Fair Work Commission
Four Yearly Review of Modern Awards
Social, Community, Home Care and Disability Services Industry Award
Matter No: AM2018/26

SUPPLEMENTARY SUBMISSIONS IN REPLY OF HEALTH SERVICES UNION

OVERVIEW

1. These submissions in reply are made by the Health Services Union (**HSU**) in response to:

   a) Reply Submission dated 12 July 2019 of Australian Business Lawyers and Advisors Pty Ltd (**ABL**) on behalf of Australian Business Industrial (**ABI**) the NSW Business Chamber (**NSWBC**), Aged & Community Services Australia (**ACSA**) and Leading Age Services Australia (**LASA**) (referred to herein as **the employers)** regarding the HSU's Claims (the outstanding matters identified in Attachment C to the directions issued on 13 May 2019) (**ABL Submission**);

   b) AIG Submission in Reply dated 13 July 2019 (**AIG Submission**);

   c) National Disability Services dated 12 July 2019 (**NDS Submission**);

   d) Business SA Submission in Reply dated 12 July 2019 (**Business SA Submission**);

   e) Australian Federation of Employers and Industries Submission dated 23 July 2019 (**AFEI Submission**);

   f) Reply Submission dated 13 September 2019 of **the employers** regarding the Unions' travel time claims (**ABL September Submission**);

Filed on behalf of	**HEALTH SERVICES UNION**
Address	Suite 46, Level 1, 255 Drummond Street, CARLTON VIC 3053
Tel	03 8579 6328
Email	rachell@hsu.net.au, Rachel Liebhaber, National Industrial Officer

g) Reply Submission dated 16 September 2019 of AIG regarding the Unions' travel time claims (**AIG September Submission**);

h) Reply Submission dated 16 September 2019 of NDS regarding the Unions' travel time claims (**NDS September Submission**);

i) Reply Submission dated 16 September 2019 of AFEI regarding the Unions' travel time claims (**AFEI September Submission**);

2. Save where something in the HSU's Submissions of 15 February 2019 is expressly disavowed, the HSU relies on its earlier submissions.

3. The HSU does not contest the FWC's *Legislative framework relevant to the Review* dated 12 April 2019, and adopts the analysis contained therein in these submissions.

The Social, Community, Home Care and Disability Services Industry

4. In Section 4 of the ABL Submission, ABL describes the "work arrangements" covered by the Award as falling into two categories: work that is stable, consistent and certain, and work that is *dynamic, variable and difficult to predict* due to client driven factors that cause the working arrangements to be subject to regular change.

5. The HSU does not accept the ABL's characterisation.

6. It is true that some of the work performed under the Award is work that may be performed at a single location and at regular times. It is also true that the services provided to clients by disability and home care workers are likely to be required at a range of locations over the course of any day or week, and that the timing and nature of that work required to be performed by an employer will be significantly determined by client demand.

7. However, it does not follow for those reasons that the *working arrangements* need be subject to regular change. Nor is it the case that employers are lacking in any power or means to manage the timing and the performance of the work they require in a way that makes sensible and efficient use of the time of employees. The evidence and submissions of ABL in this regard display a disturbing passivity in that regard.

8. At 4.13, ABL contends that *the nature of this work is also often characterised by short segments of work.* The HSU does not accept that description. The evidence shows that in order to deliver any service, a home care or disability worker will initially be required

to travel some distance in order to attend upon the client. They must then either travel on to the next appointment, or return from the appointment. All such travel is carried out for the purpose of performance of the employer's work and should be regarded and remunerated as such, as is the case for employees in other industries. Further, the period between directly "productive" tasks is also work, as in any other industry where a worker stands in readiness for the next task. It wouldn't be suggested that a retail worker should only be paid for the moments when they are receiving money from customers. ABL's contention seeks to redefine "work" as only that time when the worker is in direct contact with the client. Given the funding provided under the NDIS for travel, its definition doesn't even extend to the entire period during which the worker is generating income for the employer. When the direct client contact time, and associated travel and waiting time is considered, it is clear that the periods of work performed by employees are considerable, and easily sufficient to meet a minimum engagement.

9. The circumstances of home care and disability workers are at the centre of the present proceeding. The evidence from workers in the industry, and from experts whose reports have been filed by the unions, shows an expanding and underemployed workforce, rarely earning any more than Award minima, spending hours criss-crossing the catchment areas of their employer organisation to perform services for clients without being fairly compensated for the entire time they are required to devote to the performance of the work of their employers. The HSU's claims in respect of minimum engagement, broken shifts and travel allowance are, taken together, directed to avoiding the unfairness and exploitation which are made possible by the provisions of the Award as they currently stand.

10. So far as ABL points to the prices that employers may charge for such services being fixed by Government, the HSU relies on the *Further Statement of Mark Farthing* dated 16 September 2019 which details the recent significant increases to the prices which may be charged by organisations for NDIS funded services. Those price increases were effected in a 30 March 2019 announcement, and in the changes in the NDIA 2019 – 2020 Price Guide, and significantly outpaced wage increases.

11. So far as ABL points to the *significant financial pressure* on employers in the industry at 4.18, it does not substantiate that assertion in the evidence it has filed. The Commission could not make the finding urged on it at 4.19(f) of the ABL submission based on the evidence before it.

12. NDS also makes some observations about the nature of the industry. At [29] of its Submission, NDS refers to the personal preferences of clients regarding reallocation of their workers.

13. The FWC should not proceed in its consideration of this matter on the basis that in the utilisation of services under the NDIS clients have, at every point in their relationship with an organisation, an entitlement to be afforded their first preference as to the service they receive. The reality that preferred workers will have days off sick, or on leave is one with which clients are, not unreasonably, required to grapple. The vast bulk of appointments carried out by any organisation are carried out as scheduled; cancellations represent a small proportion of those appointments. It is not unreasonable for clients to have to deal with the occasional frustration of not having their preferred provider if a cancellation gives rise to a need to reshuffle workers.

14. The assertion at [37] of the NDS Submission as to the enhanced negotiating power of the individual client is unsupported by any evidence of client flight, or any evidence of organisations attempting to negotiate arrangements in a way that protects the interests of their workers.

15. In its Submission at page 33 and following, AIG deals with the NDIS, and the funding arrangements associated with that scheme. The HSU relies on the analysis contained in the *Further Statement of Mark Farthing* dated 16 September 2019 in respect of those funding arrangements.

ABL Submission - Section 5 – Summary of ABL Position

16. The ABL contends, at 5.2, that if the unions' claims are granted there will be a *significant deleterious impact on the viability of most businesses in the sector.*

17. That assertion is unsupported by cogent and reliable evidence. There is not a proper basis to urge such a finding on the Commission.

18. If made, the variations sought by the HSU will create an incentive for employers to review their approach to the rostering and scheduling of their services and their workers. The financial impact of the changes will depend, in any case, on the extent to which those the employer deploys management strategies to meet them.

19. The suggestion that the changes sought by the unions *would likely have a material adverse impact on the businesses' ability to deliver services to vulnerable members of the community* is unsupported by any evidence as to the financial position of the

organisations, from clients in receipt of services, or any cogent evidence as to the impossibility of managing work to meet the proposed changes. The Commission would reject this hyperbole.

20. So far as the ABL sets out its position at 5.9 and following, the HSU notes ABL implicitly concedes the necessity for minimum engagements for part-time employees at 5.9 and 5.10.

Minimum Engagements

21. Both AIG and ABL refer to the decision in the *Casual and Part-Time Employment Decision*[1]. Although it rejected the ACTU's universal claim in that case, the Full Bench made this observation about the purpose of minimum engagement periods, which is particularly apposite in the current matter (at [399]):

Minimum engagement periods in awards have developed in an ad hoc fashion rather than having any clear founding in a set of general principles. However their fundamental rationale has essentially been to ensure that the employee receives a sufficient amount of work, and income, for each attendance at the workplace to justify the expense and inconvenience associated with that attendance by way of transport time and cost, work clothing expenses, childcare expenses and the like. An employment arrangement may become exploitative if the income provided for the employee's labour is, because of very short engagement periods, rendered negligible by the time and cost required to attend the employment. Minimum engagement periods are also important in respect of the incentives for persons to enter the labour market to take advantage of casual and part-time employment opportunities (and thus engage the consideration in para (c) of the modern awards objective in s 134).

22. The Full Bench set out evidence before it concerning work in the disability sector. In the case of Ms Potoi, the work involved the performance of a one and a half hour shift which involved the same amount of time again spent on travel, and in the case of Mr Quinn, the working of shifts between half an hour in length and 4 hours in length. The Full Bench characterised that evidence as showing the working of short shifts in the disability sector in a manner which *verged on being exploitative*[2].

23. The HSU has obtained, and filed in the present matter, the Witness Statement of Mr Scott Quinn which was admitted into evidence in those earlier proceedings. It has also obtained a Supplementary statement from him which updates his earlier statement.

[1] (2017) 269 IR 125
[2] At p 312 [406]

24. The observations of the Full Bench invite a consideration of the time and cost expended by employees for the performance of any particular shift of work, in order to weigh whether the income is rendered negligible. In the HSU's submission, to undertake that weighing process in the case of disability services and home care workers requires consideration of (at least) the following matters:

    a) the length of "shifts" offered;

    b) the capacity of employers to break shifts;

    c) the time and cost expended in travelling to attend shifts;

    d) whether such time and cost are remunerated and reimbursed;

    e) the "dead time" lost by employees as a consequence of broken shifts.

25. To the extent it is suggested, at 6.28 of the ABL Submission, that the Full Bench is bound by the conclusions reached by the Full Bench when the Award was made, that submission misstates the task now required of the Commission. The establishment of the 4 Yearly Reviews contemplated that the making of the Modern Award in 2010 was a starting point, rather than an end point.

26. The HSU also relies upon, in support of this claim, the evidence in the Statement of Steven Miller dated 28 June 2019. Mr Miller's statement, at [25] and following shows the peaks and troughs of demand for services during the course of weekdays and weekends, with identifiable and extended periods of consistent demand. The task of arranging work and shifts of a reasonable minimum length in those circumstances should not be beyond employers in this industry. The observation at [53] in the Statement of David Moody dated 12 July 2019[3], that NDIS participants receiving assistance with daily living require assistance of 2-3 hours, provides a basis for optimism that a 3 hr minimum engagement may be readily accommodated by employers.

27. The HSU notes the concession by ABL, at 6.43, that it is commonplace in the industry that employees are rostered to perform very short shifts. It rejects the contention thereafter, that such approach is the inevitable consequence of the nature of the services offered by employers.

[3] Filed by National Disability Services

28. The ABL's contention, at 6.45, that it is particularly challenging in regional, rural and remote areas to effectively *bundle* a number of engagements to produce a shift of sufficient length betrays an underlying assumption that the extensive travel to, from, and between such appointments is not regarded as forming a part of a worker's shift. Contrary to the ABL's submission, it is the fact that the performance of each shift of work involves such travel that makes a fair minimum engagement necessary.

29. At clause 6.48, ABL contends for a one-hour minimum engagement for home care employees. The HSU submits such a minimum engagement is exploitative, in keeping with the comments of the Full Bench in the Casuals and Part-Time Case. This is particularly the case where the Award would enable an employer to break a single hour shift. The two hour minimum engagements ABL otherwise contends for barely rise above the level of the verging on exploitative shift of Ms Potoi considered by the Full Bench.

