

Workforce support to the disability sector in response to COVID-19

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Introduction

1.1 Background

The COVID-19 pandemic has created a challenging environment for disability service providers and their workforce. National Disability Services (NDS) has been allocated funding under their Victorian Safer and Stronger COVID-19 project to place a particular focus on supporting the sector with these workforce challenges. The Safer and Stronger project is funded by DHHS.

NDS is keen to hit the ground running with a clear strategy that delivers the supports the sector needs in the area of workforce as a response to COVID-19 and the move to a COVID Normal environment.

1.2 Aim

NDS has commissioned Purpose at Work to create an overview of the disability sector workforce issues during the COVID-19 pandemic and provide recommendations to NDS. These recommendations focus on what NDS can do under the Safer and Stronger project to support the sector with workforce challenges under COVID Normal with the aim of optimising provider performance, business processes and workforce management. These recommendations take into consideration a possible extension of the Safer and Stronger project beyond the 2020/21 financial year.

1.3 Structure

This paper starts by looking at the question of what really matters in relation to the disability workforce under COVID Normal. It then goes into the different types of workforce issues based on the question of what made it hard for the disability sector to get the workforce priorities right during the COVID-19 pandemic. A discussion of what can be done to help the disability sector get workforce priorities right under COVID Normal follows this overview of issues. The final pages contain two diagrams that give a summary overview of the priorities, issues, strategies used by providers and recommendations to NDS.

2. COVID Normal: What really matters

2.1 What does COVID Normal mean for the disability sector?

NDS describes what it means for the sector to work under COVID Normal circumstances in its latest State of the Disability Sector report.¹ The first three points in the list below capture what NDS believes COVID Normal will mean for the sector. Added to this list is an additional point made by Dr David Nabarro, special envoy of the World Health Organization on COVID-19, in an [interview](#) with Dr Norman Swan for ABC. He argued that it is important under COVID Normal to be ready to respond to new waves of the virus. With this addition, COVID Normal means:

- higher levels of infection control,
- adherence to social distancing requirements,
- the withdrawal of JobKeeper payments and
- being able to respond collectively to new outbreaks of the virus.

This creates a particularly challenging environment for the disability workforce.

¹ National Disability Services, State of The Disability Sector Report 2020, December 2020

2.2 What do we aim for under COVID Normal from a workforce perspective?

First and foremost, under COVID Normal or otherwise, it's about enabling people with disability to live their fulfilling life by delivering the safe quality supports they need. This is the purpose of the disability sector. Everything done within the sector should go towards achieving this purpose.

The Joint Standing Committee (JSC) remarked in its interim report on the NDIS workforce on what is needed to achieve this purpose from a workforce perspective: *Critical to the sustainability of the NDIS and the delivery of safe, quality supports is a workforce of sufficient size to meet demand, and with the appropriate skills, qualifications, and expertise.*²

During the development of the NDIS Capability Framework³ stakeholder consultation was done to map what matters most when it comes to the disability workforce. This framework widens the scope of the statement in the JSC report as it points at workforce skills and expertise, but also attitude. Another important aspect in this framework is the enabling work environment created by boards, managers and supervisors through the systems and processes they develop and how they manage, supervise and coach others. Without this enabling environment the workforce -even if it has the required size, skills, expertise, and attitude- doesn't have the means, tools, guidance, and support to work effectively and safely.

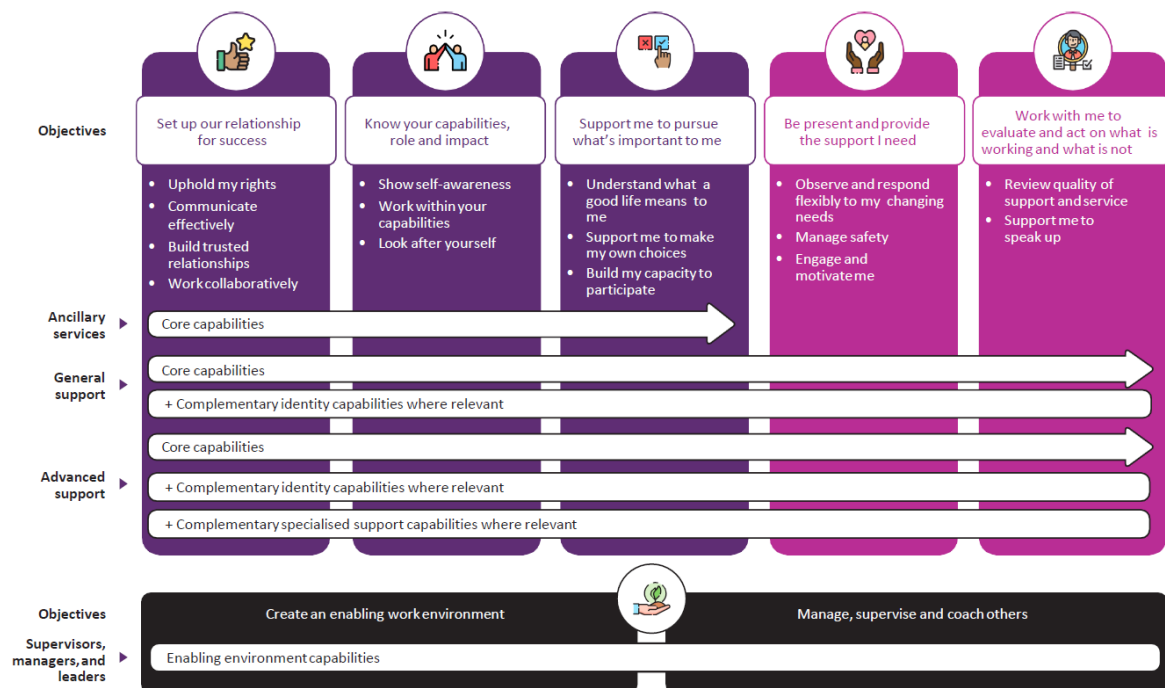


Figure 2.1 Overview NDIS Workforce Capability Framework⁴

Based on the points made above this paper focusses on three key workforce priorities:

- a workforce of sufficient size to meet demand with
- the appropriate skills, attitudes, and expertise within

² Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Workforce Interim Report*, December 2020

³ <https://www.ndiscommission.gov.au/workers/ndis-workforce-capability-framework>

⁴ SACS Consulting presentation, *Workforce planning for the disability sector*, October 2020

- an enabling work environment

All three priorities need to be in place for the sector to achieve its purpose. Under COVID Normal these priorities are still valid, but also slightly nuanced. The Federal Government in their National Mental Health and Wellbeing Pandemic Response Plan⁵ sums this up for the mental health sector as follows: *It is essential to safeguard the capacity and capability of existing services to continue core business operations, meeting the needs of current consumers and responding to surges in demand brought about by the pandemic. Primary to this continuity is ensuring capacity to deliver safe mental health care as an essential service.* The same could be said for the wider disability sector with the addition that it needs to respond not only to a potential surge in demand but also a decline when services can't or can only be provide in a restricted capacity during an outbreak.

