying the complexity', *Precedent* (Sydney, N.S.W.), No. 125, Nov/Dec 2014: 4-9. Availability: http://search.informit.com.au.ezproxy.lib.uts.edu.au/documentSummary;dn=857275557787470;res=IELAPA

National Disability Insurance Agency (2016) *Towards an Ordinary Life: Annual report 2015-2016 Annual Report 2015-2016,* National Disability Insurance Agency (NDIA).

National Disability Services (2015) *State of the disability sector*, *Report 2015,* National Disability Services (NDS)

National Disability Services (2016) *State of the disability sector*, *Report 2016,* National Disability Services (NDS)

National Institute of Labour Studies (2014) *Evaluating the trial of the National Disability Insurance Scheme: Evaluation Framework,* National Institute of Labour Studies (NILS), Flinders University, Adelaide

National Institute of Labour Studies (2013) *Evaluation of the launch of the National Disability Insurance Scheme: Evaluation Framework*, National Institute of Labour Studies (NILS), Flinders University, Adelaide

Philips, K. (2016) 'Australia's future aged care workforce: personality matters', Newly, http://newly.com.au/australias-future-aged-care-workforce-personality-matters/ viewed 8 December 2016.

Productivity Commission (2016) *Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform,* Study Report, Canberra.

Quality Jobs & Quality Care (2014) *Developing Job Quality Benchmarks in Australian Aged Care Service,* The Centre for Work & Life University of South Australia, Adelaide

Reddihough, D.S. *et al.* (2016) 'The National Disability Insurance Scheme: a time for real change in Australia', *Developmental Medicine & Child Neurology*, (Suppl. 2), 66-70

Smith-Merry, J. (2016) *Working collaboratively at the interface and health and disability services, Research to Action Guide, Good Practice Summary,* Centre for Applied Disability Research. Available at www.cadr.org.au

Ungerson, C. and S. Yeandle (2007) 'Conclusions: Dilemmas, contradictions and change', in: Ungerson, C. and S. Yeandle (eds.) *Cash for Care in Developed Welfare States*, Houndmills: Palgrave Macmillan, pp. 187–206.

Unison (2016) *UNISON's homecare training survey report* (UK), Unison, the public service union

Victorian Government (2016) *Keeping our sector strong, Victoria's workforce plan for the NDIS,* Victorian Government.

Vision 2020 Australia (2016) *Inquiry on the future of Australia's aged care sector workforce: Vision 2020 Australia submission to the Senate Community Affairs Reference Committee,* Vision 2020 Australia

Williams, W. (2016) Funding NDIS Workforce Innovation, Probono Australia, https://probonoaustralia.com.au/news/2016/10/funding-ndis-workforce-innovation/ viewed 5 December 2016.

You, E. *et al.* (2015) 'How would case managers' practice change in a consumer-directed care environment in Australia?', *Health and Social Care in the Community*, 2015.