



NDIS workforce research findings

Findings from the NDIS workforce survey and focus groups

4.7.2023



Who are we?

BETA: Behavioural Economics Team of the Australian Government

Our Mission

Improve the lives of Australians by generating and applying evidence from the behavioural and social sciences to find solutions to complex policy problems



Conduct research and provide advice on how people interact with programs and policy issue



Design and test evidence-based solutions to complex policy problems



Evaluate and measure the impact of programs



Uplift APS capability to apply evidence from the behavioural and social sciences to public policy

Insights

Evidence

Capability

NDIS Workforce Retention

Project context and scope

Current challenge

The NDIS workforce has an annual turnover rate of 17-25%.

This is notably high compared to the average turnover rate across all sectors (12%) and other comparable sectors (e.g., 12% for retail, and 7% for health care and social assistance).

Research scope

BETA partnered with the Department of Social Services to **conduct research on NDIS workforce retention.**

The research seeks to understand why **worker turnover in the NDIS workforce is high and what predicts intentions to leave the NDIS workforce.**

Key research questions

1. Why are workers leaving the NDIS workforce? What influences intentions to leave the workforce?
2. What are the barriers (job demands) and drivers (job resources) associated with retaining NDIS workers?
3. Who is most likely to leave the NDIS workforce?

Research methodology

BETA gathered data from a desktop review, and qualitative and quantitative research



Desktop research

BETA conducted a literature review to identify common barriers and facilitators affecting worker decisions to remain in the NDIS workforce.



Interviews

BETA interviewed NDIS care and support workers who had left the NDIS workforce some time in the last 12 months.



Survey

BETA designed an online survey to dig deeper into the experience of the NDIS workforce and understand intentions to leave.

Focus of this presentation



Intervention

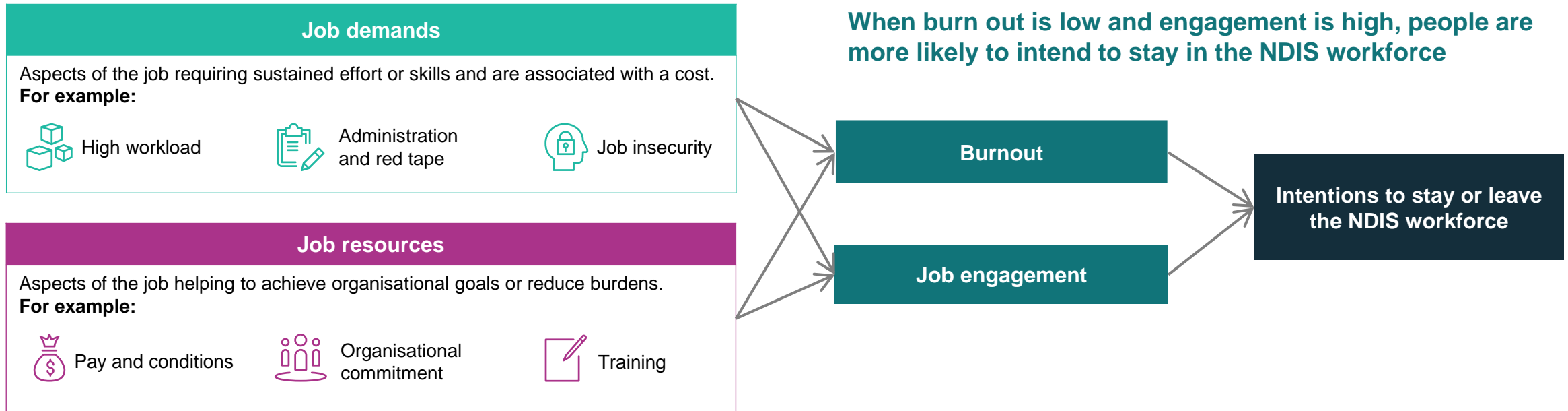
Insights from the interviews and survey may be used to design and test intervention/s to better retain current NDIS workers.