The Pandemic Response Plan continues to list key priorities for ensuring the capacity of the sector to deliver their essential services. Three of these are most relevant to the wider disability sector and its workforce challenges:

1. *Addressing challenges in providing safe care in quarantine environments and through social distancing including appropriate personal protective equipment to enable home-based or flexible local service delivery for any critical or crisis service that cannot be delivered virtually.*
2. *Anticipating and contingency planning for a reduced [...] workforce.*
3. *Ensure that people with a lived experience and frontline workers are central to the way services are planned and delivered, identifying effective models and potential barriers.*

The next section of this paper will look at the major challenges for the disability sector, especially during the COVID pandemic.

⁵ Federal Government, *National Mental Health and Wellbeing Pandemic Response Plan*, May 2020

3. What made it hard to get workforce priorities right during COVID-19?

The COVID-19 pandemic created enormous challenges for the disability sector. The disability workforce faced many of these challenges on top of the ones it was already experiencing. This section identifies both new challenges that arose during the pandemic, existing issues that were made worse by COVID-19 and existing issues that hindered an effective response to this health crisis. These issues are grouped by the key workforce priority they affect most.

3.1 New workforce issues due to COVID-19

The COVID-19 pandemic brought several new workforce issues to the disability sector. These issues are listed in this section.

Issues affecting the size of the workforce to meet demand

- Reduced worker mobility due to government restrictions:** To reduce the chance of COVID-19 infection spreading across services during Victoria's second coronavirus wave, a cap of one worker to one employer and two sites was introduced for residential services. This reduced the availability of staff and as a consequence many providers had to adjust their rosters and rethink the deployment of staff across sites.⁶ The introduction by the Victorian and Australian governments of the \$15 million Worker Mobility Reduction Payment Scheme was welcome as was the requirement for workers to declare if they were working for other employers. This enabled residential service providers to limit worker mobility and compensate their staff for the loss of income.⁷ However, providers continued to experience staffing issues as the reduced mobility affected the availability and flexibility of staff deployment for many providers. Some providers also had a significant number of staff choosing to work for one of their other employers as a result of the worker mobility reduction cap.
- Drop in workforce demand in certain service areas:** Where some providers had trouble meeting demand due to the worker mobility cap, others like day services, community activities and in-home support services were either closed or faced high cancellation rates due to the risk of infection. This resulted in a loss of work hours for staff in these services. The NDS Workforce Census⁸ results over the period January-June 2020 show that the average hours per week for disability support workers fell during this period. The report *Disability support workers: the forgotten workforce in COVID-19* by The University of Melbourne⁹ found that 35% of workers had shifts cancelled and 37% worked fewer hours in April than in February 2020 due to COVID-19.
- Staff going into isolation due to positive case:** Providers faced sudden and immediate staffing issues when a (suspected) positive case of COVID-19 was identified in their service. This would result in staff who were close contacts having to go into isolation. To illustrate, Life Without Barriers indicated that in cases of suspected infection, up to 12 staff members may have to be isolated.¹⁰ The Australian Government's Pandemic Leave Disaster Payment (Disaster Payment)

⁶ National Disability Services, State of The Disability Sector Report 2020, December 2020

⁷ <https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19>

⁸ National Disability Services, *NDS Workforce Census Key Findings June 2020*, December 2020

⁹ Kavanagh A, Dimov S, Shields M, McAllister A, Dickinson H & Kavanagh M (2020). *Disability support workers: the forgotten workforce in COVID-19, Research Report*. Melbourne: The University of Melbourne.

¹⁰ Life Without Barriers, *Submission to Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability |Public Hearing 5: the impact of the COVID-19 pandemic on people with disability*, September 2020

whereby any eligible disability worker who is directed to self-isolate or quarantine receives \$1,500 whilst undergoing mandatory self-isolation or quarantine did help to compensate staff for lost income. However, providers had to deal with the challenge of replacing these workers on very short notice.

- **Availability of surge workforce in regional and remote areas:** In response to the issues described above, the NDIA has engaged a peak body and membership association for staffing agencies; Recruitment, Consulting and Staffing Association (RCSA) to provide access to its members for surge workforce placements. The workforce supply service is available nationally until Sunday 14 February 2021.¹¹ However, there are particular regional challenges as the regional disability workforce may need to double or triple to meet demand in some areas.¹² Going by information on the RCSA website, only a few of its members are located in regional Victoria. This raises concerns about how effective this solution is amongst regional providers. As there were no COVID-19 cases identified with providers in regional areas the effectiveness of this service was not tested.
- **JobKeeper/JobSeeker reduces need to return to work:** Anecdotal evidence from providers suggest that for some workers the incentive to return to work under the current circumstances is low due to JobKeeper and JobSeeker payments. In a comparison conducted by the Health Services Union, rates of pay for disability support workers at various Award levels— particularly at lower Award classifications— were indeed lower than social security benefits—including those associated with COVID-19.¹³ These payments are therefore making it less attractive disability support workers to go back to work.

Issues related to the skill, knowledge, and attitude of the workforce

- **Infection control:** Effective response to the COVID-19 pandemic required a level of knowledge and skill in infection control practices that many disability service providers and their workforce did not have. Most disability support workers had not been trained in infection control before this pandemic and many cannot physically distance at work due to the supports that they provide.¹⁴ Providers scrambled to provide infection control training, but by June 2020 23% of workers had not received any COVID-19 infection control training and of the 77% of workers who did receive training, 48% would like more training.¹⁵ Another challenge was that variations in PPE, online courses, implementation and understanding has led to incorrect application by some sector staff.¹⁶ NDS has received reports of some workers not having a basic understanding of infection and the transmission of viruses in general, which has made the rapid upskilling of the workforce even more difficult.

The Australian Government Department of Health released online infection prevention and control training material for care workers in March 2020. This training program will be evaluated as recommended by the Royal Commission into Violence, Abuse, Neglect and Exploitation of

¹¹ <https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19>

¹² Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Workforce Interim Report*, December 2020

¹³ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Workforce Interim Report*, December 2020

¹⁴ Kavanagh A, Dimov S, Shields M, McAllister A, Dickinson H & Kavanagh M (2020). *Disability support workers: the forgotten workforce in COVID-19, Research Report*. Melbourne: The University of Melbourne

¹⁵ Kavanagh A, Dimov S, Shields M, McAllister A, Dickinson H & Kavanagh M (2020). *Disability support workers: the forgotten workforce in COVID-19, Research Report*. Melbourne: The University of Melbourne.

