7. Providing a disability workforce

Irrespective of the service delivery model used, the increased demand for disability services resulting from the increased funding will require a substantial increase in the disability care workforce. The move towards a greater level of consumer control is likely to also result in changes in the particular services provided and hence in the skill composition of the disability workforce. While the NDIS will mostly expand employment of existing job types, one new role that will be created as part of the NDIS is that of local area coordinator. This person will act as the main contact point between the system and people with disabilities (Productivity Commission 2011: 744). As the NDIS expands it is likely that local area coordinators will be able to specialise in specific types of disability, differing levels of functional impairment, specific types of support needs, different cultural groups and different backgrounds. However there is likely to be less possibility for specialisation in more remote areas of Australia (Productivity Commission 2011: 745). The NDIS would also need to employ assessors, most likely experienced allied health professionals, to determine people's needs and tailor care packages for them (Productivity Commission 2011: 746).

Economic theory suggests that the increased demand for services will initially lead to an increase in the price of disability services. The increase in price stimulates an increase in the supply of disability services as existing providers expand their supply of services or new providers enter the market. The extent to which this increase in demand leads to an increase in the supply of disability services will depend in large part on how fast the supply of workers in the industry is able to increase; staffing costs are a high proportion of the costs for most types of disability services. With the pressure of an increasing and ageing population as well as demand for the same workers in other industries, there is the strong potential for significant labour shortages. If there are labour shortages, the level of services across Australia would be unlikely to increase substantially, with increases in demand leading to an increase in prices as well as a reallocation of services into more affluent areas.

In a review of the literature, Mason (2006) identified the lack of a strong theoretical base around the provision of social care services in rural and remote Australia. There were, however, a number of key issues that she touched upon. The first of these was a widespread feeling that urbo-centrism—the assumption that the city or urban environment is the norm—precluded an appropriate delivery of services. From a workforce point of view, this meant that there

was a lack of recognition that 'specialisation is alien to rural culture, where rural people are expected to improvise and come up with practical solutions themselves' (Mason 2006: 44).

Another factor that is noted as being substantially different in a rural or remote context compared to urban areas is the blurring of the boundaries between work and non-work hours. Rural social care workers are more likely to be on call than those in urban parts of the country, although this is not always officially recognised. Writing with regard to rural health workers, Birks et al. (2010) note that 'nurses in small or isolated communities are effectively on call 24 hours a day, seven days a week, irrespective of rosters…and that this constitutes a major source of stress'. Furthermore, the culture in many rural areas is said to be such that members of the workforce find it difficult to do their job adequately without a significant degree of social interaction. According to Mason (2006: 45) 'the traditional professional tenets about keeping the relationship with the client on a strongly formal basis cannot easily be applied in a rural practice'. These additional pressures on the disability workforce of working in regional, rural and remote areas need to be taken into account when designing the NDIS.

The current disability workforce

While the precise number of workers in the disability care sector is unknown, it is estimated that around 68 700 workers (34 000 full-time equivalent (FTE) positions) provide disability services or manage those who do so (Productivity Commission 2011: 695). It is estimated that there are 20 people with a disability for each FTE worker in the sector. However, because not all of those with a disability access services, there are in effect only about five users of disability services per worker.

Workers in the disability support care sector can be categorised into three broad categories:

- non-professionals, including carers, home care workers, community care workers and disability or residential support workers (62% of the workforce)

- professionals, including allied health workers, social workers and disability case managers (12% of the workforce)

- managers and administrators (25% of the workforce).

Around three-quarters of those within the disability support care sector are employed by not-for-profit service providers, with the government and private for-profit sector agencies employing the remainder (Productivity Commission

2011). Over 80 per cent of disability workers are women. Additionally, relative to the overall Australian workforce; a much higher proportion of workers in the disability sector are aged 40–59 years, and a smaller proportion are less than 30 years of age. than is the case for the Australian labour force in general (Productivity Commission 2011).

