



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.. 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 risks increasing employment insecurity for the disability support workforce and requires significant attention.
2. Congress supports the promise of the National Disability Insurance Scheme that it should provide greater independence, social and economic participation, and community inclusion for people with disability. This includes providing supports that are reasonable and necessary and providing choice and control for NDIS participants in pursuit of their goals and in the planning and delivery of their supports. This is in accordance with Australia's obligations under the UN Convention of the Rights of Persons with Disabilities.
3. 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.
4. 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, 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.
5. 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; ongoing professional development; and worker registration. A regulatory framework establishing minimum standards and benchmarks for providers should also be developed to ensure accountable, quality care and sustainable outcomes for people with disabilities.
6. To avoid imposing an onerous burden on organisations and individuals, the regulatory process should recognise workers who are regulated under an existing system (e.g. AHPRA).
7. 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 a 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. The NDIS workforce must be better supported to complete work outside of direct care and support, such as administration and paperwork. NDIS pricing must capture this full scope of work required by disability support workers and other health professionals, such as allied health.

8. 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.
9. The NDIS Quality and Safeguards Commission is the independent agency with responsibility for resolving problems and improving the quality and safety of NDIS supports and services. It must have sufficient regulatory powers and be properly funded and resourced to meet these goals. It must be appropriately resourced to ensure complaints and queries raised, including by disability sector workers, are dealt with in a timely manner.
10. 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.
11. There needs to be better articulation between health care and disability services, to avoid gaps in care, reduce miscommunication and loss of important information, and improve outcomes for people with a 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.
12. The improvements that will be delivered by the NDIS must not be used as an excuse by State and Territory Governments to privatise their existing disability support systems and abrogate their duty of care to people with disabilities. By the public sector retaining a significant role in the direct delivery of disability services, people with disabilities will have a well-coordinated and well-supported disability sector that ensures their choice of providers meets their needs. Jobs must be safeguarded, and rates of pay, conditions, entitlements and transfer payments for staff who move to a non-government provider must be guaranteed.
13. NDIS participants need access to fair and uncompromised assessments. Input from their treating doctors and expert medical reports are essential to proving their eligibility and fairly determining the funding they should receive. Congress notes with concern the Morrison Government’s new privatised “independent” assessment program. Under the plan, input from treating health practitioners will be removed and a person’s plan value will be determined through a “one size fits all” assessment tool, rather than a personalised process. This is a brazen move to further privatise the NDIS and short-change people with a disability.
14. The National Disability Insurance Agency, the NDIA, has been undermined by high levels of labour hire staffing and under resourcing. To support the effective operation of the NDIS, the NDIA must be properly resourced and appropriately staffed with ongoing, public sector employees.