¹⁶ National Disability Services, *Safer and Stronger progress report #4*. December 2020

People with Disability.¹⁷ Through the Infection Control Training Fund the Australian Government with the state and territory governments also supported the sector with fee free or low fee infection control skill set training.

Issues regarding the enabling work environment

Lack of effective planning to deal with infection and outbreak: COVID-19 created unprecedented circumstances for the disability sector that nobody had foreseen or planned for. As the impact of the pandemic started to materialise it exposed that many providers either lacked or had insufficient emergency response plans that would help the workforce to effectively respond to this crisis. Anecdotal evidence provided to NDS shows that providers realised that more planning and guidance was needed to support their workforce. Considerable effort went into putting in place pandemic response plans with providers sharing information amongst each other to support this process. Despite this the Social Policy Research Centre at UNSW concluded in their report on the initial experiences of the COVID-19 outbreak amongst the disability workforce that: *Many were extremely worried about the lack of planning in their workplace. Workers were very critical of the failure of organisations to provide equipment, put plans in place, or provide guidance to staff. Numerous worker accounts attest to lack of support from management to access equipment or develop appropriate plans and protocols and descriptions of the situation show this raised very high risks for clients and workers and the people with disability whom they supported to an increased risk of infection.*¹⁸

- **Decision makers in organisations exhausted and overwhelmed:** The lack of pre-existing planning and the effort it took to rapidly put plans in place may well have contributed to the exhaustion, anxiety, and feelings of being overwhelmed reported by decision makers within disability service providers. Constantly changing information and requirements from different sources and authorities also did not help in this regard. NDS' Disability Workforce Connectors reported in their final report¹⁹: *During the peak of the COVID pandemic, middle managers in some larger providers had expressed significant stress at the competing priorities of keeping everyone safe, meeting the expectations of the people they support, senior management, staff, the public and departmental directives was taking its toll.*

The graph in Figure 3.1 by We Are Unity²⁰ depicts the emotional journey many decision makers (and employees) experienced during the first COVID-19 wave. This graph highlights the need to find a sustainable balance as we come out of an outbreak between the focus on recovery after the hope and excitement of the situation improving and time to recuperate after an emotionally draining time. However, we now know that especially Victorian providers had little time to do so as they faced the second wave of COVID-19 infection and lockdown from August.

¹⁷ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Public hearing 5 Experiences of people with disability during the ongoing COVID-19 pandemic report*, November 2020

¹⁸ Cortis, N. and van Toorn, G. (2020). *The disability workforce and COVID-19: initial experiences of the outbreak*, Sydney: Social Policy Research Centre, UNSW Sydney. <http://doi.org/10.26190/5eb0e680cbb04>

¹⁹ National Disability Services, Supporting Regions to be NDIS Ready: Disability Workforce Innovation Project 2019 to 2020 Final Project Report, December 2020

²⁰ We Are Unity, COVID-19: Crisis or Catalyst?, June 2020

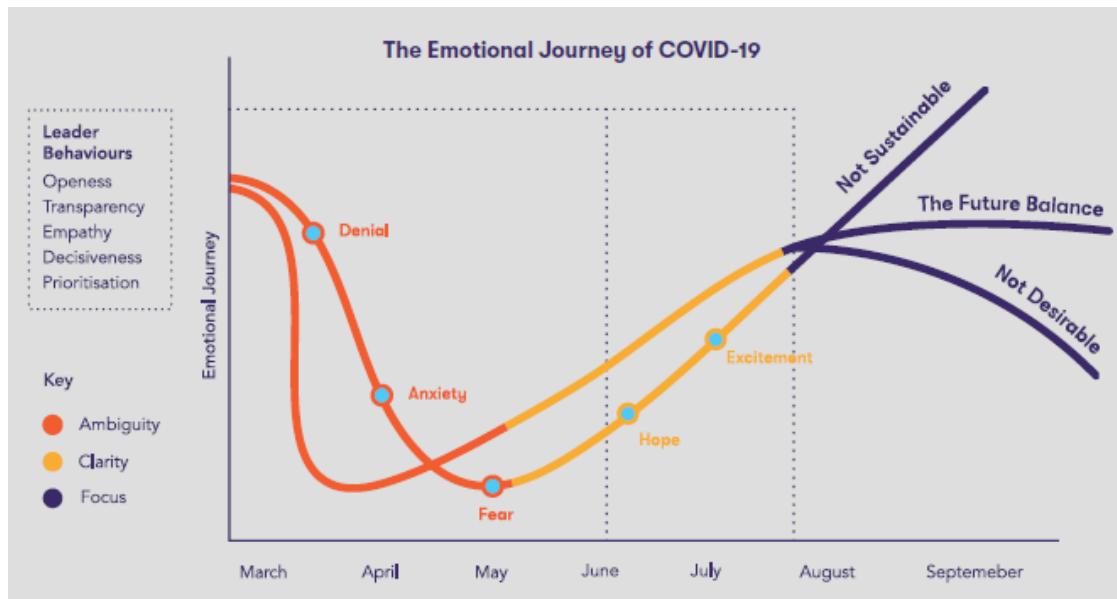


Figure 3.1 Emotional Journey of COVID-19

Exhausted and overwhelmed managers and supervisors also affect the work environment of frontline staff. When they cannot discuss matters with or get timely responses from management it makes it more difficult for the frontline to effectively respond to the needs of the people they support, and it can make them feel isolated and abandoned.²¹

- **Additions to already heavy frontline workload:** The pandemic put more strain on management within disability service providers but also on the frontline. One aspect of this are the additional tasks that frontline workers have to do in the area of infection control e.g., cleaning high touch surfaces multiple times a day, COVID checks, continuously wearing PPE. Many frontline staff also had to work longer shifts and/or work with minimum staffing levels to decrease the number of staff working together in a site. Doing longer shifts with fewer colleagues significantly added to the workload. Due to social distancing measures the frontline also needed to support people with disability to understand and adjust to changes in routine. These changes also created additional needs for support.²² Anecdotal evidence from providers suggests that this change to the nature of work and their roles has contributed to some frontline staff leaving their jobs.
- **Anxiety about the risk of returning to face-to-face delivery:** Another aspect that has put strain on the frontline workforce is the anxiety about going back to face-to-face service delivery. They not only fear the risk to their own health and safety but also those of loved ones and participants. Uncertainty and unfamiliarity with the ways they should be working with clients while ensuring safety through the pandemic heightened their concern. The same is true for the lack of resources many faced in the early stages of the pandemic that prevented them to effectively support clients and protect themselves from infection.²³ As a consequence, 27% of the disability

²¹ Cortis, N. and van Toorn, G. (2020). *The disability workforce and COVID-19: initial experiences of the outbreak*, Sydney: Social Policy Research Centre, UNSW Sydney.