On average, workers in the sector receive relatively low wages. There is, however, significant variation within the sector, with those workers employed by the government earning more than those in the non-government sector (Productivity Commission 2011). In many surveys of the disability labour force, wanting to help others is often cited as the main motivation for work in the sector, while pay is never ranked highly. Satisfaction with pay is lower than for other industries (Productivity Commission 2011). It should be noted, though, that this situation may change with the recent Social and Community Services award decision by Fair Work Australia in February 2012.

Relative to the rest of the workforce, a much higher proportion of disability workers are engaged in part-time or casual jobs and many (around one-quarter) work more than one job (Productivity Commission 2011: 700). The ability to work part-time is also a potential motivation for people working in the industry, with community services workers working 31 hours per week on average, compared with 37 hours for all people employed in all occupations. Females worked fewer hours per week than males, with over half of employed females (56.2%) working less than 35 hours per week, compared to 39.9 per cent of males in community services (AIHW 2009b).

Almost two-thirds (64.1%) of community services workers reported having completed a non-school qualification. The most common highest qualification among community services workers was a certificate (36.1% of those who reported having a qualification). The distribution of qualification level differed across the occupations. Family services, disability and other community services managers were more likely to hold a bachelor degree (47.3%, 35.4% and 39.4% respectively) than another qualification. By contrast, aged and/or disabled care workers (67.7%) typically held a certificate (AIHW 2009b: 25).

Current labour shortages

In recent years there has been an increase in government spending on disability services. This has resulted in the number of aged and/or disability care workers increasing from around 37 000 in 1996 to about 81 000 in 2006 (AIHW 2009b). The increase in the size of the workforce was not spread evenly across the country and there are conflicting reports of labour shortages already occurring in the sector. Some organisations, including those contacted for this monograph,

report significant difficulties in finding suitably qualified workers. However, in a recent survey 26 per cent of workers said they wanted to increase their hours, contradicting to a certain extent reports of a shortage (Productivity Commission 2011: 704).

It may be that there are geographic rigidities with many workers unable to move to areas where labour shortages are most acute. This is quite possible given the relatively low wages and part-time hours in the industry, meaning that those in the industry are less likely to be the primary earner in the household (and hence are tied to the area in which their spouse or partner reside).

In 2006, there were 1 422 workers in community services occupations per 100 000 residents. The highest number per 100 000 population was in the Northern Territory (1 817), followed by the Australian Capital Territory (1 749). The lowest number was in New South Wales where there were 1 290 community services workers per 100 000 of population. Across occupations, child and youth services workers had the highest national number, followed by aged and/or disabled care workers (570 and 392 workers per 100 000 of population respectively). The pattern was reversed in Tasmania and South Australia, where the child and youth services worker rates (517 and 576 respectively) were lower than their respective aged and/or disabled care worker rates (699 and 593) (AIHW 2009b: 41). Overall, there were 184 disability services workers per 100 000 of population (AIHW 2009b: 39).

Community services workers were more evenly spread across the Remoteness Areas than health workers. The highest number of workers per 100 000 was in 'very remote Australia' (1 696), followed by 'inner regional' Australia (1 541) (AIHW 2009b: Table 4.2). The figures for the other areas were: 'outer regional' 1 443; 'remote' 1 407; and 'major cities' the lowest, 1 379 workers per 100 000 of population. While there were a greater number of community service workers (per 100 000 persons) in 'very remote' areas, this does not mean that the availability of community service workers for the typical resident in these areas was as high as in other locations. This is because those who make use of these community service workers would need to travel much greater distances to access them. This is made clear in Table 7.1, below, which uses a slightly different classification of disability and related workers, generated for this monograph, and looks specifically at local labour markets.[1]

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1   Disability and related workers are those who are in the same four-digit occupational grouping as the 'Disability workers' and 'Aged and disabled care workers' listed earlier. As an example, rather than just including 'Disabilities services officers', the classification used in this part of the project includes all 'Welfare support workers' including 'Community workers', 'Family support workers,' 'Parole or probation officers', 'Residential care officers' and 'Youth worker.' We do this partly for data reasons (the publicly available data only has this level of disaggregation). However, this also serves a practical purpose as the NDIS is likely to use related occupations as well as encourage people to move from occupations with similar skill requirements into the disability workforce.