30. Business SA appears to concede that there is a proper and principled basis for the introduction of a minimum engagement clause for part-time workers ([34]).

31. As with the ABL's submissions, the Business SA contention that the industry is one which of necessity requires short shifts (at [37]ff) is based on an assumption that travel to and from client appointments and waiting time between appointments is not work. Those assumptions are wrong as a matter of principle, and encourage an exploitative model of employment.

32. As to [47] of the Business SA Submission, the HSU repeats the observations it has made above about the significant increases to NDIS funding in 2019.

33. At [69] of its submission, AFEI bemoans the prospect of employer liability to pay for *"hours"* in which *no productive work is being performed.* As set out above, this submission is based on a fundamental misunderstanding or mischaracterisation of the nature of "work". Entitlement to wages is not conditioned on being "productive". Many types of employment involve workers having differing levels and periods of productivity over the course of a period of engagement. The submissions of the employer in this respect seek simply to define themselves out of the obligation to pay wages whilst having workers ready and available to perform the work they require.

34. At [113] AFEI repeats submissions it made in the Award Modernisation process. That submission referred to a single hypothetical example in a small community. The FWC would not centre that scenario in its approach to dealing with the matter before it. As

set out elsewhere herein, the evidence about peaks of demand at the start and end of the day make it apparent the HSU's claim for minimum engagements in each part of the broken shift one which is able to be accommodated.

35. To the extent the AFEI submission refers to the increased costs to providers as a consequence of allowing the union claims, that submission:

    a) does not appear to acknowledge the significant NDIS Price Guide increases in 2019-2020; and

    b) fails to credit employers with the capacity to adapt to changes in work conditions by reviewing their approaches to rostering and scheduling of appointments.

36. The issue of minimum engagements was considered by the Full Bench in the *Aged Care Decision* [2019] FWCFB 5078.

37. In that decision, the Full Bench said:

    [182] In considering the merits of the claim, it is useful to look first at the rationale for minimum engagement provisions in modern awards.

    [183] The question of minimum engagement terms did not receive any systematic consideration during the award modernisation process which led to the current modern awards and largely preserved the predominant provisions concerning minimum engagements contained in pre-reform awards. As explained by the Full Bench in Re Victorian Employers' Chamber of Commerce and Industry:

    > *'The Award Modernisation Full Bench of the Australian Industrial Relations Commission (AIRC) did not address the question of minimum engagements in any of its decisions and statements made in connection with the award modernisation process. This is because minimum engagements did not emerge as a significant issue during that process. Minimum periods of engagement have been a common feature of State and Federal awards for a very long period. The rationale for minimum periods of engagement is one of protecting employees from unfair prejudice or exploitation. Given the time and monetary cost typically involved in an employee getting to and from work, it has long been recognised that employees, especially casual employees, can be significantly prejudiced if a shift is truncated by the employer on short notice (as would otherwise be lawful in a typical casual engagement) or the employee can be pressured into accepting unviable short shifts in order to*

retain access to longer shifts. The inclusion of a minimum engagement period in a modern award invariably reflected the fact that such provisions were to be found in a sufficient proportion of the pre-reform awards and NAPSAs that are operated within the coverage of the modern award.' (emphasis added)

[184] Similar observations were made by the Full Bench in the Metals Casual Decision.

> *'the minimum income from a casual engagement determines whether or not people who rely on social security or who have children will accept the job. Travel costs, child care expenses erode savagely any earnings. Any reduction in the expected length of a daily engagement has a severe impact on an already disadvantaged employee, and most heavily so for intermittent casual workers. The difficulties in balancing the requirements of the social welfare Newstart program with an offer of casual work are often too great to make the job worth the extra trouble'*

[185] The Full Bench in the Casuals and Part-time Employment Decision, 137 observed that the rationale for minimum engagement periods in modern awards was as follows:

> *'to ensure that the employee receives a sufficient amount of work, and income, for each attendance at the workplace to justify the expense and inconvenience associated with that attendance by way of transport time and cost, work clothing expenses, childcare expenses and the like. An employment arrangement may become exploitative if the income provided for the employee's labour is, because of very short engagement periods, rendered negligible by the time and cost required to attend the employment. Minimum engagement periods are also important in respect of the incentives for persons to enter the labour market to take advantage of casual and part-time employment opportunities (and thus engage the consideration in paragraph (c) of the modern awards objective in s.134.' 138*

[186] The short point to be extracted from the decisions referred to is that minimum periods of engagement protect employees from exploitation by ensuring that they receive a minimum payment for each attendance at their workplace in order to justify the cost and inconvenience of each such attendance.

[187] The interpretation of clause 22.8 advanced by ABI and AFEI would allow a casual or part-time employee to be engaged to perform work on two or more occasions in a day and an engagement may be for less than an hour. Indeed there would be no minimum duration for an individual engagement provided the sum of the engagements (or broken shifts) on a particular day exceed 2 hours in total. It seems to us that such an outcome is antithetical to the purpose of a minimum engagement term, such as clause 22.7 in the Aged Care Award.

[188] We note that ABI (and AFEI) point to a number of what are said to be 'safeguards' in relation to the use of broken shift, namely:

> *1. Broken shifts can only be worked by casual and permanent part-time employees.*
>
> *2. A broken shift can only be worked where the employee agrees to work the broken shift.*
>
> *3. The breaks within a broken shift cannot total more than four hours.*
>
> *4. The span of hours of a broken shift cannot exceed 12 hours.*
>
> *5. Part-time employees have the certainty of their pattern of work having been agreed in advance (in writing), including the number of hours to be worked each week, the days of the week to be worked, and the starting and finishing times of each day.*
>
> *6. The existing minimum engagement provisions ensure that employees receive a minimum payment of two hours' pay when working a broken shift.*

[189] We are not persuaded these 'safeguards' are adequate and nor do we consider that in its current form, clause 22.8 is a fair and relevant safety net term. The fact that broken shifts can only be worked by 'mutual agreement' does not provide sufficient protection, particularly for casual employees.

[190] It is relevant to note that the Full Bench in the 2017 Casual and Part-time Employment decision considered (and rejected) an Ai Group proposal to vary the Fast Food Industry Award 2010 to allow an employer and a casual employee to agree on an engagement of less than the 3 hour minimum provided in clause 13.4 of that award. In rejecting the claim the Full Bench said:

> *'The actual award variation advanced by the Ai Group may be criticised in the same way as the NRA proposal was criticised by Vice President Watson in his 2010 decision – namely that it "does not address the balance that is required with award provisions of this type to provide reasonable safeguards for employees against unfair engagement practices". The general concept of casual employees agreeing to reduced minimum engagement periods is itself problematic, since the continued engagement of casuals at all is dependent upon them agreeing to the terms of each engagement (subject only to any applicable award obligations binding on the employer). Ai Group's proposed provision does not require any minimum engagement period to be agreed in substitution for the standard 3 hour period at all, meaning that it would facilitate the complete removal of minimum engagement periods and thus open the door to the exploitation of casual employees.'*

[191] Later in that decision, the Full Bench rejected the proposition that provisions which allow employees, voluntarily and at their initiative, to work additional hours at ordinary rates would represent a tangible benefit for employees, noting that:

> *'Where a casual is engaged on a daily basis, the employer has the capacity under any facilitative provision, to dictate the terms of engagement, so that any employee who did not volunteer in writing to work additional hours at ordinary time rates would not be engaged.' 141*

[192] Further, in the Modern Awards Review 2012 – Award Flexibility Decision the Full Bench rejected applications which sought to include minimum engagement periods within the scope of the model flexibility term:

> *'We are not persuaded that it is appropriate to include 'minimum engagement periods' within the scope of the model flexibility term. As we have noted these provisions relate to minimum wages and for many employees are an important aspect of the modern award safety net. As Vice President Watson observed in Secondary School Students case:*
>
> > *"There is a long history of minimum engagement periods for part time and casual employees providing protection for employees from employer expectations of working short periods where the cost and inconvenience of attending the workplace outweighs the benefits received from the engagement."*

Any variation to minimum engagement periods in modern awards should only be by application to vary the relevant modern award or by enterprise agreement. This will ensure that the variation is subject to appropriate scrutiny. It is not appropriate to permit such variations by IFAs, which are effectively self-executing. In our view, the inclusion of such terms within the scope of the model flexibility term would not be consistent with the modern awards objective.'

[193] To the extent that clause 22.8 permits casual and part-time employees to be engaged (and paid for) for a portion of a broken shift which is less than 2 hours it does not provide a fair safety net.

[194] In relation to the s.134 considerations:

- *the 'needs of the low paid' (s.134(1)(a)) weighs in favour of the proposed variation;*

- *the variation of the clause in the manner proposed by the HSU would not 'encourage collective bargaining', it follows that the consideration in s.134(1)(b) does not provide any support for the variation;*

- *as to ss.134(1)(d) and (f), we accept that the variation proposed by the HSU may have an adverse effect on business – it is likely to increase costs and reduce flexibility. But the extent of the adverse impact is not likely to be substantial as the material before us suggests that split shifts are relatively uncommon and the incidence of such shifts has declined over time; and*

- *the consideration in s.134(1)(da)(e)(g) and (h) are not relevant.*

[195] The modern awards objective is to 'ensure that modern awards, together with the NES, provide a fair and relevant minimum safety net of terms and conditions', taking into account the particular considerations identified in paragraphs 134(1)(a)–(h). We have taken into account those considerations, insofar as they are relevant to the matter before us, and have decided to vary the Aged Care Award in the manner proposed by the HSU.

Broken Shifts

38. The issues of broken shifts, minimum engagements and travel provisions are interconnected. As set out by the HSU here and elsewhere, the existing provisions are

ripe for exploitation, and many workers have experienced periods between client interaction treated as breaks between their shifts. This approach is enabled where there is no minimum engagement, and no limit on the number of breaks in a shift. It is particularly egregious where it affects employees who work on a part-time basis.

39. The claim by ABL, at 7.26, of a need to have employees *work a broken pattern of work across the course of a day to meet customer needs* is in essence a demand to have employees in harness for an extended day, being paid for but small parts of that day. Nothing in the ABL submission acknowledges the disutility resulting from that approach to rostering.

40. The HSU accepts that it is appropriate in this industry for full-time workers to work broken shifts by agreement. It accepts that its draft variation dated 15 February 2019 inadvertently excludes that possibility.

41. The HSU maintains, however, that part-time disability and home care workers should have no more than one break to their shift.

Travel Time and Travel Allowance

42. The HSU rejects the employers' view that the Award currently does and should permit that '*employees are not entitled to any payment in respect of the non-work time which falls between the portions of work-time in a broken shift*'.[4]

43. As we have stated above, the HSU rejects the assumptions inherent in the submissions of the employer parties that travel to, from and between client appointments, and that time between appointments is not work.

44. The HSU has read the submissions of United Voice (**UV**) of 3 October 2019, and adopts its response to the employer replies to the union parties' travel time claims.[5] The UV submission clearly sets out the inequities associated with treating travel as an allowance rather than as time worked.