Next steps

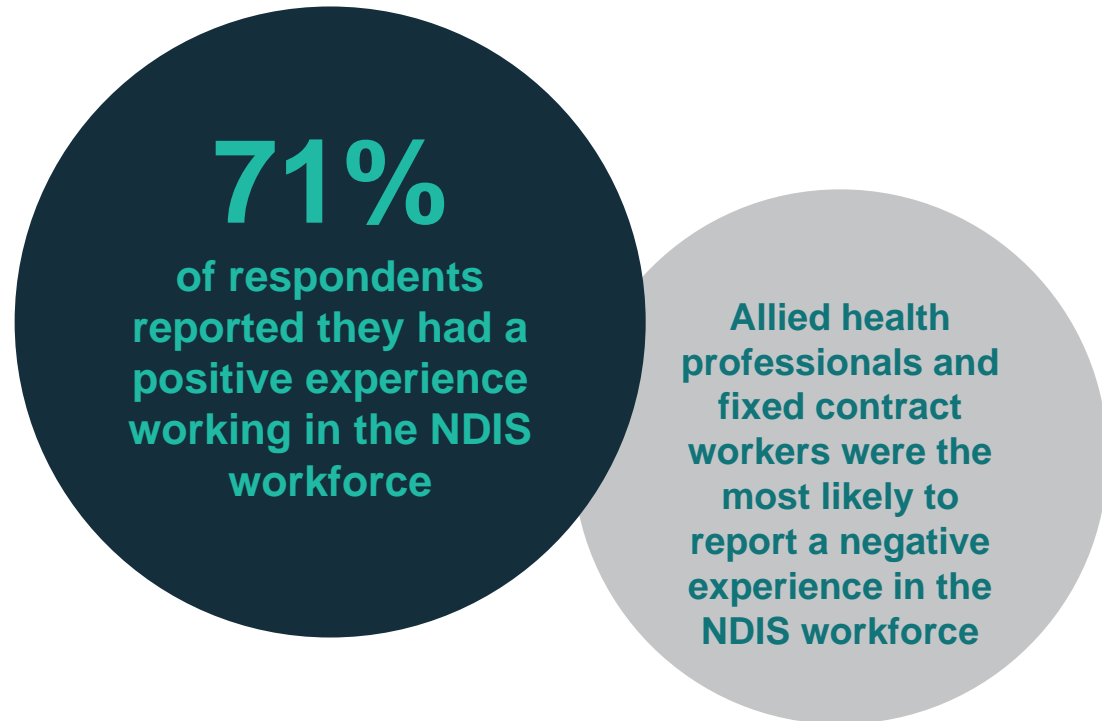
BETA surveyed 768 workers in the NDIS workforce

BETA applied an evidence-based model to survey design and analysis

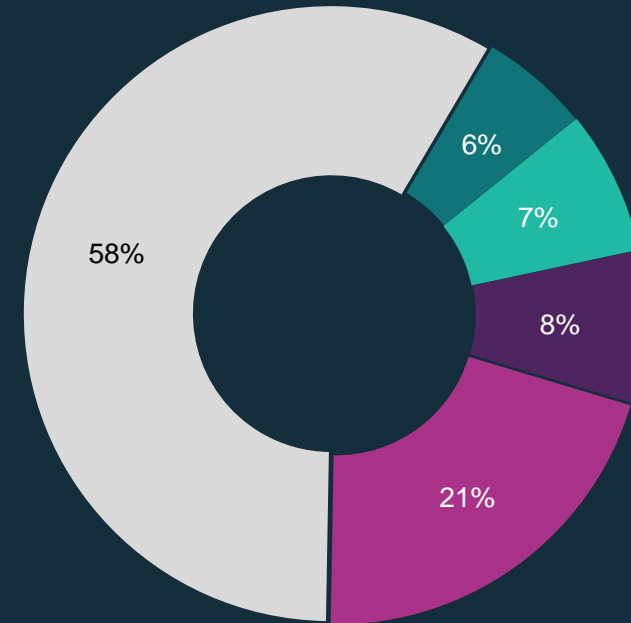
Job Demands-Resources Model (JD-R model)



Intentions to leave job



42% of NDIS workers plan to leave their current job some time within the next 3 years



- No plans to leave my current job within the next 3 years
- Plan to leave my current job as soon as possible
- Plan to leave my current job within the next 6 months
- Plan to leave my current job within the next 12 months
- Plan to leave my current job within the next 1 - 3 years

Of the NDIS workers who do plan to leave their current job, about 1 in 2 intend to leave the NDIS workforce

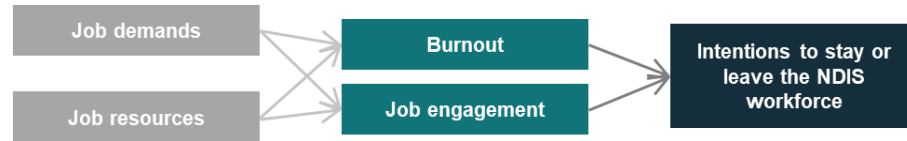
Intentions after leaving job

Leave the NDIS workforce	48%
Pursue a job outside the care and support sector	22%
Pursue a job in the wider care and support sector	11%
Retire	13%
Pursuing further education or temporarily leaving workforce e.g. maternity leave or travel (no intention to return to the sector)	2%
Stay in the NDIS workforce	27%
Pursue another job within the disability sector	25%
Pursuing further education or temporarily leaving workforce e.g. maternity leave or travel (with intention to return to the sector)	1%
Undecided	25%

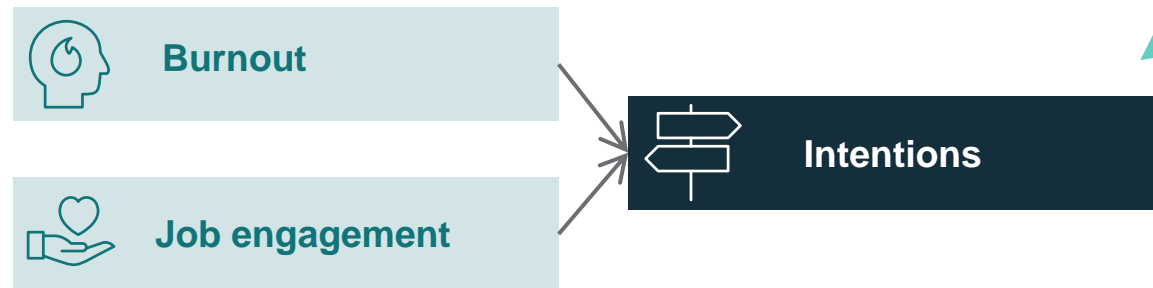
Base n=314

High levels of burnout and low job engagement are associated with intentions to leave