The first step in the analysis is to allocate these workers to a local labour market. We do this based on the Statistical Local Area (SLA) in which the individual identifies their place of work. In many cases, this is likely to be different to the area in which they live. We then compare this disability workforce to the number of people in the area, as well as the geographic size of the area. Results for this first part of the analysis are presented in Table 7.1, which gives the number of disability and related workers by remoteness, the number of disability and related workers per 100 000 persons, and the number of workers per square kilometre.

Table 7.1 Distribution of disability and related workers by remoteness area, Australia, 2006

Remoteness category	Number of workers	Workers per 100 000 population	Workers per km²
Major cities	115 748	722	3.91816
Inner regional	40 579	958	0.11177
Outer regional	18 606	842	0.01832
Remote	3 132	884	0.00258
Very remote	3 087	1 629	0.00061
Australia	181 152	787	0.02352

Source: Customised calculations based on the 2006 Census of Population and Housing

Results presented in the first two columns of Table 7.2 correspond reasonably closely to those from AIHW (2009b) discussed earlier. The total number of disability and related workers decreases across the remoteness hierarchy, that is from 115 748 in 'major cities' to 3 087 in 'very remote' locations. However, per head of population, 'very remote' areas and, to a lesser extent, 'inner regional' areas have the greatest number of workers per 100 000 usual residents. The final columns show that in terms of geographic concentration, there are far more workers per square kilometre in major cities compared to very few workers in 'remote' and 'very remote' areas.

Although the final column of numbers hints at the much greater distance people living outside 'major cities' have to travel to access disability and related workers, there is significant geographic concentration in these areas of both population and workers. In order to capture this, we calculate the average number of disability and related workers per 100 000 usual residents as well as the number of workers per square kilometre in the SLA in which a person lives. This method takes into account the fact that although there are many SLAs with large areas and few workers, the majority of people (even in 'regional' and 'remote' areas) live in SLAs with much greater densities. It also allows us

to calculate the average number of workers (per usual resident and per square kilometre) in the average area in which Indigenous Australians live compared to the average area in which non-Indigenous Australians live.[2]

Table 7.2 Average number of disability and related workers in the area by Indigenous status and remoteness area, Australia, 2006

Remoteness category	Average number of workers per 100 000 residents		Average number of workers per km^2	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Major cities	800	722	12.43	14.17
Inner regional	1 175	953	2.52	2.41
Outer regional	1 032	831	3.44	2.23
Remote	1 538	794	1.14	1.36
Very remote	1 823	1 469	0.27	2.80
Australia	1 139	779	5.71	10.67

Source: Customised calculations based on the 2006 Census of Population and Housing

Results presented in Table 7.2 show that at the time of the 2006 Census the average Indigenous Australian had 1 139 disability and related workers per 100 000 usual residents in the area in which they lived. This was roughly 1.5 times as high as non-Indigenous Australians who were estimated to have 779 disability and related workers per 100 000 usual residents in the area in which they lived. Once again, though, the overall picture changes when looking at the number of workers per square kilometre. In 'major cities' there were on average 12.43 disability and related workers per square kilometre in the areas in which Indigenous Australians lived. This was slightly lower than the average for the 'major city' areas in which non-Indigenous Australians lived (14.17 workers per square kilometre). By comparison, there was greater access for Indigenous Australians in regional areas, and in particular 'outer regional' areas, compared to non-Indigenous Australians. It is in 'very remote' areas, however, where the difference is greatest.

There were about 111 000 non-Indigenous Australians counted in 'very remote' areas in the 2006 Census. On average, these non-Indigenous Australians had about 2.8 disability and related workers per square kilometre in the SLAs in which they lived. Compared to this, there were on average only 0.27 disability and related workers per square kilometre in the SLAs in which the estimated 78 000 'very remote' Indigenous Australians lived. Table 7.2 therefore demonstrates that across Australia there were on average almost twice as many disability and related workers per square kilometre in the areas in which non-

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2   Similar to age standardisation of disease rates, geographic standardisation uses the proportion of the Indigenous population in each geographic region with a particular characteristic (in this case the SLA) as the basis of the calculations, but weights each region by the share of the non-Indigenous population in that region as opposed to the Indigenous population when calculating national percentages.