45. A further inequity arising from dealing with travel purely as an allowance is the fact that such time does not count for the purpose of calculating the entitlement to overtime payment. The nature of work in the industry means that employees can, over a span of

[4] ABL September Submissions, [4.10]-[4.12], and [8.2]-[8.25].
[5] United Voice Further Submission in Reply dated 3 October 2019, [6]-[19].

many hours druring the course of a day, spend many hours devoted to the performance of the employer's work: travelling, attending appointments and waiting.[6]

46. If travel between clients were to be considered an allowance rather than time-worked, employees working long days with multiple clients would rarely be entitled to overtime, save for when working beyond the 12 hour span for a broken shift, notwithstanding that they devote many hours to the employer's business.

47. Finally, we note that AIG has criticised the 'workability' of the HSU's and other unions claims at paragraphs [49] to [66] of their September Submissions, but have filed no evidence in support of their arguments and have never identified in these proceedings which clients in the industry they in fact represent. AIG's failure to comprehend how 'reasonable travel time' might be assessed displays either disingenuousness or a lack of engagement in and knowledge of the sector. Employers must have some idea of the time it takes to travel between clients, else they could not roster their workers. Employers, just like everyone else with internet access, know how to use Google Maps.[7]

Telephone Allowance

48. The HSU's claim in this regard was conditioned upon an employee being required by their employer to use a mobile phone for work purposes.

49. In that event, it is difficult to see how it can be asserted that the employer should not bear the costs associated with such usage.

50. Business SA appears to concede the prima facie entitlement to recompense for telephone costs incurred for the purpose of work.

Overtime for Part-Time Employees

51. At [41], AFEI appear to contest the HSU Submission that the Award creates a structural incentive to underestimate the work required of part-time employees.

52. The HSU's submission to that effect is supported by the evidence of employer organisations filed on behalf of ABL. Several of those witnesses averred, in terms which are strikingly similar, as to the frequency with which part-time employees are offered work additional to their contracted hours.

[6] Supplementary Statement of Scott Quinn, dated 3 October 2019, [24]-[26], [30], Annexure A.
[7] See, eg, Quinn [10], [14]-[20].

Cancellation

53. At [29] of its Submission, NDS refers to the personal preferences of clients regarding reallocation of their workers.

54. The HSU opposes the extension of cancellation arrangements to disability workers. There is no warrant at all for any diminution of the conditions of this workforce.

55. As to [33] of the NDS Submission, it is significant that NDS does not identify the number or proportion of cancellations that occur between 2 and 7 days out from an appointment. In any event, it must be conceded that with such an amount of notice, the capacity of an employer to rearrange workers and schedules is significantly greater than cancellations with lesser notice.

Health Services Union

3 October 2019

BEFORE THE FAIR WORK COMMISSION

MATTER NO. AM2014/196 & AM2014/197

Part-time Employment

Casual Employment

Filed on behalf of:	Health Services Union		
Filed by:	Leigh Svendsen Senior National Industrial Officer	Mobile:	[redacted]
Address:	54 Victoria St, Carlton VIC 3053		
Phone:	03 9020 1870	Email:	leighs@hsu.net.au

Statement of Scott Quinn

I, Scott Graeme Quinn, Disability Support Worker at Community Based Support, of [redacted] Tasmania say:

1. I am a member of the Health Services Union, Tasmania Branch, and a delegate of the Union within my workplace.

2. Where I refer to a conversation in this statement and I cannot remember the exact words used, I have stated my best memory of the words spoken, or the effect of what was said.

Personal Details

3. [redacted]

4. I am married.

5. My wife and I care for our two infant children aged 18 months and 1 month.

Work History

6. I have worked in disability services/aged care since about July 2006.

7. I have Certificate III in disability and a Certificate IV in Home and Community Care

8. I have worked at Community based Support Tasmania (CBS) since entering this sector in 2006.

9. Before working at CBS I was on a disability Support Pension, due to an earlier workplace injury where I had a severely injured knee.

10. Before surviving on a disability Support Pension I worked at Bennetts Patroleum in a fuel supply role, servicing homes and business and machinery; I fell from a ladder at work, which originally was a workers compensation claim after smashing my knee.

Current Work

11. In approximately July 2006, I commenced work with Community Based Support (CBS) as a part time employee, this was under an Australian Workplace Agreement (AWA). I worked between 120 and 130 hours per fortnight at that time.

12. There was a 15% loading, only applicable to hours worked outside of 6am to 10pm; this loading also applied from 10pm Friday until 6am Monday.

13. In 2010 my employment conditions were greatly improved with the introduction of the modern Awards. This facilitated the Negotiated Enterprise Agreement at CBS.

14. I am employed under (Community Based Support Inc (AG2014/9677)) COMMUNITY BASED SUPPORT ENTERPRISE AGREEMENT 2014. This is predominantly based on the Social, Community, Home Care and Disability Services Industry Award 2010 (SCHADS). I am classified under the Agreement as a LVL 2B Grade 2; this is the effective equivalent as a Home Care Employee LVL 3 PP2, under the SCHADS Award.

15. I currently work an average of 37 to 40 hours worked per week; but I am only contracted for 60 hours per fortnight.

16. I work varying hours over a seven day period, including early morning starts and later night finishes.

17. I work a few night shifts as part of 'patient sitting' with patients in hospital.

18. Normally I have every Thursday off and every second weekend off. Occasionally I am asked to work on those days.

19. I have no permanent clients, although I do often see the same people for their personal care needs.

20. My shifts (appointments between 30 minutes and 4 hours) can vary from day to day or hour to hour.

21. We have moved to 'smart phone' rostering; in general terms we get 6 days advance notice of shifts. We are entitled to 7 days' notice.

22. Our shifts can be changed with very little notice.

23. Notice for changes is normally given via text message but sometimes you get no notice and your duty has changed when you check your shifts (appointments) in your phone.

24. Travel time between shifts is normally given and shifts can have a "Time Band" applied so it isn't time critical to attend that shift exactly as scheduled.

25. Some "time bands" are short others are larger; it's client dependent.

26. I work Public Holidays as well.

27. A typical day of shifts are 12pm-1pm, 3pm-5pm, 5:30pm-6:30pm and 8pm-9pm. So over a 9 hour period I work 5 hours, plus travel time between clients, usually 10 to 15 minutes each. In this example it would be approximately 40 minutes travel.

28. I receive travel and time from each location to the next; but for example in the 1pm to 3pm window I would likely return home, but not be compensated for the petrol or time between clients and my home; just the distance and time between clients.

29. I would travel to and from work approximately 30 times a week, as the gaps between duties are staggered as such to have normally 2 to 3 occasions per working day where I would return home between shifts.

30. If the clients are close together, physically, I can lose a lot of my own petrol etc returning home, especially if that travel time from the client to home is large.

31. Attached and marked **Annexure A** are copies of my diary entries about my rosters for the period 1 July 2014 to 31 August 2014.

32. Attached and marked **Annexure B** are copies of my diary entries about my rosters for the period 1 July 2015 to 2 September 2015.

The Impact of Short Shifts

33. When shifts are cancelled then the employer will normally give us additional work within the same pay period.

34. Our agreement states as per the *Social, Home Care and Disability Services Industry Award* [SCHCDS] Award that it could be the following fortnight too;

however the employer has no easy way of tracking this so it's impracticable and not common practice for hours to flow from one pay period to the next.

35. Most Part Time employees work above their minimum contracted hours, so normally lost hours are absorbed into the hours otherwise allocated as additional hours.

36. Variations occur all the time day to day, hour by hour. It becomes difficult to make plans or appointments when you working on a given day.

37. I have a good relationship with the rostering department and only occasionally have it been stated that I have refused a shift because I was unable to attend due to appointments otherwise booked when I wasn't working.

38. I am aware of other employees who don't have this good relationship so lose out on pay for not being available when they have been assigned alternate work on a day with little to no notice.

39. There is no minimum client engagement or shift length for Part Time or Full Time staff.

40. If a shift is cancelled in the middle of other duties it can become problematic and expensive as you lose travel time, and sometimes have no real alternative other than to return home for long periods where you would normally have expected to work continuously.

41. We receive a split shift allowance where the break between duties in excess of 1 hour after travel time; this is a single payment of $7.50 per break. As per paragraph 27 I would have received 2 split shift payment on that day. This normally covers the petrol expenses for returning home and back to a client.

42. I understand that under the current SCHCDS Award the split shift payment is not provided for, the impact of this would make working multiple short shifts on a given day untenable.

43. The biggest problem with working short shifts is the length of time it takes on a given day to work a 'full days work'. For example on 5/7/14 I started work at 7:30am and worked through until just after midnight (12:03am). I had no splits that

day and only accrued 9 hours and 53 minutes work but I didn't finish work until 16 hours after beginning my working day.

44. I have an arrangement with CBS to take 3 months off every year where I work at another job, making Christmas Cakes. This supplements my income greatly as I work significant hours in those 3 months; whilst it is hard physical work, I get paid for all the hours I spend at work.

Income and Expenses

45. Attached and marked **Annexure C** are copies of my pay slips for the period 24 June 2013 to 21 June 2015.

46. In an average week I earn $1900 Net. About 30% of my weekly take home pay comes from penalty rates.

47. My wife is currently on Paid Parental Leave.

48. The average weekly expenses of my household are approximately $850, comprised of:

Rent/mortgage payments:	$300
Household bills (utilities, telephone, internet):	$150
Groceries:	$150
Transport (petrol, tickets):	$160
Other household expenses (health, school, etc):	$90
Total:	$850

Impact of working definite hours

49. I rarely under take social activities on days of work, it is difficult to rely on having a set time on or off. However there are usually time to undertake personal appointments between work engagements.

50. Compared to my previous work, where I permanently worked 7am to 3pm 5 days per week; this type of work is more difficult to manage overall.

51. My petrol expenses are higher than my previous jobs because of all the travel to and from home, however costs are relatively neutral as my split shift payments can cover the majority of this extra cost.

Witness Signature

Scott Quinn

Witness Name (printed)

Date: 16/12/15

Annexure A

No. Tues
Date 1.7.14

10:20 – 11:50] Andrew

12:05 – 1:10] mike

1:37 – 2:50] Emelia.

3:00 – 4:30] BusRun

5:30 – 6:30] Kevin.

8:00 – 9:00] mike

9:15 – 10:20] John.

543 min

No. Wed.

Date 2.7.14

7:00] Ben
8:00

8.20] Andrew
9.20

9.50] mr stewart.
10.50

12:00] Andrew H.
1:00

3:00] mathew
5:00

5.30] Andrew.
6.30

500 min

No. Friday.
Date 4.7.14

11.35] Peter
12.05]

12.14] mike
1.24]

1.44] John
2.57]

3.05] mathew
5.06]

5.43] John.
7.15] !

8.00] mike
9.30]

9.45] John
10.45]

625 min.

No. ~~[illegible]~~ Sat.

Date 5 · 7 · 14

7:30] John
10.03

10.17] Andrew
11.47

12.12] John
12.42

1.04] Andrew H
2.04

2.26] John
3.26

3.47] mike
5.51

6.10] Andrew H.
7.30

8

8.00] Justin.
12.03

953 min.

1st of 4 weeks

No. Mon

Date 7 ·7 14

8·01] Andrew H.
9·20

9 39] mike
10·49

11·45] mike
1·03

1·18] Andrew H.
2·12

8·05] Stephen.
8·05

No. Payweek

Date

Tues	10 hour	Holiday	8-7-14
Wed	10 hour	Holiday	9-7-14
Friday	10 hour	Holiday	11-7-14.