²² Cortis, N. and van Toorn, G. (2020). *The disability workforce and COVID-19: initial experiences of the outbreak*, Sydney: Social Policy Research Centre, UNSW Sydney. <http://doi.org/10.26190/5eb0e680cbb04>

²³ Cortis, N. and van Toorn, G. (2020). *The disability workforce and COVID-19: initial experiences of the outbreak*, Sydney: Social Policy Research Centre, UNSW Sydney.

support workforce cancelled shifts because they were worried about COVID-19 infection.²⁴ The added workload and the risk of infection resulted in higher levels of fear, anxiety and stress amongst workers which impacted their mental health (more on this in later sections).

- **Availability, access and use of Personal Protective Equipment:** During the pandemic, disability service providers required PPE to enable their staff to deliver their services safely. However, at the start of the COVID-19 pandemic, disability support workers were not included by the Australian Government in the group getting priority access to PPE. This exposed them and the people whom they supported to an increased risk of infection.²⁵ As a result, by June 2020 only 64% of disability support workers had received or purchased some form of PPE and of them 59% had received some PPE from their employer for free and 90% had purchased some PPE themselves.²⁶

There was also considerable confusion regarding which types of PPE to use in different circumstance e.g., different standards of masks and when to wear eye protection. The directives from authorities on this kept changing during the pandemic as the overall understanding about the nature of the virus continued to evolve. This lack of and confusion around PPE added to the anxiety felt by frontline staff as mentioned earlier.²⁷ As the year went on and with an end to the continued use of PPE not yet in sight the diligence needed to safely wear, remove, and dispose of PPE was and still is putting further strain on the frontline.

- **Issues with border closures:** A specific challenge for the disability workforce in border towns are border closures between States and Territories. Although the disability workforce is recognised as an essential workforce and therefore can cross state borders, the requirement to obtain and renew permits and the time it takes to pass border check points made it difficult for staff to deliver services across jurisdictions. For those supporting high needs clients in NSW the uncertainty especially at the start of the border closures of how the people would get the supports they needed added additional concerns in an already challenging work environment.

3.2 Pre-existing workforce issues that exacerbated under COVID-19

The JSC described the disability workforce as increasingly seen as overworked, underpaid, undervalued, and poorly trained.²⁸ Some of these and other existing issues became worse during the COVID-19 pandemic. These are described below.

Issues affecting the size of the workforce

- **Workforce working across multiple employers:** Part of the disability workforce (14%) works for more than one service provider.²⁹ This caused some issues before the COVID-19 pandemic e.g., providers reporting that they struggled to fill less ‘favourable’ shifts or had staff cancel shifts at short notice because they could get a better one with another employer. However, during the

²⁴ Kavanagh A, Dimov S, Shields M, McAllister A, Dickinson H & Kavanagh M (2020). *Disability support workers: the forgotten workforce in COVID-19, Research Report*. Melbourne: The University of Melbourne.

²⁵ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Public hearing 5 Experiences of people with disability during the ongoing COVID-19 pandemic report*, November 2020

²⁶ Kavanagh A, Dimov S, Shields M, McAllister A, Dickinson H & Kavanagh M (2020). *Disability support workers: the forgotten workforce in COVID-19, Research Report*. Melbourne: The University of Melbourne.

²⁷ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Public hearing 5 Experiences of people with disability during the ongoing COVID-19 pandemic report*, November 2020

²⁸ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Workforce Interim Report*, December 2020

²⁹ Cortis, N. and van Toorn, G. (2020) *Working in new disability markets: A survey of Australia's disability workforce* Sydney: Social Policy Research Centre, UNSW Sydney

pandemic staff working across multiple sites increased the risk of infection spread. The cap imposed by Government and supported by the Worker Mobility Reduction Scheme mitigated this risk, but it also meant that providers were losing staff as they decided to stay with another employer. The fact that a requirement had to be put in place for workers to share their other employment highlights an issue where this information isn't normally shared by staff due to a lack of transparency, acceptance, and processes during onboarding to capture this information. Anecdotal feedback from some providers indicated that workers felt it was a privacy issue and they therefore were not prepared to share this information with their employers.

- **Workforce supply shortages:** Issues with current and future workforce supply shortages have been flagged by several sources in the past including the JSC and the Productivity Commission.³⁰ The latest State of the Sector report by NDS showed that 79% of providers had to deny requests for support and of them 69% were turning away clients due to lack of capacity.³¹ Amongst disability sector workers 44% indicated that there was not enough staff in their service to get the work done.³²

During the pandemic, these workforce shortages came back to bite and in certain areas became even worse. NDS' Workforce Connectors in Victoria note in their final project report: *As of December 2020 NDS is now receiving widespread reports of workforce shortages. The Covid driven drop in student and foreign worker numbers and impact of job keeper are contributing to this. Feedback from many providers in the regions continually reported at least a doubling of their workforces while many have reported even higher increases.* Disability support workers also remarked that during the pandemic insufficient staffing levels meant that needed supports could not be delivered.³³ NDS is now hearing from some providers that it has even become more difficult to find staff through employment agencies.

Issues related to the skill, knowledge, and attitude of the workforce

Lack of time and resources for training of staff at all levels: Disability support work is complex and requires a workforce with the skills and expertise to deliver safe, quality supports. However, under NDIS price setting, time and resources for regular training of the workforce are under pressure. As a result, workers often receive limited to no training from their employers, and there are limited opportunities for career advancement— particularly for disability support workers.³⁴

Therefore, when the pandemic made it clear that staff needed skills in infection control, many lacked this and had not had any kind of training in this area before. Suddenly a large part of the workforce in the sector had to receive training, but few providers had training course material or training providers lined up to deliver this training. Doing infection control training also took staff away from their day -to-day tasks putting even more pressure on an already strained workforce.