Job Demands-Resources Model



BETA found that these job experiences were significantly associated with intentions to leave the NDIS workforce:



Many NDIS workers feel burned out

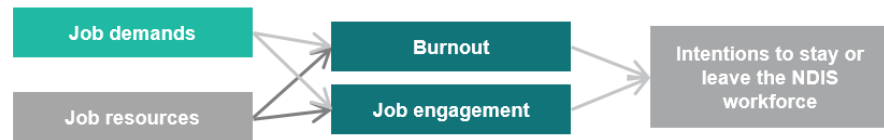
- 43% of respondents feel burned out at least half the time, including 12% who feel burned out almost always in their job
- About 1 in 3 feel emotionally drained, physically exhausted and frustrated in their jobs most of the time or almost always.

... and engaged in their job

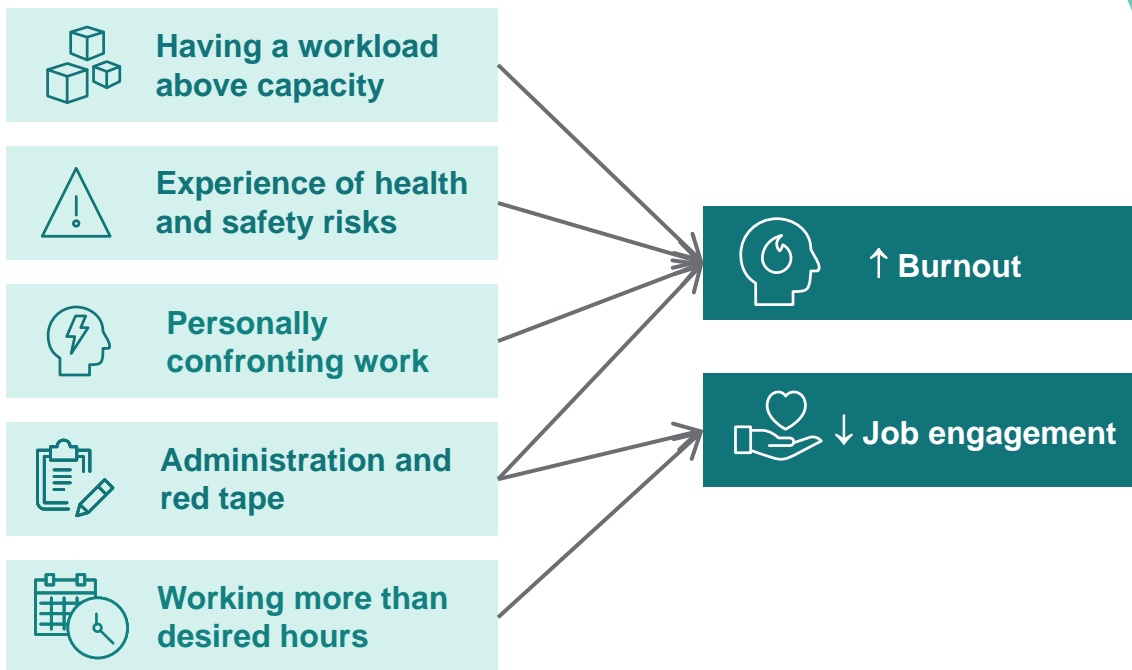
- Over 65% of respondents were satisfied with their job
- Between 72-87% agreed their job was interesting, enjoyable and they were enthusiastic about their job
- As burnout and job engagement have a moderate correlation, it is possible for NDIS workers to feel both simultaneously, or one but not the other

BETA identified which job demands are associated with high burnout and low job engagement

Job Demands-Resources Model





BETA found these five job demands were associated with increased burnout, decreased job engagement, or both:



BETA **did not** find a statistically significant relationship between these three job demands and burnout/job engagement:



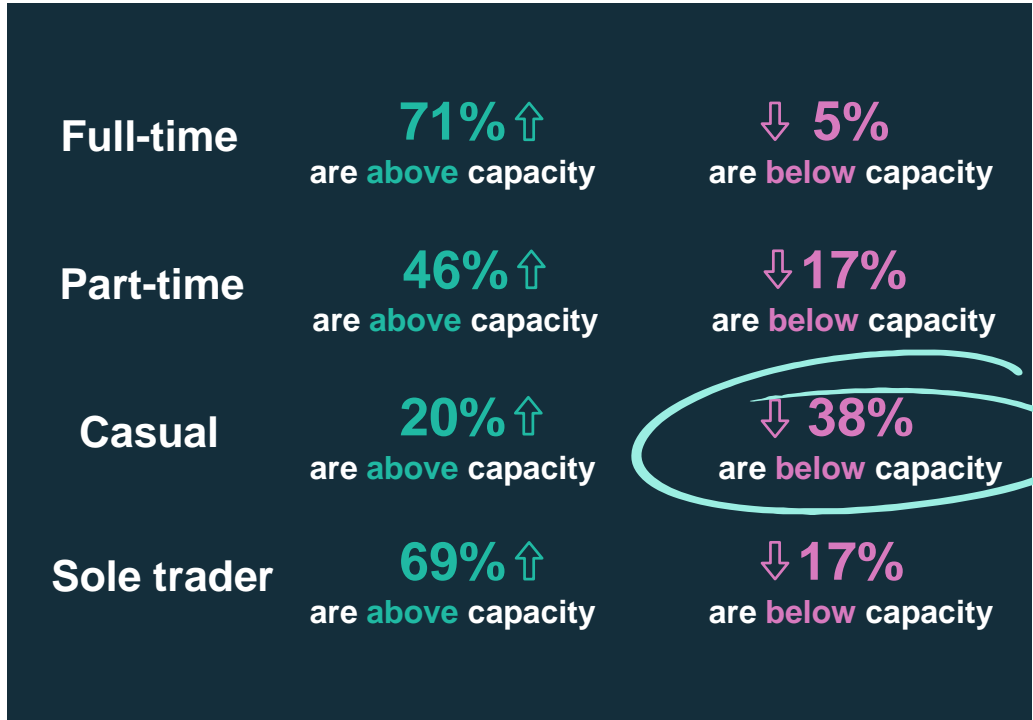
Exploration of job demands

	Personally confronting	Admin and red tape	Health and safety at risk	Workload above capacity	More than desired hours
 % of respondents	86% are confronted with things that affect them personally, at least some of the time	About 1 in 2 believe they have too much paperwork and they are blocked by red tape.	73% reported their health and safety is at risk working in their job, at least some of the time.	86% reported their workload was either at capacity or above capacity in their current roles.	51% wanted the same number of hours and 33% wanted less hours.
 Who is most affected	Sole traders are the most likely to report confronting situations	Sole traders report the most paperwork and red tape. Allied health professionals report the most paperwork	Allied health (26%) and disability support workers (27%) were more likely to report WHS risks	Management roles and full-time workers were the most likely to be above capacity	Half of allied health workers and management roles want less hours

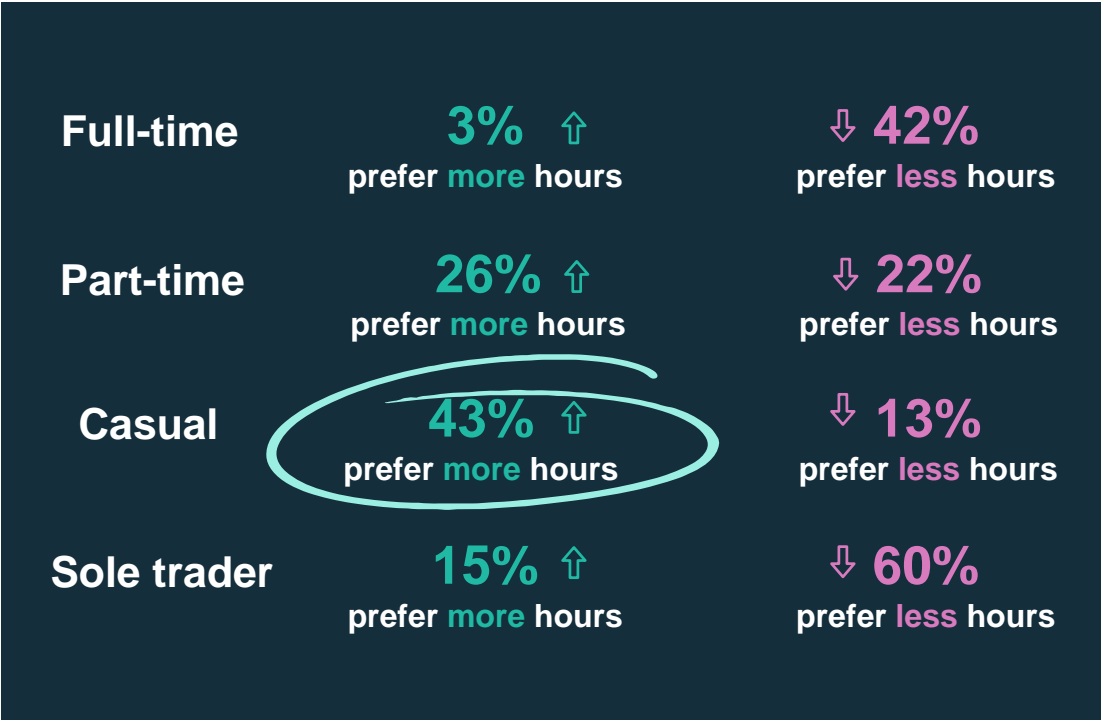
There were variations in workload and desired hours between employment contracts