Sat 12-7-14

9:00 – 10:30] Andrew

10:45 – 11:15] John.

Sun 13-7-14

9:45 – 11:15] Andrew

11:30 – 12:00] John

No. Mon

Date 14-7-14

9:29] mike
10.33

12.15] mike
1.30

5.05] Stephen
8.05

No. Tues

Date 15-7-14

10.45] Andrew
11.45

12.02] mike
1.08

1.48] Emelia
2.48

3.00] R.Rd Bus Run
4.30

5.30] Kevin.
6.30

8.00] mike
9.04

9.30] John.
10.30

No. wed

Date 16. 7. 14.

8.00] Ben.
9.00]

1.00] Andrew H.
2.30]

3.00] mathew.
5.00]

No. Frid.

Date 18 7.14

11.58] mike
1.10

1.40] John
2.43

3.00] mathew
5.02

5.29] John.
6.59

8.06] mike.
9.14

9.26] John.
10.26.

No. Sat.

Date 19. 7. 14

7.30] John
10.00

10.15] Andrew
11.46

12.07] John
12.37

1.55] John
3.03

3.17] Mike.
5.06.

No. mon .

Date 21. 7 .14

9:30]
10:30] mike.

12:00]
1:00] mike

5:00]
8:00] stephen.

No. Tue

Date 22-7-14

10.15] Andrew
11.45

12.50] mike
1.00

3.00] Bus Run
4.30

5.30] Kevin
6.30

8.00] mike
9.00

9.15] John.
10.15

No. WTD

Date 23.7-14

8.00] Ben
9.00

9.10] Andrew
10.40.

10.56] John
11.56

pay week.

No. Friday

Date 25 7. 14

12·06] mike
1·13]

152] John.
252]

3·00] mathew
5·00]

5·28] John
6·58]

8·00] mike
9·00]

9·14] John.
10·14]

No. Mon

Date 28 7. 14

8.00 ⎤ Ben
9.00 ⎦

~~9.40~~

9.40 ⎤ mike
10.40 ⎦

11.56 ⎤ mike
1.00 ⎦

5.00 ⎤ stephen.
8.00 ⎦

No. Friday

Date 1 · 8 · 14

9·30] Andrew
11·00

11·18] Peter
11·48

12·00] mike
1·05

1·20] Andrew Ht.
2·30

3·00] mathew
5·00

5·30] Kevin.
6·30

7·50] mike (sick).
8·50

No. Sat

Date 2.8.14

10:15 } Andrew
11.45

3.00 } mike.
5.00

No. Sun

Date 3·8·14

10·16] Andrew
11·46]

12·03] mike
1·05]

1·21] Andrew H.
2·48]

3·03] mike
5·14]

No. Mon.

Date 4.8.14

8:00] Ben
9:00

9.32] mike
10 35

10.50] ~~E~~ Lillian Noble
11.55

12.12] mike. 3.50m.
1.18

290 min

29th July started with John.
2009. 5 years

No. Tues

Date 5 · 8 14

8·30] Andrew H.
10·00

10·15] Andrew
11·45

12·00] mike
1·07

2·9

3·00] RRd Bs Run
4·30

210

5·30] Kevin
6·30

427 m

8·00] mike
9·00

Pay week.

No. Wed

Date 6-8-14

6:50] Roger
7.50

8.00] Ben
9.00

9.05] Andrew
10-35

11.11] Danuta
1.11

1.39] Sylvia
2.41

3.00] mathew
5.00

6/0m

No. 8-8-14

Date Frid

11·06] John   1·37
11·57]

12·08] mike
1·19]

3·20] mathew
5·20]

5·42] Keith   330
7·26]

7·53] mike
8 51]   463m

No. Mon

Date 11-8-14

8:00] Ben
9:00

9:30] mike
10:30

10:45] Lillian
11:45

12:00] mike
1:00

4180

5:04] stephen
8:04

No. T005

Date 12-8-14

10.18] Andrew
11.48

180

12.03] mike
1.16

1.53] Emelia
2.53

153

3.00] RRd Bus
4.30

453m

5.30] Kevin
6.30

120

7.55] mike
8.55

No. Wed

Date 13-8-14

800 ⎤ Ben
900 ⎦

9·10 ⎤ Andrew
10·40 ⎦

10·54 ⎤ John 451
2·31 ⎦

8·00 ⎤ Mathew
5·00 ⎦

No. Friday

Date 15. 8. 14

9.14] John
10.01

10.20] Peter
10.45

11.04] Luke
11.48

12.00] mike
1.22

530

1.36] Sandra
2.36

3.05] mathew
8.05

8.05] mike
9.05

No. Sat

Date 16-8-4

8.59] Robert
9.49

10.15] Andrew
11.45

2015

3.09] mike
5.19

4hour missing.

No. Sun

Date 17. 8. 14

10.15 – 11.45] Andrew

12.00 – 1.00] mike

1.25 – 2.55] Andrew H.

3.00 – 5.00] mike.

No. mon

Date 18-8-14

8:00] David young
9:00

9:30] mike
10:30

10.45] Lillian Noble
11.45

12.00] mike
1.00

5.00] stephen.
8.00

No. Tue

Date 19-8-14

8.30] Andrew H.
10.00

10.16] Andrew
11.46

12.01] mike
1.08

3

3.00] [illegible] Bus Run
4.30

5.30] Kevin
6.30

8.05] mike.
9.12

No. Wed

Date 20-8-14

7.20] Ben
8.20

8.41] Bus Run
10.16

11.30] Kevin
12.30

1.47] Sylvia
2.52

3.05] Bus Run.
4.35

No. Friday

Date 22 8 14

9·00] Andrew
10·30]

10·58] John
11·43]

12·00] mike
1·10]

1·25] Andrew H
2·55]

3·24] mike
5·24]

5·31] Kevin.
6·30]

7·59] mike.
9·13]

No. Sat

Date 23 8- 14

9.08] mike
12.10

12.26] Justin
5.23.

No. Mon

Date 25-8-14

8:00] David
9:00

9:30] mike
10:38

10:54] Lillian
11:57

12:15] mike
1:45

5:00] stephen
8:00

No. Tues

Date 26 8 14

9.15] mike
11.15

11.45] mike
12.45

~~12.00~~

1.49] Emelia
2.49

3.00] Bus Run
4.30

5.30] Kevin
6.30

7.48] mike.
9.13

No. Wed

Date 27 8:14

7.58] Ben
8.58

9.10] Andrew
10.41

11.30] Kevin
12.30

3.00] mathew
5.00

5.30] Kevin.
6.30

No. Sat

Date 30 8.14

10.15]
11.45] Andrew

12.00]
1.00] mike

3.00]
5.00] mike.

8.00]
11.45] Sushan SNC.

No. Sun

Date 31. 8. 14

8:30] Wayne SNC.
9:30

10.21] Andrew
11.57

11.57] mike
1.17

1.34] Andrew H
3.13

3.32] mike.
5.42

Annexure B

Wed 31-7-15 Date

3.00 - 5.00 mathew. 3hours Sick Pay

Frid 3-7-15

11.27 - 11.58 margaret

12.19 - 1.55 mike.

3.00 - 5.00 mathew.

5-10 - 6.10 Ben

split

7.40 - 9.40 mike.

Sat 4-7-15

8.00 - 9.00 Roger

split

10.15 - 11.45 Andrew.

Split.

3.20 - 5.20 mike

5-30 - 6.30 Kevin.

Date

Sun 5-7-15

8:30 - 9:30 Roger

10:15 - 11:45 Andrew

12:00 - 1:15 mike.

split

3:00 - 5:15 mike.

mon 6-7-15

8:00 - 9:00 Ben

9:40 - 10:10 mike

10:30 - 12:00 Harold smart.

12:20 - 1:35 mike

split

3:00 - 4:30 Bus Run

5:02 - 8:02 Stephen.

Tues 7-7-15

10:15 - 11:45 Andrew

12:00 - 1:45 Mike

Split

3:00 - 4:30 Bus Run SNC

5:30 - 6:30 Kevin

Date

Wed 8-7-15

8.00-9.00 Ben

9.05-10.35 Andrew

10.00-12.30 Andrew H.

split

3.00-5.00 mathew.

Frid 10-7-15

9.00-11.00 mike

11.30-12.30 Kevin

12.40-1.40 mike

2.00-4.00 Andrew H.

4.20-5.20 Ben

split

7.00-9.00 mike.

Mon 13-7-15

5 1/2 hours Sick PAY.

Date ______

Tues 14-7-15

10·15 – 11·45 Andrew

12·00 – 1·00 mike

1·15 – 2·15 Emelia

3·00 – 4·30 Bus Run SNC. Split ?

5·30 – 6·30 Kevin

Wed 15-7-15

8·00 – 9·00 Ben

9·05 – 10·35 Andrew 15

11·00 – 12·30 Andrew H. 16

Split

3·00 – 5·00 mathew.

Frid 18-7-15

3·00 – 5·00 mathew.

Split

8·00 – 9·30 mike.

Date

Sat 18-7-15

8.00 - 9.00 Roger

Split

10.15 - 11.45 Andrew

Split

2.50 - 5.20 mike.

5.30 - 6.30 Kevin.

Sun 19-7-15.

8.30 - 9.30 Roger

10.15 - 11.45 Andrew

12.00 - 1.30 mike

Split

8.00 - 5.15. Mike.

Mon 20-7-15

8.00 - 9.00 Ben

9.10 - 10.10 mike.

split
11.27 - 12.27 Kevin

12.40 - 2.10 Larraine Scoles.

3.00 - 5.00 mathew

5.15 - 8.15 Stephen

Date

Tues 21-7-15

10·15 - 11·45 Andrew

12·00 - 1·30 mike

Split

3·15 - 5·15 mike

5·30 - 6·30 Kevin

Wed 22-7-15

8·00 - 9·00 Ben

9.05 - 10·35 Andrew

11·00 - 12·30 Andrew H

Split

3·00 - 5·00 mathew.

Frid 24-7-15

9·00 - 11.00 Andrew H.

Split

3·00 - 5·00 mathew

Split

7·30 - 9·00 mike.

V

Sat 25-7-15 Date

10.45 - 12.45 mike

mon 27-7-15

8.17 - 9.17 ~~mono~~ Con

9.35 . 10.35 mike.

Split

12.00 - 1.05 mike

1.24 - 3.24 Andrew. H.

3.45 - 4.45 Ben.

5.05 - 8.35 stephen

~~28~~ Tues 28-7-15

10-15 - 11-45 Andrew

12.00 - 1.00 mike

1.15 - 2.15 Emelia

3.15 - 5.15 mike

5.30 - 6.30 Kevin.

Wed 29-7-15 Date

8.00 - 9.00 Ben

9.05 - 10.35 Andrew

10.55 - 12.25 Andrew H.

split

3.00 - 5.00 mathew.

Frid. 31-7-15

12.30 - 2.30 Andrew H.

3.00 - 5.00 mathew.

5.10 - 6.10 Ben

split

8.00 - 9.30 mike.

Sat 1-8-15

8.00 - 9.00 Roger

Split

10.15 - 11.45 Andrew

Split

3.20 - 5.20 mike

5.30 - 6.30 Kevin.

Date ________

Sun 2-8-15

7.45-8.45 Roger

9.00-10.30 mike.