Issues regarding the enabling work environment

Job stress, fatigue, and mental health: Job stress, fatigue, burnout, and mental health issues are not new to the disability workforce. Time and resource pressures are a major contributor to this and

³⁰ Productivity Commission, *Inquiry report Disability Care and Support*. July 2011

³¹ National Disability Services, *State of The Disability Sector Report 2020*, December 2020

³² Cortis, N. and van Toorn, G. (2020) *Working in new disability markets: A survey of Australia's disability workforce* Sydney: Social Policy Research Centre, UNSW Sydney

³³ Cortis, N. and van Toorn, G. (2020). *The disability workforce and COVID-19: initial experiences of the outbreak*, Sydney: Social Policy Research Centre, UNSW Sydney

³⁴ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Workforce Interim Report*, December 2020

limit the ability of the workforce to deliver safe, quality supports to people with disability.³⁵ Some sources point to casualisation of support work adding to job stress as it tends to result in unpredictable schedules and income for workers.³⁶

During COVID-19, anxiety, stress, and fatigue increased for many workers and with it concerns for their mental health. According to the National Mental Health Pandemic Response Plan the mental health of workers on the frontline is likely to be significantly at risk due to heightened anxiety around personal health and safety, stress, burnout, and exposure to aggression. Especially the mental health of frontline and health workers who are actively involved in responding to the COVID-19 pandemic in the short and long term is at risk due to the physical experience of providing safe care, heightened physical isolation from loved ones, hypervigilance, higher demands in work, and reduced capacity to access social support. Research from previous pandemics confirms this, demonstrating increased rates of PTSD among these workers.³⁷ During the first wave of the pandemic, support workers were reporting high levels of psychological distress consistent with a clinical diagnosis of anxiety or depression with 16% showing signs of a probable serious mental illness.³⁸

3.3 Pre-existing workforce issues that hindered an effective response to COVID-19

Other existing issues were not directly impacted by the pandemic, but they did prove to be barriers to the sector effectively responding to the circumstances COVID-19 created. These are described below.

Issues affecting the size of the workforce

- **Casualisation and sole traders:** Although casualisation rates in the disability sector are dropping, a third of the disability workforce (excluding sole traders) across Australia still is employed on a casual basis.³⁹ The reliance of the sector on casual workers exposed people with disability, especially those that relied on casuals for essential services that could not be done with social distancing, to a greater risk of infection than other members of the community.⁴⁰ Part of this risk is that casual workers tend to work across multiple setting within and sometimes even across service providers. Also, without paid sick leave there is the risk of casual staff not calling in sick with symptoms or a suspected infection, not self-isolating or going into quarantine if there is the possibility of infection especially when pandemic leave wasn't yet offered by government. Besides casual workers the sector also increasingly has self-employed support workers. Online platforms to hire workers may provide greater choice and control to people with disability, but they may also lead to poor workforce conditions including lower pay and fewer employment protections.⁴¹ These workers also tend to come with the same risks as casual workers in the case

³⁵ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Workforce Interim Report*, December 2020

³⁶ Baines, B., Macdonald, F., Stanford, J., and Moore J., *Precarity and job instability on the frontlines of NDIS support work*, September 2019 The Centre for Future Work

³⁷ Federal Government (2020) *National Mental Health and Wellbeing Pandemic Response Plan*, May 2020

³⁸ Kavanagh A, Dimov S, Shields M, McAllister A, Dickinson H & Kavanagh M (2020). *Disability support workers: the forgotten workforce in COVID-19, Research Report*. Melbourne: The University of Melbourne.

³⁹ National Disability Services, *NDS Workforce Census Key Findings June 2020*, December 2020

⁴⁰ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Public hearing 5 Experiences of people with disability during the ongoing COVID-19 pandemic report*, November 2020

⁴¹ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Workforce Interim Report*, December 2020

of a pandemic as their need for income may see them take risks with their health and the health of the people they are supporting, for example by turning up to work when they are unwell.⁴²

- **Female dominated workforce:** The majority (70%) of the disability workforce is female.⁴³ With many also being the primary carer in their household these women tended to take on the bulk of responsibilities for housework, caring for and home-schooling children during the pandemic. As a consequence, more women than men decided to decrease their hours of work or even withdraw from the labour market.⁴⁴
- **Low pay rates:** Due to funding constraints wages tend to be low in the disability sector, especially compared to those of workers outside of the community sector⁴⁵ Recognition that the pay rates do not reflect the complex, sensitive nature of disability support work is growing.⁴⁶ As was suggested in the section on casualisation and sole traders, people who need income whether because of casual work, low pay rates or both, may take risks with their health and the health of those that they support during a pandemic.
- **High turnover:** The disability sector has had high turnover rates for years especially amongst casual workers, but the first six months of 2020 saw a slight decline.⁴⁷ This could well be due to the overall economic uncertainty under COVID-19 and the introduction of JobKeeper. This may well have off-set the impact of staff leaving because they could only work for one employer or to take-up caring responsibilities. Despite this drop in turnover rates, they are still high compared to other industries and didn't help in ensuring the sector had a workforce with the required size, skills, and experience to meet all demand.

Issues related to the skill, knowledge, and attitude of the workforce

- **Language, literacy, and numeracy (LLN) issues:** Literacy requirements of many roles have increased and become more complex under the NDIS. Evidence suggest that disability sector worker score remarkably lower on verbal, numerical and abstract reasoning compared to the average Australian workforce.⁴⁸ This is confirmed by anecdotal evidence from providers regarding the language, literacy, and numeracy skill levels in some parts of the disability workforce. This creates issues when the workforce quickly needs to take in new information e.g., regarding guidance and restriction from different sources due to the pandemic and when it needs to be skilled up in infection control.
- **Recruitment and retention of skilled workforce:** Attracting and retaining a suitably skilled, qualified workforce has been challenging for the disability sector.⁴⁹ For years now, providers have reported difficulties in both recruiting and retaining skilled staff. Allied health professionals like psychologists, speech therapists, occupational therapists and physiotherapists have consistently been the most difficult occupations in this regard. Over the years providers have

⁴² Dickinson, H. Carey, G. Kavanagh, A. (2020) Personalisation and pandemic: an unforeseen collision course?, *Disability & Society*, 35:6, 1012-1017

⁴³ National Disability Services, *NDS Workforce Census Key Findings June 2020*, December 2020

⁴⁴ Work + Family Policy Roundtable, *Work + Care in a gender inclusive recovery: a bold policy agenda for a new social contract*, December 2020

⁴⁵ Productivity Commission, *Inquiry report Disability Care and Support*. July 2011

⁴⁶ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Workforce Interim Report*, December 2020

⁴⁷ National Disability Services, *NDS Workforce Census Key Findings June 2020*, December 2020

⁴⁸ SACS Consulting presentation, *Workforce planning for the disability sector*, October 2020

⁴⁹ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Workforce Interim Report*, December 2020

increasingly named disability support workers amongst this list as well.⁵⁰ About a quarter of the workforce doesn't see themselves working in the sector in five years.⁵¹

The issue of not attracting and keeping enough skilled workers has resulted in pressure on experienced skilled workers to mentor and support new, less skilled colleagues. Add to this the pressures under COVID-19 and it is no surprise that they experienced job stress and fatigue. This situation has also led to instances where people with high and complex needs ended up being supported by people lacking the skills and experience to effectively respond to risky situations including those related to the pandemic.