Having a workload above capacity



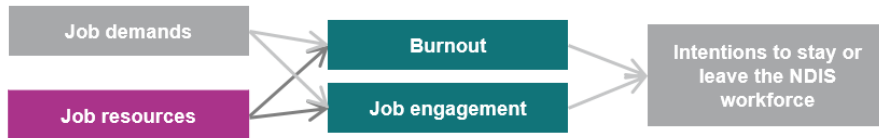
Working more than desired hours



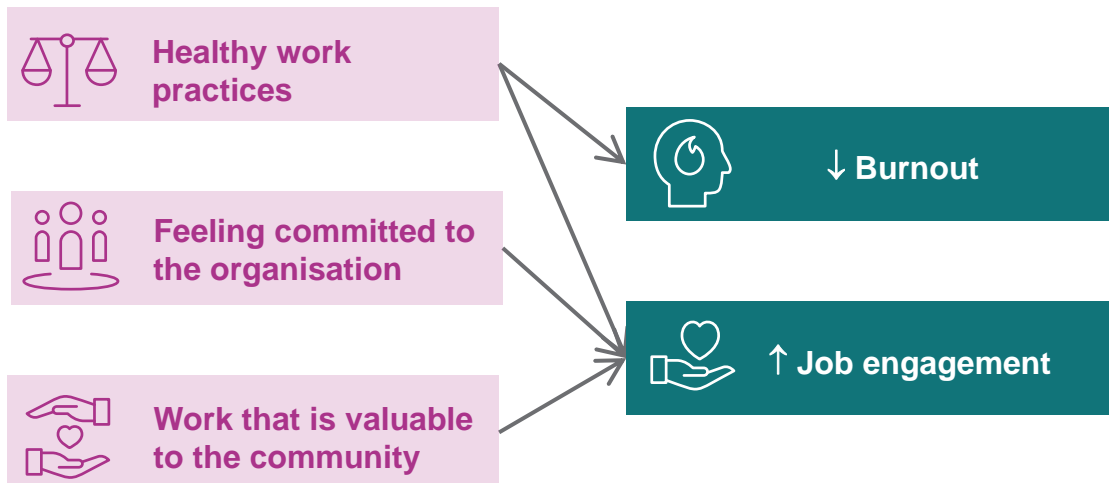
Casual workers appear to be experiencing underemployment.

BETA identified which job resources are associated with decreased burnout and high job engagement

Job Demands-Resources Model



BETA found that these three job resources were significantly associated with lower burnout, higher job engagement, or both:



There were many job resources which **did not** have a statistically significant relationship with burnout or job engagement:



Exploration of job resources

	Healthy work practices	Organisational commitment	High job value
 % of respondents	About 1 in 2 are satisfied with their work life balance and the work practices in place to help manage mental and physical health	64% feel committed to their organisation and 72% agreed the organisation has values that align well with their own values	88% feel they provide a valuable contribution to the community, but 30% of don't believe people think highly of disability support workers
 Who is most affected	Disability support workers reported a healthy balance between work and personal life Sole traders reported low levels of healthy work practices.	Part-time or casual contracts and disability support workers were the least likely to feel committed to their organisation, or agree that the organisations values align with their own	Sole traders were more likely to agree that they find the work personally fulfilling.

Spotlight: Impact of COVID-19

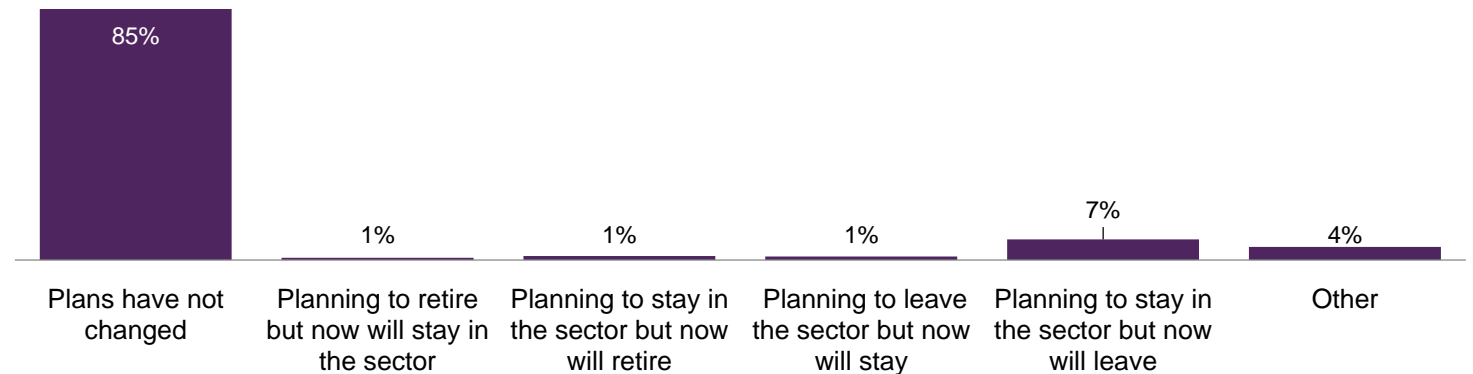
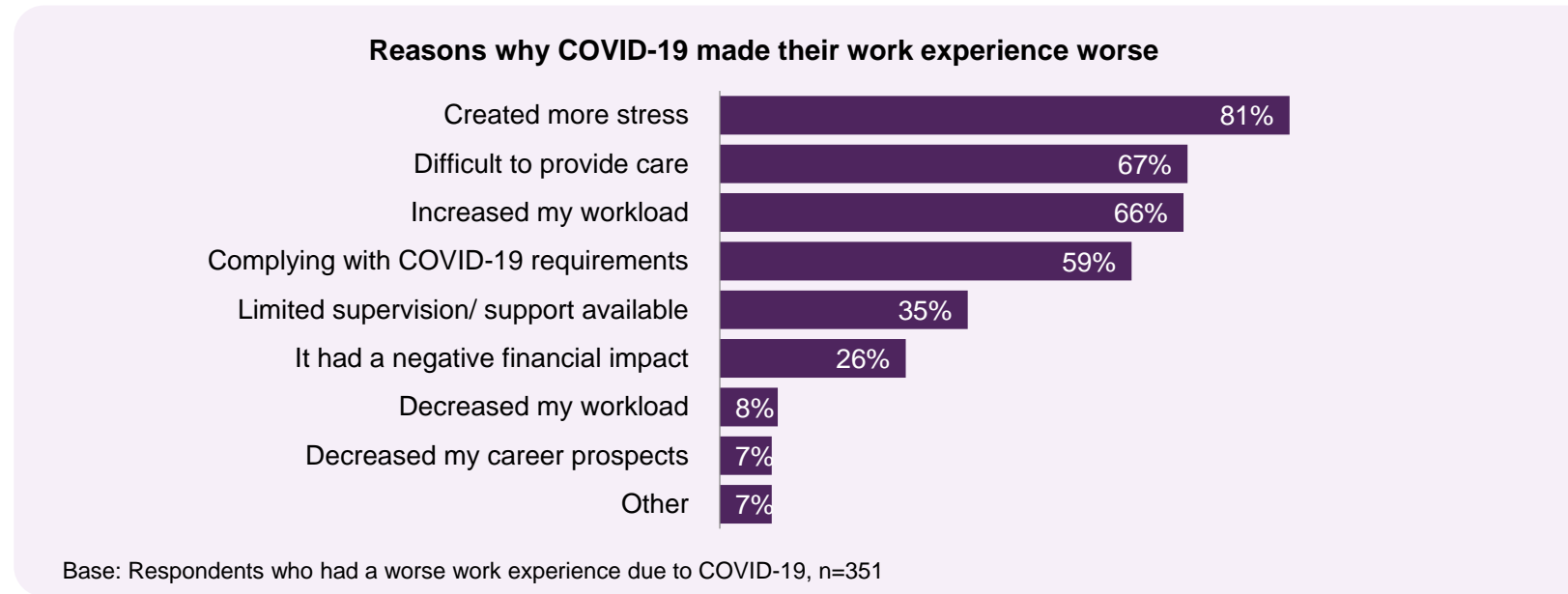
Most NDIS workers feel the pandemic negatively impacted their work, but this did not translate into intentions