Indigenous Australians live compared to those in which Indigenous Australians live. So, although there are disability and related workers available, Indigenous Australians have to travel much greater distances to access them.

Indigenous Australians in the disability workforce

One of the key issues identified in this paper has been the importance of providing disability services in a culturally appropriate and competent way. While this need not always be done through an Indigenous workforce, Indigenous Australians are often well-suited to provide services in a way that Indigenous Australians themselves demand. Of the 455 028 people who identified as Indigenous in the 2006 Census, 9 467 were employed in the community services workforce, making up 3.2 per cent of total community service workers. This is not only higher than the 2.5 per cent Indigenous representation in the Australian population, but almost two-and-a-half times as high as the share of the total workforce (1.4%). Of those Indigenous Australians involved in the community services workforce, 5 247 or 55 per cent were involved either directly or indirectly in providing disability support services. The 2006 Census counted 425 disability workers, 1 792 disability or aged care workers, and 3 030 workers in other community services.

Between the 2001 and 2006 Censuses, the number of Indigenous workers in community services workers rose by 72.7 per cent. This is much faster than the growth in the community services sector as a whole, meaning that Indigenous representation in the sector increased from 2.5 per cent to 3.2 per cent. The largest increase was in other community services, which rose from 6.2 per cent to 9.2 per cent, while representation in disability and aged care increased slightly from 2 per cent to 2.2 per cent. The share of Indigenous people working as disability workers remained unchanged at 1.1 per cent.

Indigenous workers in the community services sector are younger on average than non-Indigenous workers in the sector. Around 40 per cent of Indigenous workers in the sector were younger than 35 in 2006, compared with 33 per cent of non-Indigenous workers. On the other hand, around 44 per cent of non-Indigenous workers were over 45 years of age, compared with only 30 per cent of Indigenous workers. The modal age group for non-Indigenous workers was 45–54 years, while for Indigenous workers it was 35–44 years. Over three-quarters (77.3%) of Indigenous workers in the community services sector were female. The proportion of female Indigenous workers is highest for the 15–24 years age bracket (84.5%) and lowest for the 55–64 years age bracket (72.3%).

Compared with other health services, Indigenous workers in the disability workforce tended to be employed for fewer hours. Disability workers and those employed in disability and aged care worked an average of 29 hours per week, while those employed in other community services worked on average 31 hours per week. This compares with an average of 35 hours for the health services industry as a whole, 33 hours for the community services sector, and 37 hours for all other occupations.

In all States and Territories the proportion of Indigenous workers in the disability workforce was higher than the Indigenous share of the total workforce. The relative proportion of Indigenous disability workers was highest in New South Wales (3.6% of disability workers compared to 1.2% of the workforce), Western Australia (5.3% compared with 1.7%), South Australia (2.9% compared with 0.9%) and the Northern Territory (35.2% compared with 13.4%). The representation of Indigenous workers in the disability sector was still high, but relatively less so, in Victoria (0.9% compared with 0.4%), Queensland (4% compared with 2.1%), Tasmania (3.7% compared with 2.6%) and the Australian Capital Territory (1.9% compared with 0.8%).

The relatively high rate of participation in community service occupations means that most Indigenous Australians live in areas with an Indigenous worker. Using the disability and related worker classification introduced earlier, there is on average 1 450 Indigenous workers per 100 000 Indigenous usual residents in the SLAs in which Indigenous Australians live. While access to an Indigenous disability workforce is somewhat lower in 'major cities' (1 197 Indigenous workers per 100 000 Indigenous usual residents), there were 1 719 and 1 857 workers in 'remote' and 'very remote' areas respectively. 'Inner regional' and 'outer regional' areas fall somewhere in-between (1 542 and 1 393 Indigenous workers respectively).