10.40-12.10 Andrew

12.20-1.20 mike

Split

3.00-5.30 mike.

Mon 3-8-15

8.00-9.00 Ben

9.15-10.45 mike.

Split

12.00-1.00 mike.

1.20-3.20 Andrew A.

Split

5.05-8.05 stephen

Tues 4-8-15

7 hours Sick Pay.

Wed 5-8-15 Date

8:00-9:00 Ben

9:05 10:35 Andrew

10:55- 12:25 Andrew H.

Split

3:00-5:00 mathew.

Frid 7-8-15

9:30-11:30 Andrew H

12:00-1:30 mike.

Split

3:00-5:00 mathew

Split

8:00 -9:15. mike.

Mon 10-8-15

8:00-9:00 Ben SNC.

9:32- 10:47 mike

Split

12:01 - 1:36 mike

Split.

5:11 - 8:11 stephen.

Date

Tues 11-8-15

10.15 - 11.45 Andrew

~~2~~ 11.55 - ~~12~~ 1.15 Mike.

1.29 - 2.29 Emelia

~~1.29 - 3.39 - Break.~~

~~3.40 - 5.2~~

2.50 - 5.20 Mike

5.30 - 6.30 Kevin

Wed 12-8-15

7.55 - 8.55 Con

9.16 - 10.46 Andrew

11.05 - 12.35 Andrew H.

split

3.00 - 5.00 mathew.

Frid 14-8-15

6 hours Sick Pay.

Date

Sat 15-8-15

8:00 - 9:00 Roger

split

10.15 - 11.45 Andrew.

split

3.20 - 5.20 mike

5.30 - 6.30 Kevin.

Sun 16-8-15

8.30 - 9.30 Roger

10.15 - 11.45 Andrew.

12.00 - 1.30, mike.

split

3.00 - 5.00 mike.

Mon 17-8-15

9.45 - 10.45 mike

split

12.00 - 1.00 mike

1.30 - 3.30 Andrew H.

split

5.07 - 8.07. stephen.

Date

Tues 18-8-15

10.15 - 11.45 Andrew

12.00 - 1.00 mike

Split

3.20 - 5.20 mike

5.30 - 6.30 Kevin.

Wed 19-8-15

7.55 - 8.55 Con

9.15 - 10.45 Andrew.

11.00 - 12.30 Andrew H.

~~1.30~~ split

1.55 - 3.10 15 min MOT.

3.00 - 5.00 mathew SNC. 1.45 min left.

Friday 21-8-15

10.05 - 10.35 mike.

split

11.45 - 1.12 mike.

split

3.00 - ~~3~~5.00 mathew

split

8.00 - 9.00 mike.

Date

mon 24-8-15

9.45 - 10.45 mike

Split

12.00 - 1.00 mike

split

5.11 - 8.11 stephen

Tues 25-8-15

10.15 - 11.45 Andrew

12.00 - 1.00 mike

1.45 - 2.45 Emelia

3.20 - 5.20 mike

5.30 - 6.30 Kevin 15 min nut

Wed 26-8-15

~~10.15 - 11.45~~

9.00 - 10.30 Andrew

10.53 - 12.22 Andrew H *

Split

3.00 - 5.00 mathew.

Date

Frid 28-8-15

10'20 - 11'50 Andrew

12:00 - 1:00 mike.

split

3:00 - 5:00 mathew

split

8:00 - 9:00 mike.

Sat 29-8-15

8:00 - 9:00 Roger

split

~~10 20~~ 10 20 - 11.50 Andrew

Split

3:20 - 5:20 mike

5:30 - 6:30 kevin.

Sun 30-8-15

8:30 - 9:30 Roger

10:20 - 11:50 Andrew

12:03 - 1:03 . mike

Split

3:00 - 5:00 mike.

Date ________

Mon 31-8-15

8.05 - 9.05 Con

9.20 - 10.20 mike

Split

12.00 - 1.00 mike

~~5.06~~ Split

5.06 - 8.06. Stephen.

Tues 1-9-15

10.15 - 11.45. Andrew

12.00 - 1.00 mike

Split

3.20 - 5.20 mike

5.30 - 6.30 Kevin.

WED 2-9-15.

9.05 - 10.35 Andrew

Split

12.00 - 1.30 Andrew H. *

Split

3.01 - 5.01 mathew.

Fair Work Commission

Four Yearly Review of Modern Awards

Social, Community, Home Care and Disability Services Industry Award

Matter No: AM2018/26

SUPPLEMENTARY STATEMENT OF SCOTT QUINN

1. I made a Statement in the casual and part-time employment four yearly review matter (matter numbers AM2014/196 and AM2014/197) dated 16 December 2015.

2. This is a supplementary statement to that earlier statement.

Current work

3. I am a member of the Health Services Union, Tasmania Branch, and a delegate of the Union within my workplace.

4. I have worked in disability services/ aged care since about July 2006.

5. I have a Certificate III in Individual Support (Disability) and a Certificate IV in Home and Community Care.

6. I have worked for Community Based Support Inc, known as Community Based Support Tasmania (**CBS**) since entering this sector in 2006.

7. I am employed under the *Community Based Support Enterprise Agreement* 2018 (AG2019/602) (**the Agreement**). This is predominantly based on the Social, Community, Home Care and Disability Services Industry Award 2010 (**the Award**). I am classified under the Agreement as a Level 2B Grade 2; this is the effective equivalent as a Home Care Employee Level 3 Pay Point 2, under the Award.

8. I am only contracted to work 60 hours per fortnight, but I usually work an average of 37 – 40 hours per week, sometimes more.

9. My work involves attending to clients of CBS in their homes or at other locations to assist them with anything from assisting clients with showering, preparing meals, social support such as taking them to do shopping, domestic assistance such as changing the bed, mopping and laundry, or social support, such as taking them out to a concert.

Filed on behalf of	**HEALTH SERVICES UNION**
Address	Suite 46, Level 1, 255 Drummond Street, CARLTON VIC 3053
Tel	03 8579 6328
Email	rachell@hsu.net.au, Rachel Liebhaber, National Industrial Officer

If they have mobility issues we might help get the client into bed or out of bed. Generally the role is assisting clients to do what they can't do for themselves in their every day lives.

10. On a work day, my schedule is as follows:

    a. Leaving my home in Glenorchy, which is about 10km from Hobart, and driving to the home of my first client. Occasionally I will call into the office in Hobart on the way past if there is something I need to pick up, but normally I will go straight to my first client.

    b. My work locations vary between 1 and 20 kilometres from my home. Normally I see clients anywhere between Taroona in the South (approximately 20km from home) Bridgewater in the North (approximately 15km from home). On the odd occasion I will travel further than 20 kilometres. Travel to for my first appointment varies between 5 minutes and 45 minutes;

    c. I am not paid travel time or a kilometre allowance for the travel to my first appointment;

    d. My first appointment usually lasts for a minimum of one hour;

    e. At the end of my first appointment, I will then either drive back home for a short gap, or drive on to my next appointment;

    f. Unless the time between the end of the appointment and the start of the next appointment coincides with the Google Maps estimate of time taken to travel between the two locations, my shift will break, and I will have unpaid time prior to the next appointment. That period can be between 5 minutes and 5 hours, but normally my breaks are not longer than 2 hours. I set out below how the Google Maps arrangement operates;

    g. I continue with that process each day until my final appointment;

    h. My return trip home from my final appointment is not paid.

11. Attached and marked **Annexure A** to this statement are copies of my diary entries which show my rosters from 3 June 2019 to 8 September 2019.

12. There is a typo on the first page of Annexure A. The first date listed reads '3-6-18'. It should read '3-6-19'.

13. In my diary I have recorded the times of my shifts and breaks. For most days I have calculated the hours worked (not including breaks or travel time) and added them up on the side. Where I have recorded kilometres these indicate the kilometres I drove

with clients or for clients, for example taking them to the shops or doing other errands for them. I have marked as 'split' where the split shift allowance is payable for a break. Where I have written 'SNC' this indicates the shift was a short-notice cancellation.

Broken shifts and travel time

14. CBS pays for travel time and a travel allowance per kilometre. CBS calculates travel time using Google Maps.

15. For example, in the second entry in my diary, dated 4 June 2019, I have a 15 minute gap between my first and second client, and my second and third client, and a 45 minute gap between my third and fourth client. I am not paid for all this time, only the time it takes to travel between clients according to Google Maps. So, if CBS have calculated on Google Maps that it only takes 10 minutes to travel between those clients, that extra 5 or 35 minutes is unpaid, it is dead time.

16. As far as I understand it, CBS calculates travel time by putting in the address of the first client in, for example, Moonah, and the second client in, for example, Newtown. Google Maps will display the best route and the time and kilometres between the locations, and the company will use that to calculate the travel time and kilometre allowance we are paid.

17. We are not told in advance how much travel time is allowed between clients. The rosters do not always reflect the amount of time needed to travel between clients. When this happens I try and manoeuvre my client appointments around to make the roster work and will let my clients know.

18. Sometimes it might take you longer to travel between clients than what Google Maps says, if there are road works, for example. When this happens, you need to ring up work and let them know that travel took longer because of road works, or whatever the reason. They make a note that you rang in and that you should be paid 45 minutes instead of 25 minutes, for example.

19. As per the Agreement, I receive a split shift allowance of $7.50 per break, where the break between duties is in excess of one hour after travel time into account.

20. If the break is one hour, but including travel time, then the split shift allowance is not paid. For example, my roster on 12 July 2019 has a one hour break between my first and second clients. I would be paid the time it takes to travel between these clients, according to Google Maps, and the kilometre allowance, but no split shift allowance for that day. In that case, my first two client appointments were each around 10 minutes drive from my home. In the hour gap between the first two appointments I

travelled 10 minutes home, and had about 25 minutes at home, before having to leave to travel to the next client.

21. During breaks like these, if the kids are home, I might muck around with them. I am working on renovations on my home, which I can sometimes do on my breaks, but 25 minutes isn't long enough to start a task. Often I will just sit down and do nothing.

22. My third client appointment was in Taroona, which is about 20 kilometres and about a half hour drive from my home, so I most of that time in my roster would have been spent travelling to and from that client.

23. I have marked in my diary 'split' for the breaks between clients for which I am paid the split shift allowance.

24. For example, on 17 July 2019, I worked from 8am-9am, 11am-12pm, 2pm to 5pm and 6:30pm to 7:30pm. So over an 11.5 hour day I worked 6 hours, with two breaks of two hours and one break of 1.5 hours. I received the split shift allowance for the three breaks. I also receive travel time for the time it takes to travel from one client to the next, according to Google Maps.

25. In that case, I travelled about 2 kilometres from my home to my first client in Glenorchy, then home for my first break, then roughly 7 kilometres or 15 minutes to my second client in North Hobart, then home for my second break, then about 6 kilometres or 15 minutes to my third client in Lenah Valley, then home for my third break, then about 2 kilometres or 5 minutes to my final client in Derwent Park, then home.

26. In total I spent approximately 34 kilometres and one hour 20 minutes travelling back and forth between clients and my home that day. However I was only paid for 14 kilometres and 30 minutes for the travel time between clients.