Issues regarding the enabling work environment

- **Span of supervision:** For years, providers have raised concerns about the NDIS cost model making incorrect assumptions about supervision. The assumed span of control is considered too high, thereby limiting effective supervision. Amongst disability sector workers only 36% feel they get the time they need with their supervisor and over half of supervisors said they did not have enough time to provide proper supervision.⁵² This can leave workers without adequate support to make complex decisions about care needs.⁵³

Looking at the effect this existing issue had during the pandemic some workers reported that managers were unreachable, and that they felt abandoned.⁵⁴ This issue also contributed to management being overwhelmed and exhausted during the height of the pandemic.

- **Lack of autonomy and decision-making power at the frontline:** Frontline disability support workers tend to work in a hierarchical structure with several layers of management above them. This can leave them with little decision-making power and autonomy. In one study residential support staff reported feeling powerless with their insight, ideas and experience disregarded as they were disconnected from decision-makers and not part of the organisational dialogue regarding service design and delivery.⁵⁵ Other research has found that low control over one's work or influence over work decisions was associated with higher levels of stress and burnout amongst disability support workers.⁵⁶

In a crisis like the COVID-19 pandemic this lack of autonomy and decision-making power can greatly impact the effective response of frontline teams, their ability to innovate and 'think on their feet'. It can also increase their stress and anxiety as they feel powerless to do something about the situation and wait for overwhelmed managers to make decisions. Interestingly, disability service providers that are moving towards more autonomous self-organising teams have reported that these teams coped better with the pandemic than the teams that were still

⁵⁰ National Disability Services, State of The Disability Sector Report 2020, December 2020

⁵¹ Cortis, N. and van Toorn, G. (2020) *Working in new disability markets: A survey of Australia's disability workforce* Sydney: Social Policy Research Centre, UNSW Sydney

⁵² Cortis, N. and van Toorn, G. (2020) *Working in new disability markets: A survey of Australia's disability workforce* Sydney: Social Policy Research Centre, UNSW Sydney

⁵³ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Workforce Interim Report*, December 2020

⁵⁴ Cortis, N. and van Toorn, G. (2020). *The disability workforce and COVID-19: initial experiences of the outbreak*, Sydney: Social Policy Research Centre, UNSW Sydney

⁵⁵ Quilliam, C. Bigby, C. and Douglas, J. (2017) Being a valuable contributor in the frontline: The self-perception of staff in group homes for people with intellectual disability

⁵⁶ Maria Vassos, Karen Nankervis, Trevor Skerry & Kerrie Lante (2017): *Can the job demand-control-(support) model predict disability support worker burnout and work engagement?*, Journal of Intellectual & Developmental Disability

being managed in the traditional way.⁵⁷ Several providers have also remarked to NDS on how the adoption of online technology for meetings has sped up decision-making and challenged some traditional hierarchies.

- **Lack of strategic planning capacity and capability:** Disability service providers have indicated for the last two years that HR strategy and workforce planning are the top organisational improvements needed in the sector.⁵⁸ The consequence of this lack of strategic and workforce planning capacity and capability within providers was that many did not have the workforce plans, management, and practices in place to deal with stress, skill shortages, and other workforce issues during COVID-19.⁵⁹

3.4 Workforce aspects that were positively impacted by COVID-19

COVID-19 came with many challenges for the disability sector, but also some positive developments. It is important that as we move to 'COVID Normal' the sector not only draws lessons from the challenges, but also tries to build on what was achieved.

- **Recognition of the importance of support work:** In the early stages of the pandemic the disability workforce was not clearly defined as an essential workforce. This limited access to PPE and priority testing. Advocacy by many, including NDS, got them on the list of those providing an essential service. This recognition is important not only from a practical standpoint but also for the recognition of worker's dedication and from a societal and labour market perspective. The National Skills Commission named disability support work together with aged care as one of the top four most resilient occupations. This is based on pre-pandemic employment, the way disability jobs held steady during the COVID-19 shock and how they recovered as restrictions lifted.⁶⁰ This may be a drawcard in the competition for workers with sectors like hospitality and retail. Some providers also reported the fact that they made it through the first waves of the pandemic because of the dedication of their frontline staff. Several providers mentioned seeing leaders emerge from their frontline who supported others or were a positive role model for other staff. The pandemic also brought out the creativity and capacity to innovate from frontline staff as they adapted their services in response to the pandemic. All this has made these providers value their staff even more.
- **Allowance for international students to work more than 40 hours per fortnight:** The temporary relaxation of the cap on working hours for international students working for an aged care or NDIS provider meant that they could work more than 40 hours per fortnight. This brought some extra capacity into the sector.
- **Government support to keep and grow the workforce:** In response to the economic fallout of COVID-19 the Australian Government has put in place several supports to help businesses including those in the disability sector to retain and grow their workforce. Many providers made use of the JobKeeper payment to keep staff employed through the pandemic. This wage subsidy provided \$1,500 per fortnight for eligible employees until 27 September and has been stepped down since then to \$1,000 at the time of writing.

⁵⁷ National Disability Services, Self-managing teams: How they deal with crisis and change. Recorded session of the Virtual Workforce Conference 2020 https://youtu.be/LF0COXI8C_8

⁵⁸ National Disability Services, State of The Disability Sector Report 2020, December 2020

⁵⁹ National Disability Services, Supporting Regions to be NDIS Ready: Disability Workforce Innovation Project 2019 to 2020 Final Project Report, December 2020

⁶⁰ National Skills Commission, *The shape of Australia's post COVID-19 workforce*. December 2020

Another support offered by the Australian Government is the JobMaker Hiring Credit. Through this scheme employers can receive up to \$200 per week when they hire additional employees aged 16-29 years old and up to \$100 per week for new staff aged 30—35 years old.

The Certificate III in Individual Support and Certificate IV in Disability are among the courses offered for free or at low cost through the JobTrainer Fund. Young people aged 17-24 are eligible for this fund.

Small and medium sized disability providers that had trainees in place on 1 July 2020 were able to use the 'Supporting Apprentices and trainees wage subsidy' to retain trainees. This wage subsidy could be up to 50% of the wages paid.

The Victorian Government has offered payroll tax relief to eligible employers and set up the Working for Victoria online platform. The latter is a platform that aims to match jobseekers with employers looking to connect with a job-ready workforce.