52% of respondents reported the COVID-19 pandemic made their work experience worse

31% felt COVID-19 made no difference

16% felt it made their work experience better

The pandemic has not impacted intentions to stay or leave the NDIS workforce



Base: n=669

Challenges of working in the NDIS workforce

Survey respondents were given the opportunity to comment on any additional challenges of working in the NDIS workforce

Respondents reported a range of challenges about working in the NDIS:

- NDIS systems and funding
 - Difficulty navigating the system
 - Insufficient funding and pricing changes
 - Systemic barriers affecting participant outcomes
- Lack of skilled staff
- Administrative burden and high workloads

“Extremely frustrated with the current NDIS communication system.”

“The insecurity of [them] constantly changing the price guide and rules is by far the most stressful part of my role.”

“Management with no disability experience. Being rostered on with clients with needs that I haven't trained in. Working with clients without proper training resulting in an injury with long term impacts.”

What does all this mean?

How can we support workers to stay in the NDIS workforce

Focus on boosting job engagement and decreasing burnout

Interventions designed to target one or more of the following four areas will have the greatest positive impact on burnout and job engagement:

- **Managing workload and work hours**
- **Reducing administrative burden and red tape**
- **Improving workplace health and safety practices**
- **Increasing feelings of job value and commitment**

Support unique needs of sole traders and casual workers

Sole traders more commonly experienced personally confronting situations, have increased paperwork, higher workloads and lower healthy work practices.

Casual workers felt less committed to their organisation and would prefer to work more hours.

These workers may require a higher level of support or targeted assistance to stay in the sector.

Prioritise allied health and disability support workers

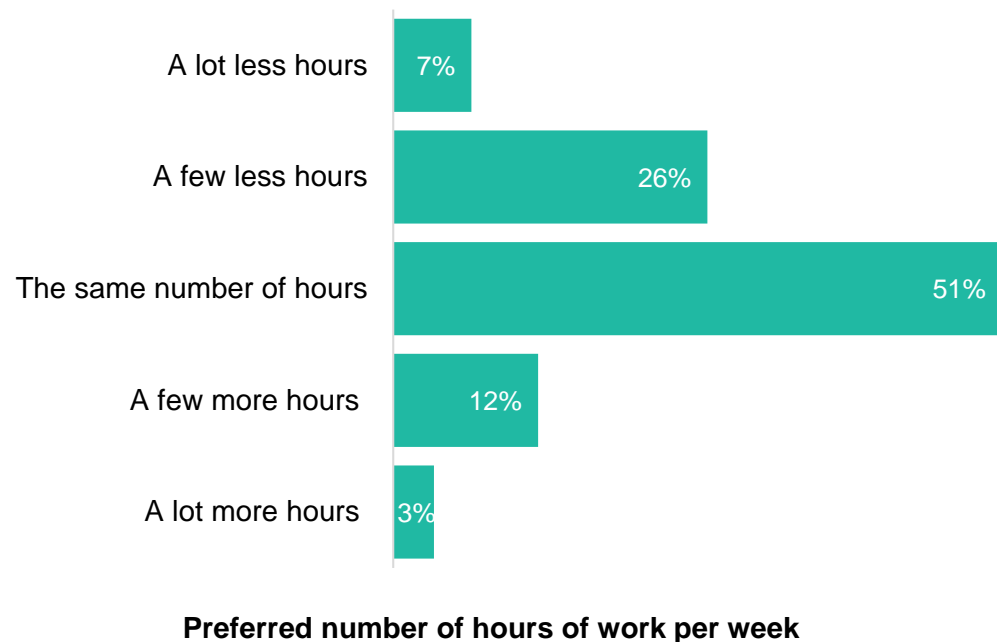
Allied health professionals had higher levels of paperwork, more experiences of health and safety risk and greater workloads.