27. If I have a split shift but am not required to travel, then I am not paid any travel time or kilometres for that client. For example, I have one client out in Berriedale whom I see for a 12pm-1pm lunch shift, and then a 3pm-5pm tea shift. The time between 1pm and 3pm is a split shift. Berriedale from home is about 5 to 6 kilometres and a 10 minute drive from home. There's never anything I need to do out in Berriedale so I just go back home during that time. I am paid the $7.50 split shift allowance for this time, but no more, even though practically there is nothing else for me to do but to drive home and drive back in that time.

28. Where I have a split shift or dead time in my roster, I usually return home. If it's not practical for me to return home I might go to the client early to see if I can start earlier.

29. Travelling between clients and home all the time can get costly, as I am not compensated for all of the kilometres I have to travel or for time spent travelling between clients and my home where there is a long break between appointments, only the distance and time between clients. But there is usually little else useful I can do with that time.

Overtime

30. I am often required to work overtime. For example, in the first entry in Annexure A dated 3 June 2019, I worked a total of 9.75 hours with clients. But I did an additional 1 hour and 30 minutes travel time between clients that day, as my client Scott lives in Taroona, which is about a half hour drive each way from the clients on either side. So I was paid for eleven hours of work, with one hour and a quarter at overtime, in that example.

Shift changes and cancellations

31. Our shifts can be changed with very little notice.
32. Notice for when your roster has been changed or a shift added is normally given via an alert in your phone. But sometimes you get no notice and you just find out your duty has changed when you check your roster.
33. For example, although I see a fairly regular set of clients, I have checked my phone in the morning and noticed that I have two extras rostered in there.
34. If a shift is cancelled in the middle of other duties it can become problematic and expensive as although I am paid for the appointment, I am not paid for the kilometres and travel time connected with the appointment. If the cancellation opens up a big gap in time, I will have no real alternative other than to return home, which involves incurring the extra petrol costs of returning home and then travelling out again for the next client. An example of this is on 19 August 2019 in my roster. I had a short notice cancellation from 11am – 12:30pm, which left a gap in my roster between 10:30am and 12:45pm, during which I wasn't entitled to any compensation for travel, even though there would have been nothing for me to do but travel home and back.
35. We generally need to carry our phones with us because rosters or other circumstances may change at short notice. On one occasion I arrived at a client's home in North Hobart for a shift, only to find out he had moved to Claremont. I checked my roster again but his address hadn't been changed on the system. I had to call up the office to find the new address.

SCOTT QUINN

3 October 2019

mon 3-6-18.

9.30 - 10.30 Paul

split

12.00 - 2.00 maria 20km

2.15 - 3.15 ELLIE (9.75)

3.45 - 4.45 Scott

5.15 - 10.00 stephen 20km

Tues 4-6-19.

7.45 - 8.45 Jerry

9.00 - 10.00 Gary (7.75)

10.15 - 2.15 Thomas.

3.00 - 4.45 Mike

Wed 5-6-19.

8.00 - 9.00 Kevin

split

10.30 - 11.30 maria (6)

split

1.30 - 4.30 Thomas

split

6.30 - 7.30 Jenny.

31.2

7-6-19 Fri.

8:00 - 9:00 Kevin

9:15 - 2:00 Paul 30km. (9.75)

2:15 - ~~4~~.15 ELLIE

4:30 - 6:30 Bianca Clark.

Mon 10-6-19

9:30 - 10.30 Paul (6.25)

11:00 - 12:00 Scott

split

5.15 - 9.30 Stephen. 20km

Tues 11-6-19.

7.30 - 8.30 Jenny

8.45 - 10.45 Maria 15km

11.00 - 3.00 Thomas

3.15 - 4.45 Mike

Wed 12.6-19

8.00 - 9.00) Kevin 20km

9.00 - 2.00)

2.15 - 5.15 Thomas

Fri 14-6-19.

6.45 - 7.45 Kevin

8.00 - 10.00 mike

10.30 - 12.30 Scott 15km.

1.00 - 3.00 ELLIE

Split

6.30 - 7.30 Jenny.

Sat 15-6-19.

8.00 - 9.00 Jenny

9.15 - 10.45 Andrew

Split

12.00 - 1.00 mathew

~~Split~~ 1.15 - 1.45 Chris Rowe 1km

Split

3.00 - 4.30 mike

Split

6.30 - 7.30 Jenny.

Sun 16-6-19

8.00 - 9.00 Jenny

Split

10.15 - 11.45 Andrew

~~12.00 - 1.00 mike~~

Split

3.00 - 4.15 mike.

Mon 17-6-19

9.30 - 10.30 Paul.
split
12.00 - 2.00 maria 15 km
2.15 - 3.15 ELLIE
3.45 - 4.45 Scott
5.15 - 9.30 stephen 20 km

Tues 18-6-19.

7.00 - 8.00 Jenny. Double Tim
8.15 - 9.15 DAve Hamolin
9.30 10.30 Gary
10.45 - 2.45 Thomas
3.00 - 4.30 mike

Wed 19-6-19.

8.00 - 9.00 Kevin
9.45 - 10.45 maria
11.00 - 12.00 Jozsef Ferencz.
12.30 - 1.30 Scott 20 km
2.00 - 5.00 Thomas.
split
6.30 - 7.30

Thur 20-6-19.

9.00 - 12.00 TRAINING.

Frid 21-6-19

8.00 - 9.00 Kevin

9.15 - 1.15 Paul 20km

split

2.30 - 4.30 ELLIE

mon - 24 - 6 - 19

9.30 - 10.30 Paul.

split

11.45 - 12.15 Ivey. 10 km

12.30 - 2.30 maria 15 km

3.00 - 4.00 Scott

5.15 - 10.00 stephen 20km

Tues 25 - 6 - 19

9.00 - 10.00 Jerry.

10.15 - 2.15 Thomas.

3.00 - 5.00 mike.

5.15 - 5.45 Lola Lorraine.

Wed 26-6-19

8.00 - 2.00 Kevin

2.15 - 5.15 Thomas

5.30 - 7.30 Kai 3 km

Fri 28-6-19.
6.45-7.45 Kevin
8.00-10.00 mike.
10.30-12.30 scott 15 Km
split
2.30-4.30 ELLIE

Sat 29-6-19.
7.45-8.45 Jenny
9.00-10.30 Andrew
10.45-11.45 Paul
split
3.00-4.30 mike
split
6.30-7.30 Jenny.

Sun 30-6-19.
7.00-7.30 mike
7.45-8.45 Jenny
split
10.15-11.45 Andrew
12.00-1.00 mike.
split
3.00-4.45 Mike

Wed 17-7-19.
"

Mon 1-7-19
9.30 - 10.30 Paul
Split
12.00 - 2.00 Maria 15km
2.15 - 3.15 ELLIE
3.45 - 4.45 Scott 15km
5.15 - 10.00 Stephen 20km

9.75

Tues 2-7-19
9.30 - 11.30 Mathew
Split
1.00 - 2.00 Gary
3.00 - 5.00 Mike

5

Wed 3-7-19
8.00 - 9.00 Kevin
~~[illegible]~~ Split
11.15 - 12.15 Maria
12.30 - 1.30 Mathew
1.45 - 4.45 Thomas
Split
6.30 - 7.30 Jenny.

7

Frid 5-7-19

8.00 - 9.00 Kevin

9.15 - 2.00 Paul 20Km

2.15 - 4.15 ELLIE

split

6.30 - 7.30 Jenny

(8.75)

Mon 8-7-19

9.30 - 10.30 Paul

split

12.00 - 2.00 maria 15km

2.30 - 3.30 Scott 15km

split

6.30 - 7.30 Jenny

(5)

Tues 9-7-19

7.30 - 8.15 Rohan Hills.

split

9.30 - 11.30 mathew

split

12.45 - 1.45 mathew

split

3.00 - 4.45 mike.

(5.5)

Wed 10-7-19.

8.00-9.00 Kevin (9)

9.00-2.00 Kevin

2.15-5.15 Thomas

Fri 12-7-19.

8.00-9.00 Kevin

10.00-11.00 Peter Brittain (6)

11.30-1.30 Scott Williams.

2.00-4.00 ELLIE.

Sat 13-7-19

8.00-9.00 Jenny

9.15-10.45 Andrew

11.00-12.00 Paul (6.25)

Split

3.00-4.45 Mike

Split

6.30-7.30 Jenny.

Sun 14-7-19

7.45 - 8.45 Jenny
9.00 - 10.00 mike
10.15 - 11.45 Andrew
12.00 - 1.00 mike
1.15 - 2.15 mathew
3.00 - 4.30 mike.

(7).

Mon 15-7-19.

9.30 - 10.30 paul
split
12.00 - 2.00 maria 15 km
2.30 - 3.30 Scott
4.00 - 5.00 ELLIE

(5)

Tues 16-7-19.

9.30 - 11.30 mathew
11.45 - 12.45 Gary
split
3.00 - 5.15 mike.

(5.25)

Wed 17-7-19

8.00-9.00 Kevin
Split
11.00-12.00 maria (6)
Split
2.00-5.00 Thomas
Split
6.30-7.30 Jenny.

Frid 19-7-19

8.00-9.00 Kevin
9.15-1.15 Paul 7km (8)
1.45-2.45 Scott
3.15-5.15 ELLIE

Sun 21-7-19

12.00-1.00 mike
Split (3.5)
4.00-6.30 mIKE

Mon 22-7-19

9.30 - 10.30 Paul.

Split

12.00 - 2.00 maria 15km (8.25.)

2.30 - 3.30 Scott

Split

5.15 - 9.30 Stephen 20km

Tues 23-7-19

9.30 - 11.30 mathew (5)

12.00 - 1.00 mike.

Split

3.00 - 5.00 mike

Wed 24-7-19

8.00 - 9.00 Kevin

9.00 - 2.00 Kevin (10)

2.15 - 5.15 Thomas

Split

7.00 - 8.00 mike.

Frid 26-7-19

7.00 - 8.00 Kevin
8.15 - 9.45 Andrew
10.15 - 12.15 Scott 15 km (9-5)
12.45 - 1.45 mike
2:00 - 4.00 ELLIE
Split
6.00 - 7.00 Jenny
7.15 - 8.15 mike

Sat 27-7-19

8.00 - 9.00 Jenny
9.15 - 10.45 Andrew
11.00 - 12.00 Paul (6)
Split
3.00 - ~~4~~.30 mike
Split
6.30 - 7.30. Jenny

Sun 28-7-19

7.45 - 8.45 Jenny
9.00 - 10.00 mike
10.15 - 11.45 Andrew (7)
12.00 - 1.00 mike.
1.15 - 2.15 Mathew
3.00 - 4.30 mike.

Mon 29-7-19.

9.30 - 10.30 Paul
split (9.75)
12.00 - 2.00 maria 15km
2.15 - 3.15 ELLIE
3.45 - 4.45 Scott 15km
5.15 - 10.00 stephen 20km

Tues 30-7-19

9.30 - 11.30 mathew
11.45 - 12.45 Gary (4.5)
split
3.00 - 4.30 mike.

Wed 31-7-19

8.00 - 9.00 Kevin

9.15 - 10.00 Rick Lette 6km.

10.15 - 11.15 maria

Split 6.75

1.30 - 4.30 Thomas

Split

6.30 - 7.30 Jenny

Frid 2-8-19

7.30 - 8.30. Kevin

9.15 - 1.45. Paul 20km 10.5

2.15 - 3.15 Scott 15km

3.45 - 5.45 ELLIE

6.30 - 7.30 Jenny

7.45 - 845 mike.