Increased use of technology: As a result of working from home orders and the sharp decline in face-to-face meetings and service delivery there was a rapid increase in the uptake of virtual meeting technology. Virtual team and staff meetings, network meetings, case planning meetings, care team meetings and communities of practice have resulted in increased collaboration as well as the deconstruction of some pre-existing hierarchies within providers.⁶¹ Due to the lack of physical boundaries of offices and meeting rooms, an increased frequency of communication, virtual cultural initiatives and daily catch ups employees across the Australian workforce felt more connected and more able to contribute than ever before. This is especially true for geographically dispersed frontline workers.⁶² The Safer and Stronger project also found that leadership visibility and communication has improved particularly with the use of Zoom.⁶³ There was also a rapid take-up of technology enabled service delivery, including telehealth services and online group activities. This has greatly reduced the travel time for workers and the time to set up and pack up for a session leaving more time for direct service delivery. However, the loss of travel time meant that practitioners also had less time to reflect on and (mentally) prepare for sessions.⁶⁴ For many workers at all levels of the organisation this rapid uptake of technology meant quick upskilling in the area of IT which will benefit them and the organisations they work for going forward. Several providers commented to NDS that they have seen adoption of digital technology amongst their workforce at a rate that years of encouragement hadn't accomplished.

- **Adoption of new ways of working:** The COVID-19 pandemic drastically changed how people worked in the disability sector. Many of those in corporate functions and in non-essential frontline service delivery had to work from home. This enabled flexibility in working hours, efficiencies related to reduced travel and extended service delivery hours.⁶⁵ For many in management functions it meant a switch to remote supervision and relying more on the capability of staff to self-manage their work. In the wider Australian workforce this resulted in greater scope to make decisions and get things done without fear of the consequences from a mindset of 'getting it done quickly' and 'any decision was better than no decision' as opposed to 'getting it done perfectly'. This demanded an increase in trust, empowering an even broader collective of employees to make the necessary decisions.⁶⁶ Many disability service providers are

⁶¹ Future Social Services Institute and VCOSS, Stories into Evidence Sector workshop, September 2020

⁶² We Are Unity, COVID-19: Crisis or Catalyst?, June 2020

⁶³ National Disability Services, *Safer and Stronger progress report #4*. December 2020

⁶⁴ Pinarc Disability Support. Victorian Regional Readiness Fund Progress and Final report. December 2020

⁶⁵ Future Social Services Institute and VCOSS, Stories into Evidence Sector workshop, September 2020

⁶⁶ We Are Unity, COVID-19: Crisis or Catalyst?, June 2020

putting in place permanent working from home arrangements for staff that have indicated that they would like to continue working from home a few days a week. Some providers also decided to delegate more decision-making power to the frontline because of their increased trust in them. This will allow staff the flexibility to respond to the unique situations of their participants and team members.

- **Stronger focus on staff wellbeing:** COVID-19 not only blurred the lines between home and work, it also brought with it a greater focus on staff health and wellbeing. Many providers realised that they had a duty of care to reduce the potential negative impact of the pandemic to the health and wellbeing of their staff whether they worked in essential services or were working from home. Strategies were put in place to have regular connections and communication with staff and to understand what both teams and individual workers needed. This created greater insight into what employees wanted and needed to do a good job including autonomy, collaboration, innovation and less a time- and more need-driven approach to their work.

4. What can be done to help the disability sector with workforce priorities under COVID Normal?

Going forward it is important that we draw lessons from the pandemic to date. These can give insight into what else is needed to support the sector with the workforce issues under COVID Normal and during outbreaks. This section looks at the strategies used by providers to overcome some of these issues, how NDS has already supported the sector during the pandemic in the area of workforce and what else NDS could do.

4.1 Strategies used by providers

Strategies to tackle issues affecting the size of the workforce

- **Mapping other employers:** To tackle some of the issues affecting the size of the workforce providers actively sought to map which employees had other employers. Clearly those few who had a practice in place to map this at the beginning of each staff member's employment had a head start, especially if they also updated these records on a regular basis. These providers had this approach in place as part of the culture of trust and transparency that they had built in their service.
- **Staff redeployment:** Another common strategy was to redeploy staff from non-essential services or those areas of their business that saw a decline in demand to essential services and those increasing in demand. This was easier for larger organisations with several different service streams. Smaller providers struggled and reported a 'poaching' of staff by larger providers.
- **Rapid response teams:** Some providers also decided to set-up internal 'rapid response' teams that they would train and keep on hand to jump in should an outbreak force a whole team into isolation. By choosing to proactively build these team, these providers were able to ask for volunteers with key experience and attitudes, give them targeted training in working in an infected workplace, keep them on non-frontline duties to ensure they were available at a moment's notice without disrupting services and minimise the risk that they would become infected before they were needed. Several providers also compensated these workers with higher loadings because they always had to be on standby for deployment to a high-risk area.
- **Recruit ahead for surges in demand:** Several providers decided to plan ahead and take advantage of the sudden increase in supply on the labour market due to people in sectors like hospitality and retail losing their jobs. They realised that COVID 19 would lead to higher workloads and workforce shortages. Some also wanted to have new staff in place to cover the

expected surge in leave after lockdown and border closures were lifted. One provider started recruiting students completing their Certificate III or IV in Disability giving them paid casual shifts to familiarise themselves with the work and participants and for the organisation to ensure they had a pool of workers ready by the time demand would increase.

- **Staggering shifts:** To ensure business continuity and reduce the risk of infection spreading, providers implemented staggered shifts that would see the same staff members working the same shifts during the pandemic. This reduced the number of staff being in contact with each other and participants and therefore having to isolate in case of a (possible) infection.

Strategies to tackle issues related to the skills, knowledge, and attitude of the workforce

- **Infection control training, practice, and coaching:** Many providers had their staff go through infection control training and added COVID related skills to the induction program of new employees. Several of them recognised that just doing the training modules would not necessarily make people sufficiently skilled in infection control. This is especially true if an outbreak would require additional measures. These providers ensured that staff would have regular opportunities to practice and some even provided coaching either by their internal qualified nurses or by external coaches to support staff to get proficient and to answer their questions.
- **Upskilling the workforce:** Several providers indicated that they supported staff that had a reduction in hours due to closures and cancellations by allocating this downtime for other types of training to enhance their skills. Some reflected on the requirements for new staff and decided to change their recruitment strategy to target higher qualified staff in recognition of the higher job demand in areas like infection control.