Disability support workers more commonly experienced health and safety risks, and were less likely to feel committed to their organisation.

Workers in these roles experience specific challenges that may require additional support.

NDIS Workforce Underemployment

Is there underemployment in the NDIS workforce?



The NDIS workforce as a whole are not underemployed, as there are more workers who want to work less hours than more hours. But, there might be key cohorts experiencing more underemployment than others.

Key underemployed cohorts

Full-time	42% ↓ prefer less hours	3% ↑ prefer more hours
Part-time	22% ↓ prefer less hours	26% ↑ prefer more hours
Casual	13% ↓ prefer less hours	43% ↑ prefer more hours
Sole trader	60% ↓ prefer less hours	15% ↑ prefer more hours



Disability support workers (28%)



Younger workers (18-30 years; 23%)



Day programs (27%) and in-home support (25%)



Workers with less experience in the disability sector (Less than 1 year; 30%)



Why is underemployment occurring?

The challenge of balancing the needs of NDIS participants, workers and providers contributes to underemployment



The dynamic nature of care and support work

"[The participant] could cancel today. Then if they stay for three months in a hospital, we'll be out of work."



Finding the best fit between participants and workers

"Workers are different with each client, and they treat each client differently. So it's just a matter of trying to find the right person..."



A worker's location and personal commitments

"Sometimes it's hard with kids. I need to drop my daughter to my friends house for two days."



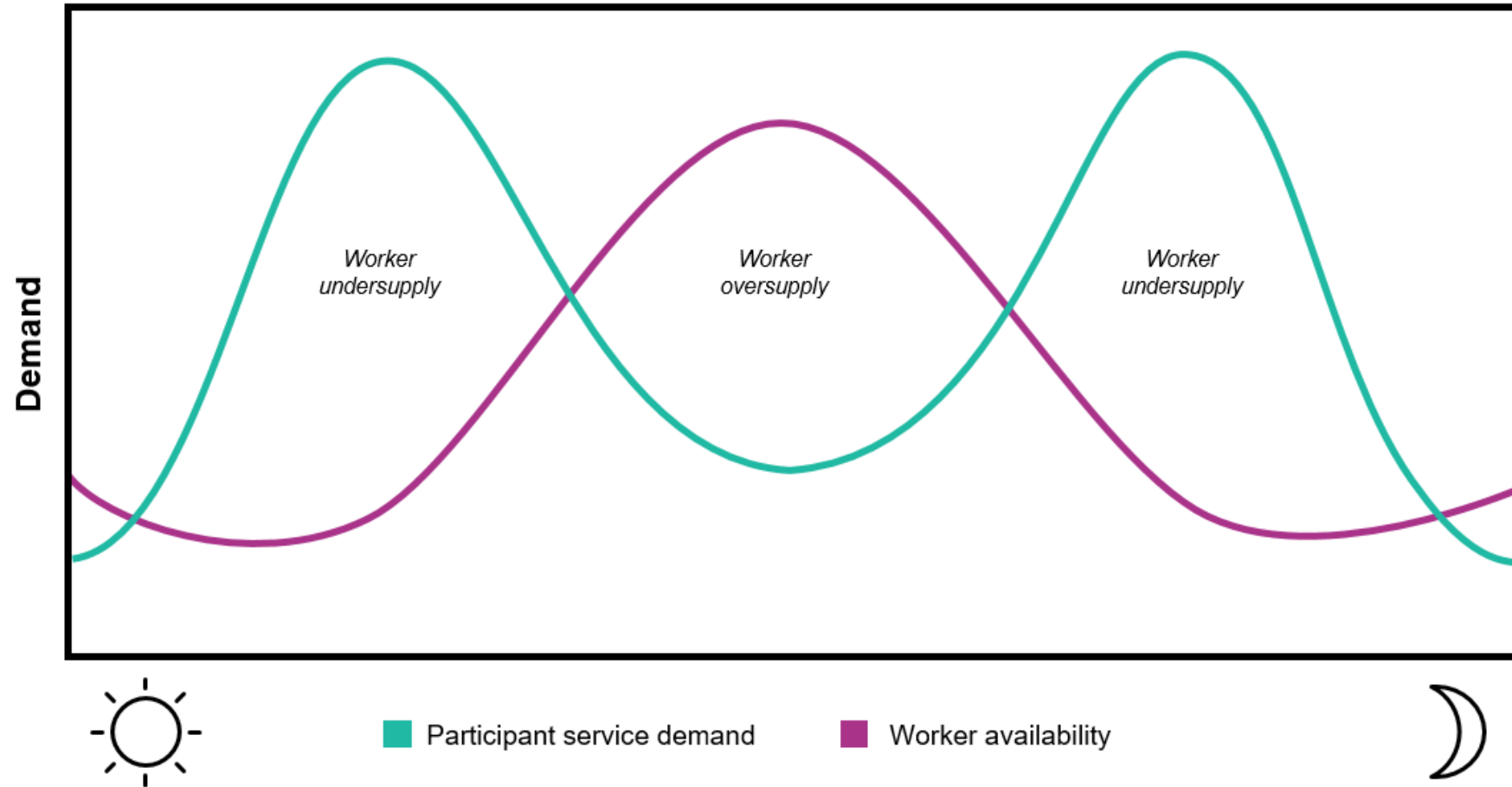
Mismatch with peak service times and worker availability