Mon 5-8-19

9.30 - 10.30 Paul

Split 8.75

1.00 - 3.00 maria 15km

3.30 - 4.30 Scott

5.15 - 10.00 Stephen 20km

Tues 6·8·19

8.00 - 9.00 Paul 15km

9·30 - 11·30 Mathew

3-4·30 - Sick Pay

(3)

Wed 7·8-19

8.00 - 9.00 Kevin

9.00 - 2.00 Kevin 25km

2.15 - 5·15 Thomas.

5.30 - 7.00 Mathew

7.15 - 8.15 Jenny.

(11.5)

Frid 9·8-19

7.30 - 8·30 Kevin

8.45 - 10.45 Laurie Cairns. 3km

11.15 - 1.15 Scott 15km

split

3.00 - 5.00 ELLIE

split

6.30 - 7.30 Jenny

(8)

Sat 10-8-19

8.00 - 9.00 Jenny

9.15 - 10.45 Andrew

11.00 - 12.00 Paul (6.5)

Split

3.00 - 5.00 mike

Split

6.30 - 7.30 Jenny

Sun 11-8-19

7.45 - 8.45 Jenny

9.00 - 10.00 mike

10.15 - 11.45 Andrew (6)

12.00 - 1.00 mike

Split

3.00 - 4.30 mike

---

mon 12-8-19

9.30 - 10.30 Paul (9.25)

Split

12.00 - 2.00 maria 15 km

2.15 - 3.15 Ellie

3.45 - 4.45 Scott

5.15 - 9.30 Stephen 20km

Tues 13-8-19

9.30 - 11.30 mathew

11.45 - 12.45 Gary (5.25)

1.00 - 2.00 mathew

3.00 - 5.15 mike

Wed 14-8-19

8.00 - 9.00 Kevin

split

11.00 - 12.00 maria

split (6.5)

2.00 - 5.00 Thomas

5.15 - 5.45 Elvie Radcliffe.

6.30 - 7.30 Jenny.

Frid 16-8-19

8.00 - 9.00 Kevin

9.15 - 2.15 Paul 20km. (8)

2.30 - 4.30 ELLIE TOM DIED. Sun

mon 19-8-19.

9.30 - 10.30 Paul.

11.00 - 12.30 Joshua stokes SNC.

12.45 - 2.45 maria 15 km

3.15 - 4.15 scott 15 km (9.75)

5.15 - 9.30 stephen 20 km.

Tues 20-8-19

9.30 - 11.30 mathew

split (4)

3.00 - 5.00 mike

wed 21-8-19

8.00 - 9.00 kevin

9.00 - 2.00 kevin (7.5)

split

4.00 - 5.30 Alan Thors 6 km

Frid 23-8-19

7.00 - 8.00 kevin

9.00 - 9.30 mike (8.5)

10.00 - 12.00 Trent Gordon

12.30 - ~~2~~.30 Scott 15 km

3.00 - 5.00 ELLIE.

5.00 - 6.00 Trent SNC.

sat 24-8-19.

8:00-9:00 Jenny
9.15-10.45 Andrew.
11.00-12:00 Paul.
Split
3.00-4.45 mike
split
6.30-7.30 Jenny.

6.25

Sun 25-8-19.

7.45-8.45 Jenny
9.00-10.00 mike
10.15-11.45 Andrew
12.00-1.00 mike
Split
3.00-4.45 mike.

6.25

---

mon 26-8-19

9.30-10.30 Paul
Split
12.00-2.00. maria 15 km
2.15-3.15 ELLIE
3.45-4.45 Scott 15 km
5.15-9.30 Stephen 20 km.

9.25

Mon 8-9-19

Tues 27-8-19

9·30 - 11·30 mathew
11·45 - 12·45 mike (6)
1·00 - 2·00 Gary
3·00 - 5·00 mike.

wed 28-8-19

8·00 - 2·00 kevin
2·15 - 3·15 maria (9)
split
5·00 - 6·00 Trent
6·15 - 7·15 Jenny

Frid 30-8-19

8·00 - 9·00 kevin
9·15 - 1·15 Paul 6km (7)
1·30 - 3·30 ELLIE

Mon 2-9-19

9·30 - 10·30 Paul
Split
1·00 - 3·00 maria 15km (8·25)
3·30 - 4·30 Scott
5·15 - 9·30 Stephen 20km

Tue 3-9-19
9.30 - 11.30 Mathew (4).
split
3.00 - 5.00 mike

Wed 4-9-19.
8.00 - 2.00 Kevin
2.15 - 4.15 ELLIE (9)
5.00 - 6.00 Trent

Frid 6-9-19
6.45 - 7.45 Kevin (5.25.)
8.00 - 10.45 mike
10.45 - 12.45 Scott 15 km

Sat 7-9-19.
8.00 - 9.00 Jenny
9.15 - 10.45 Andrew. (6.25)
11.00 - 12.00 Paul
split
3.00 - 4.45 mike
split
6.30 - 7.30 Jenny.

Sun 8-9-19

7.45 - 8.45 Jenny

9.00 - 10.00 mike

10.15 - 11.45 Andrew

12.00 - 1.00 mike

Split

3.00 - 4.30 mike.

(6)

Australian Disability Workforce Report

3rd edition - July 2018

Findings from Workforce Wizard and carecareers – the best sources of disability workforce data in Australia

Contact details

Caroline Alcorso
National Manager, Workforce Development
National Disability Services
Level 19, 66 Goulburn Street Sydney NSW 2000
Phone: 02 9256 3180
caroline.alcorso@nds.org.au

Acknowledgements

NDS gratefully acknowledges the expert advice and guidance of Dr Ian Watson in the development of Workforce Wizard, and the innovative work of software company Mozzler.

This data for this report was collected in part through the NDS Disability Workforce Innovation Network project 2014-16 which took place with the assistance of funding provided by the Australian Government. NDS also recognises the significant contribution of the industry in embracing Workforce Wizard, helping shape it and making it the successful tool it is today.

About this report

This is the third edition of a twice yearly publication. It was prepared by Adrian Lui and Caroline Alcorso, NDS. The next edition will be published in February 2019.

© This publication is copyright

All rights reserved. Except as provided in the Copyright Act 1968 (Commonwealth), no use of this work, which is within the exclusive right of the copyright owner, may be made.

About National Disability Services

National Disability Services ('NDS') is the peak body for non-government disability services. Its purpose is to promote quality service provision and life opportunities for people with disability. NDS's Australia-wide membership includes more than 1000 non-government organisations, which support people with all forms of disability. NDS provides information and networking opportunities to its members and policy advice to state, territory and federal governments.

National
Disability
Services

Contents

Introduction **4**
Chapter 1: The latest trends in the disability support workforce **5**
Employment type 5
Small and medium organisations – where casualisation takes place 6
Employment growth 7
Employment gains and losses by organisational size 7
Workforce turnover 9
Working hours 10
Summary 11
Chapter 2: The disability workforce in the states and territories **12**
Workforce casualisation — a converging trend 12
Western Australia charts a different course on forms of employment 12
Workforce turnover 14
Working hours variability 15
Consistent gender and age disparities 15
Chapter 3: The profile of the allied health professionals **16**
Forms of employment 16
Workforce turnover 17
The age and gender profile of allied health professionals 18
Chapter 4: Spotlight topics 19
Introduction 19
Spotlight Topic 1: The qualifications of newly recruited disability workers 19
How many new recruits are formally qualified? 19
How states vary in the level of qualified new recruits 20
Spotlight Topic 2: Recruitment difficulty 20
Level of recruitment activity 20
Were employers successful in filling their vacancies? 21
Reasons for unfilled vacancies 22
Recruiting allied health professionals 23
Summary 24
Appendix: Sample size, Workforce Wizard users each quarter **25**

Introduction

This midyear update is part of NDS's on-going tracking of disability workforce trends using data from Workforce Wizard, the sector's quarterly workforce data collection. Eleven quarters of Workforce Wizard data, now covering some 45,000 workers nationally, are presented.

The update examines whether the patterns comprehensively analysed in our February 2018 Australian Disability Workforce Report (available through the NDS website) are continuing, stalling or reversing.

In addition, it discusses state-level features which highlight the challenges faced by the sector in different parts of the country. Finally, the results of the two latest 'spotlight topics' are included, providing new information about topics providers report on a one-off basis.

This report does not give a detailed account of our methodology, nor does it present all the data behind trends. For methodology, please read the February 2018 Australian Disability Workforce Report available at the NDS Workforce Hub, on the Knowing Your Workforce page. If you would like to receive tables with the data behind the trends presented here, please contact Adrian Lui (email: adrian.lui@nds.org.au).

As always, we are keen to hear your suggestions about reports, and what you would like Workforce Wizard to tackle next. Workforce Wizard is your workforce data tool, built for convenience, rigour and maximum usefulness for the sector.

Chapter 1: The latest trends in the disability support workforce

Workforce Wizard data over the last two years has shown that the majority of disability support workers in Australia are employed either as permanent or casual employees, with very few people on short-term contracts. Permanent employment has been more common, but a gradual trend towards increased casual employment has been emerging. Has this trend continued during 2018?

Employment type

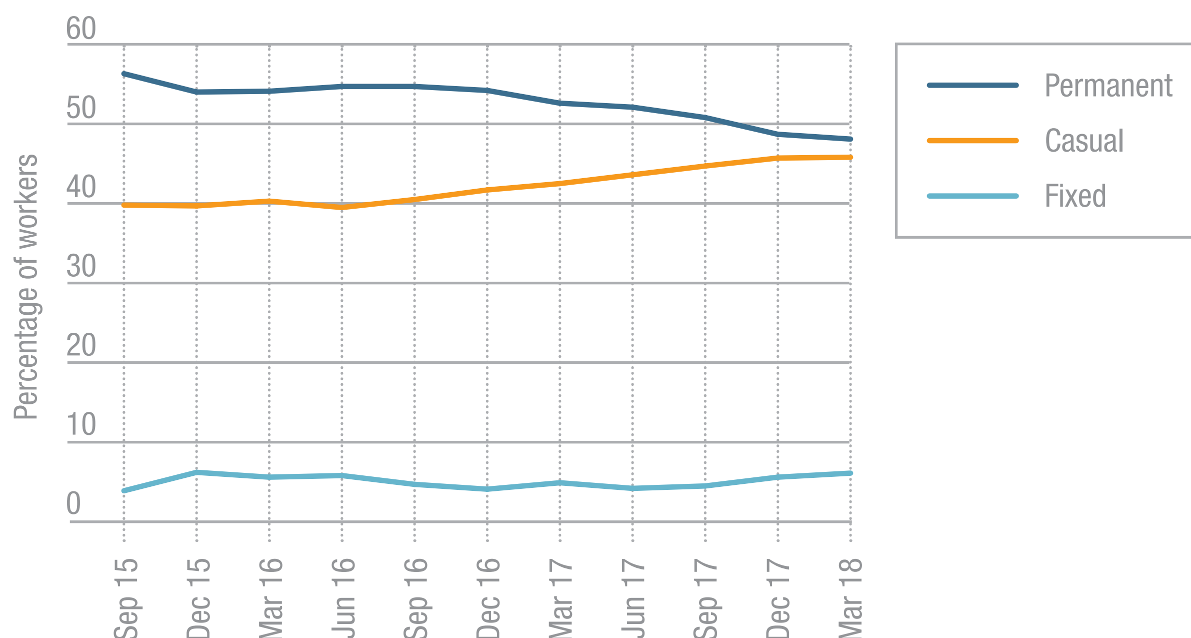
The latest data shows that most (48%) disability support workers are still employed on a permanent basis, whether part-time or full-time. However, the proportion continues to fall. Casual employment, alternatively, is rising and in March 2018 accounted for nearly half of the total workforce (see Figure 1).