Indigenous carers as a potential workforce

Despite the currently high rate of Indigenous participation in the disability workforce, it is likely that the introduction of the NDIS will necessitate an expansion of the Indigenous workforce. A potential source of labour is the large number of informal carers currently supporting people with disabilities. Consider Table 7.3, which gives the proportion of Indigenous and non-Indigenous adults (by broad age group) that, according to the 2006 Census, provided unpaid assistance to a person with a disability.

Around 13.3 per cent of Indigenous adults provided unpaid assistance to a person with a disability. This rises to 16.0 per cent of the population aged 50–64 years. The rate of unpaid assistance is highest in very remote Australia with,

somewhat surprisingly, relatively low rates in remote areas. Rates are also higher on average for Indigenous Australians compared to non-Indigenous Australians, driven mainly by higher levels of assistance provided by those aged 15–49 years.

Not only are Indigenous Australians more likely to be unpaid carers of someone with a disability than non-Indigenous Australians, those who are carers are much more likely to be doing so instead of paid employment. Around 46.1 per cent of all Indigenous carers aged 15–64 years were employed compared to 64.3 per cent of non-Indigenous carers in the same age group. This difference between the employment rates for Indigenous and non-Indigenous carers is even higher in remote and very remote Australia where 46.0 per cent and 49.6 per cent of Indigenous carers respectively are employed, compared to 70.3 per cent and 74.3 per cent for non-Indigenous carers. Similarly, there were slightly larger differences by Indigenous status for the relatively young (aged 15–49 years) compared to the relatively old (aged 50 years and over).

Table 7.3 Proportion of Indigenous and non-Indigenous Australians who provided unpaid assistance to a person with a disability, 2006

Remoteness category	Indigenous (%)			Non-Indigenous (%)		
	15–49 years	50–64 years	Total	15–49 years	50–64 years	Total
Major cities	12.4	17.1	13.1	8.8	16.9	10.9
Inner regional	13.0	17.2	13.6	10.0	17.4	12.3
Outer regional	12.4	15.2	12.8	9.5	15.5	11.4
Remote	11.3	12.9	11.6	7.7	12.2	9.0
Very remote	14.6	14.9	14.7	6.5	8.8	7.1
Total	12.8	16.0	13.3	9.1	16.8	11.2

Source: Customised calculations from the 2006 Census of Population and Housing

To the extent that this unpaid assistance is being provided due to a lack of alternative services, the NDIS provides an opportunity for the support that Indigenous carers provide to be appropriately recognised and rewarded as paid employment. Indeed in many more remote locations it is probable, and indeed appropriate, that the workforce for providing care services is drawn from the local community.

This will involve many challenges.

- There may need to be significant investments in the skills and qualifications of employed community members. This needs to address not just the specifics of care service provision but also the relatively low level of formal education among Indigenous carers, and in many cases a lack of experience in paid employment.

- In many communities the employment of community members as care service providers also raises issues of close kinship relationships. In some

communities where separate Indigenous communities are co-located as a consequence of historical decisions, including forcible resettlements, there may be potential conflicts within a community.

- In small communities with limited infrastructure and often remote from oversight or competing service options, there are questions of how to develop and maintain appropriate service standards.

- In the Productivity Commission Report there was some discussion of the potential of paying close family members. We have discussed this issue in Chapter 1. However, the results presented in this section clearly demonstrate the need to consider a greater degree of flexibility in how these restrictions are applied, especially in a 'remote' and 'very remote' context where limited alternatives may exist.

One possible model is for close family members to be able to be employed, but via a third party. One option is to do this through the new Remote Jobs and Communities Program (the replacement for the CDEP scheme), where job seekers could be trained and placed in new employment opportunities created by the NDIS in remote locations (see Chapter 5; Department of Social Services 2013).

Developing approaches to these questions will require considerable effort. It is important that this process commences early and is undertaken in close consultation with people with a disability living in these communities, as well as with carers and others involved in providing services to them.