"Most supports are required at 5pm to 7pm at night – assistance for the evening meal. So you've got a whole stack of staff in demand at 5 o'clock for two hours."



Peak daily service times and worker availability do not match

Discrepancy between participant demand for services and worker availability





The challenge of balancing the needs of NDIS participants, workers and providers contributes to underemployment



Rostering workers with multiple jobs

“So they have either got a second job or a third job and we're maybe second or third down the line.”



Workers adapting to provider work practices

“You find out basically two days ahead of when you're meant to work. There's no guarantees if they want to change my roster...”



Different motivations behind worker and provider contract preferences

“They said they can't give more hours. It's all overtime and they don't want to spend more money.”



The upfront cost of efficient rostering systems

“We deliberately targeted and had to pay a lot more for [rostering] staff. See, the rostering teams become the profit or loss of the business.”

Next Steps: Admin Process Mapping

Intervention scoping: Reducing admin burden

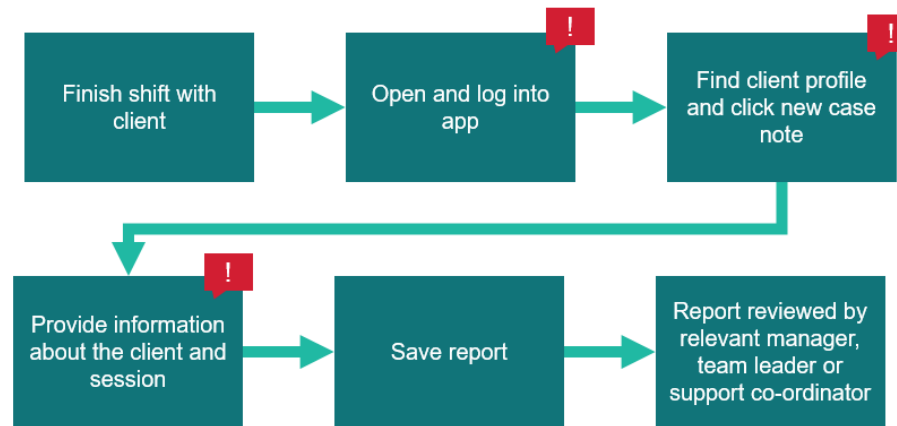
Step 1: Process mapping

To understand key friction points, BETA will conduct a **process mapping exercise**. This involves three main steps:

1. Develop a survey to assess where admin burden is coming from
2. Conducting interviews with NDIS workers
3. Running multiple workshops with NDIS providers, NDIS workers, and NDIS government agencies (e.g. NDIA, NDIS commission)

Following these discussions, BETA will develop a step by step overview of the administrative process for the scope chosen, highlight key points of friction and potential solution.

Example process map:



Process mapping

BETA conducted further research into admin burden

What is causing admin burden?

- NDIS compliance and regulation requirements (e.g. compliance record keeping for audits), as well as NDIS processes (e.g. making claims for payment, report writing) contribute the most to admin burden
- The main causes of burden include: repetitive information or processes, missing or slow feedback responses (e.g. from management or NDIS agencies), and constantly changing requirements.
- Admin burden is perceived to originate from NDIA and NDIS Commissions

Who is experiencing admin burden?

Interviews found that **disability support workers** mostly only completed case notes after each session, and incident reports when **needed**. These case notes generally take 5-15 minutes, depending on the complexity of the participant.

Interviews found that **allied health professionals** are often required to complete assessments for their clients.

Part of the purpose of the assessment/reassessment is to secure funding for participants. Allied professionals described spending up to 5 hours completing these reports to ensure they are comprehensive.



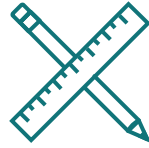
As providers, what is your role with plan assessment or reassessment reports?

Intervention Development



BETA will conduct workshops with NDIS workers, providers and NDIS agencies.

BETA will finalise the process map which will outline pain points and potential solutions and recommendations.



BETA will design an intervention in partnership with DSS to address admin burden issues in the NDIS workforce.



BETA will implement and evaluate the intervention and publish a report on the findings.



Thank you

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Behavioural Economics Team of the Australian Government