Strategies to tackle issues regarding the enabling work environment

- **Embrace and speed up implementation of technology:** Many providers embraced and sped up the implementation of technology like Zoom, MS Teams (Microsoft 365) or WhatsApp to facilitate virtual sessions for participants and staff. Many recognised the need for more frequent communication and connection with and between staff. They facilitated this by holding regular virtual Q&A sessions with the executive/CEO or by supporting teams to hold daily virtual team huddles (short meetings at the start or end of the day to check in with each other and coordinate day-to-day work). The quick uptake of virtual meeting technology also allowed providers to organise more regular meetings between themselves. This allowed senior managers to unload, share information and the experience of the pandemic, and discuss strategies.
- **Building COVID-19 pandemic plan on existing emergency response plans:** At the start of the pandemic providers had to create a COVID-19 pandemic plan. Those who had existing up-to-date emergency response plans clearly had an advantage as they could use this as a structure for their organisational response. With the pandemic plan also came the need for organisational structures to administer and update that plan and a suite of other processes and procedures to facilitate it. Again, those with existing strong emergency response plans were a step ahead as these plans included guidance for quickly creating incident teams with clarity on the roles and responsibilities within these teams. Having these structures in place quickly enabled these organisations to provide the frontline with the information, advice and enabling systems to do their work.
- **Scenario planning with and by frontline teams:** Some providers realised that in the complex environment created by COVID-19 they had to involve all their stakeholders including their frontline staff to find the solutions that would work in each area of their business and locality

that they serviced. One provider decided to hold ‘what if’ safety conversations with each worker, team, client, and family to talk through several scenarios under the pandemic. This provided them with valuable insight on what would be important in these particular scenarios and it also helped their frontline teams prepare and think through what might be expected of them.

Another provider supported each frontline team through a facilitated scenario planning process to develop their own plan for how they would return to COVID Normal operations as lockdown restrictions eased after the first wave. This enabled teams to prepare their respond to eventualities and build their resilience in dealing with uncertainty. It gave them back a sense of control and alignment on the way forward. It also helped them to better understand each team member’s personal situation and take that into account in their planning.

- **Additional wellbeing support:** The pandemic clearly put additional strain on the disability workforce. Many providers responded by putting in place additional wellbeing support. Some offered extra sessions within their Employee Assistance Programs, a hotline to directly get in touch with a manager when needed or more regular check-ins with the supervisor and/or team. Others created internal wellbeing support programs or added to their existing programs and intranet pages e.g., with wellness webinars and additional opportunities to connect with colleagues by holding virtual social gatherings. Providers also adopted new strategies in line with resources offered by WorkSafe Victoria on combatting staff fatigue.

4.2 NDS support for the sector?

NDS Victoria continued to support the sector during the COVID-19 pandemic. It has created the Victorian COVID-19 hub within its National Coronavirus Hub. This Victorian hub, administered under the Safer and Stronger project, contains news updates, webinars, a Q&A and links to resources and training. NDS’ Disability Workforce Innovation Project also provided sector support in the area of workforce during the pandemic. Together these projects provided the following types of support:

- webinars, meetings, workshops, and communities of practice,
- podcasts and YouTube videos with good practice examples,
- training sessions e.g., on infection, prevention, and control,
- curated and disseminated information from Government to providers and vice versa,
- curated and promoted resources,
- connections and referrals e.g., between disability and health providers,
- targeted one-on-one support to providers,
- sharing of good practice examples and case studies,
- development of infection control and business continuity toolboxes and
- guidance to navigate government support and subsidies.

In addition to this range of practical supports, NDS worked intensely with governments and authorities at both state and federal levels to advocate on behalf of disability services, to raise the array of issues impacting the sector, and contribute to effective responses.

Summary overview

The next two pages provide a summary overview of the content of this paper. The first overview shows the sector purpose and workforce priorities and how the different workforce issues have been grouped to these priorities. The second overview also shows the sector purpose and workforce priorities, but here the strategies used and recommendations in this paper are listed for each priority.

Sector Purpose	Workforce priorities	Issues due to COVID	Issues exacerbated by COVID	Issues hindering response	Positives due to COVID
Enable people with disability to live their fulfilling life by providing them safe quality supports	Workforce of sufficient size to meet demand	<div>Worker mobility restrictions</div> <div>Drop in demand for certain services</div> <div>Staff going into isolation</div> <div>Lack of surge workforce in regional areas</div> <div>JobKeeper/JobSeeker reducing need to return to work</div>	<div>Multiple employers</div> <div>Workforce shortage</div>	<div>Casualisation and sole traders</div> <div>Female dominated workforce</div> <div>Low pay rates</div> <div>High turnover</div>	<div>Recognition importance of support work</div> <div>More hours for international students</div> <div>Government support to keep and grow the workforce</div>
	Workforce with required skill, knowledge, and attitude	<div>Infection control</div>	<div>Lack of time/resources for training</div>	<div>Literacy, language, and numeracy</div> <div>Recruitment and retention of skilled workforce</div>	
	Enabling work environment	<div>Lack of planning for infection outbreak</div> <div>Management exhaustion</div> <div>Additions to heavy workload</div> <div>Anxiety about returning to face-to-face delivery</div> <div>Access and use of PPE</div> <div>Border issues for workers</div>	<div>Job stress, fatigue, and mental health issues amongst workforce</div>	<div>Span of supervision</div> <div>Lack of frontline autonomy and decision-making power</div> <div>Lack of workforce planning capabilities</div>	<div>Increase use of technology</div> <div>Adoption of new ways of working</div> <div>Stronger focus on staff wellbeing</div>

Purpose	Workforce priorities	Strategies used	What NDS can do to support	Topics until June 2021	Topics if project extended
Enable people with disability to live their fulfilling life by providing them safe quality supports	Workforce of sufficient size to meet demand	Mapping other employers	Regionally coordinated sector planning	<ul style="list-style-type: none"> Map key stakeholders Surge workforce if one or more providers has an outbreak Redeployment of staff during site closure or high cancellation rates 	<ul style="list-style-type: none"> Regional workforce crisis response framework
		Redeployment of staff			
		Rapid response teams	Rostering expert forum	Good rostering practices under COVID-19	<ul style="list-style-type: none"> Key crisis rostering principles
		Recruiting ahead for surge demand	Maximising government support	<ul style="list-style-type: none"> Overview and decision resource Carecareers funding 	
		Staggering shifts			
	Workforce with required skill, knowledge, and attitude	Train and coach in infection control	Plain English resources	<ul style="list-style-type: none"> Infection control Symptoms and testing Outbreak response Vaccination process 	<ul style="list-style-type: none"> Self-care during crisis Workforce planning skill set Identifying and supporting LLN issues
		Upskilling the workforce	Offering training		
	Enabling work environment	Embrace and speed up implementation of technology	Workshops	<ul style="list-style-type: none"> Create an enabling work environment Scenario planning Reduce job stress and mental health issues Remote supervision 	<ul style="list-style-type: none"> Emergency response workforce planning Staff engagement and retention during crisis Staff communication during crisis
		Build COVID-response plan on existing emergency plans	Good practice case studies	<ul style="list-style-type: none"> COVID-ready teams Virtual supervision and peer support Staff comms through tech Enable frontline problem-solving 	<ul style="list-style-type: none"> Regional provider collaboration New ways of working
		Scenario planning with and by frontline teams			
		Additional wellbeing support	Policy and practice advice	<ul style="list-style-type: none"> Shared control to reduce stress Effective supervision Staff vaccinations 	