Key points

- In September 2015, permanent workers made up 56% of the disability support workforce
- In March 2018, permanent workers made up 48% of the disability support workforce
- Casual employment as a proportion of the total increased from 40% in September 2015 to 46% in March 2018

Increased use of casual workers has been particularly notable in the last four quarters.

Figure 1: *Forms of employment*

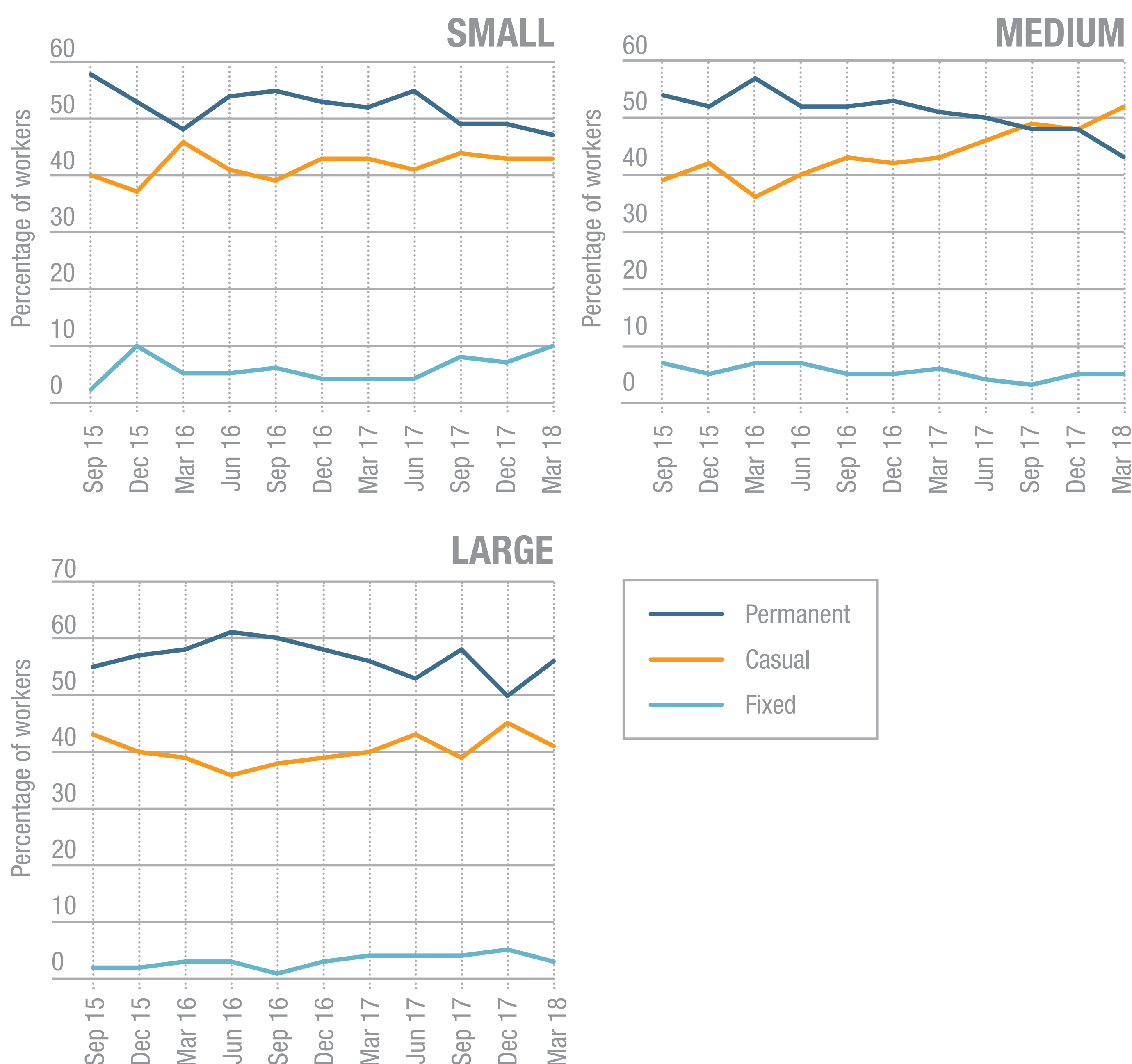


Small and medium organisations[1] — where casualisation takes place

The casualisation trend, however, is not universal. In the February 2018 Australian Disability Workforce Report (available at www.nds.workforce-hub/knowing-your-workforce), we observed that casualisation is more prevalent in small and medium organisations, with the trend absent in large organisations. This pattern has held.

In small organisations, the gap between permanent and casual employment shares has been closing since September 2017. In medium organisations, casual employment has already become the most common form of employment. Only in large organisations does a notable preference for permanent workers remain (see Figure 2).

Figure 2: *Forms of employment by organisation size*



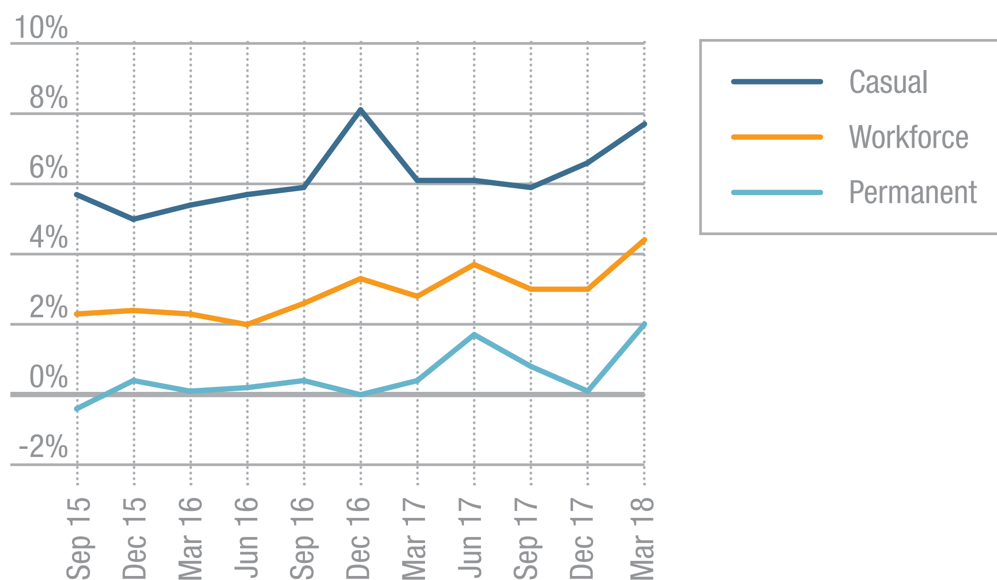
1 Organisational size is classified on the basis of the number of disability support workers in the organisation, as follows: Small = less than 50 workers; Medium = 50 to 199 workers; and Large = 200 or more workers.

Employment growth

The disability workforce has been growing strongly. According to NDS's February 2018 report, the disability support workforce growth rate was 11.1% per year (averaged over a two-year period between September 2015 and 2017). This compares with growth of just 1.6% for the Australian workforce as a whole at the time.

This remarkable growth rate came overwhelmingly from the recruitment of casual workers. The average permanent workforce growth rate was just 1.3% per year, while the casual growth rate was 26% per year.

Figure 3: *Quarterly workforce growth rate by form of employment*



During the December 2017 and March 2018 quarters, net workforce growth continued to be strong. Both the permanent and casual workforces grew at a stronger pace than in the earlier periods.

This is consistent with faster employment growth across the Australian economy, albeit not as fast as in disability. National employment growth (trend) was 2.6% between May 2017 to May 2018.[2]

Key points

- Overall, the disability support workforce grew by 13.8% in the 2017-18 financial year
- This reflected an average growth rate of 3.8% for the permanent component and 26.8% for the casual component.

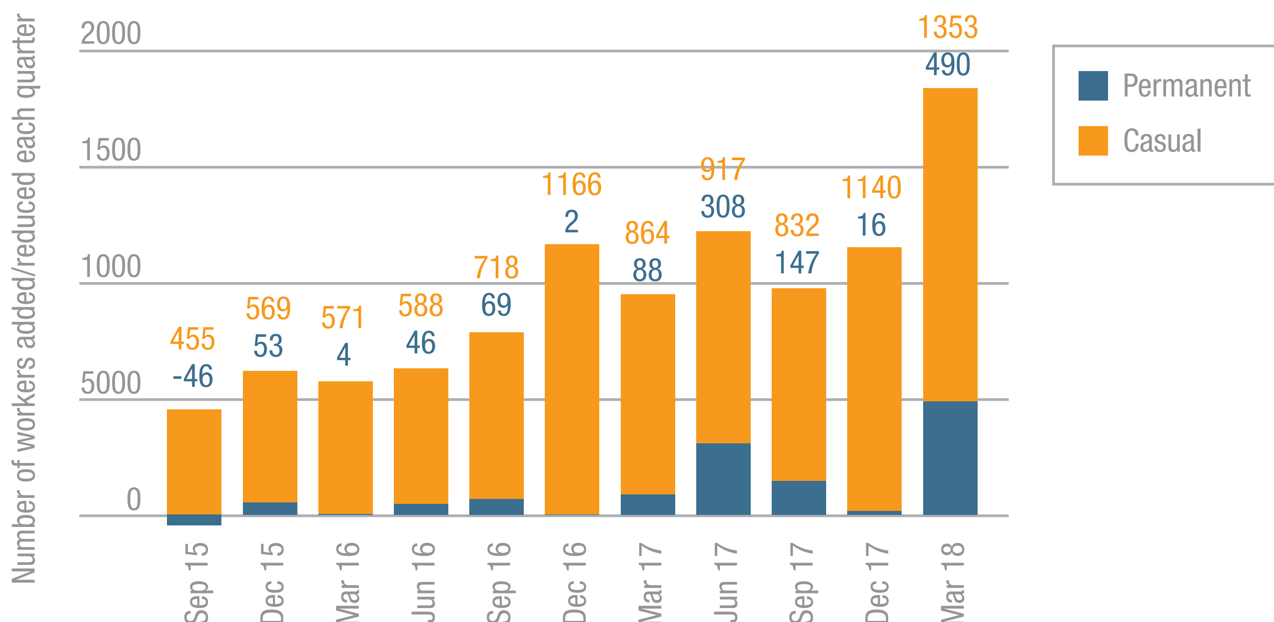
Employment gains and losses by organisational size

Of note is that in March 2018, Workforce Wizard data indicated a large net increase in permanent employment. This was due to one large organisation acquiring services previously provided by a public sector agency, as part of the NSW Government's divestment program.

Figure 4 shows the 'net component change' in the disability workforce. Employment losses in the sector tend to come from permanent workers departing while most of the gains are from increased recruitment of casuals.

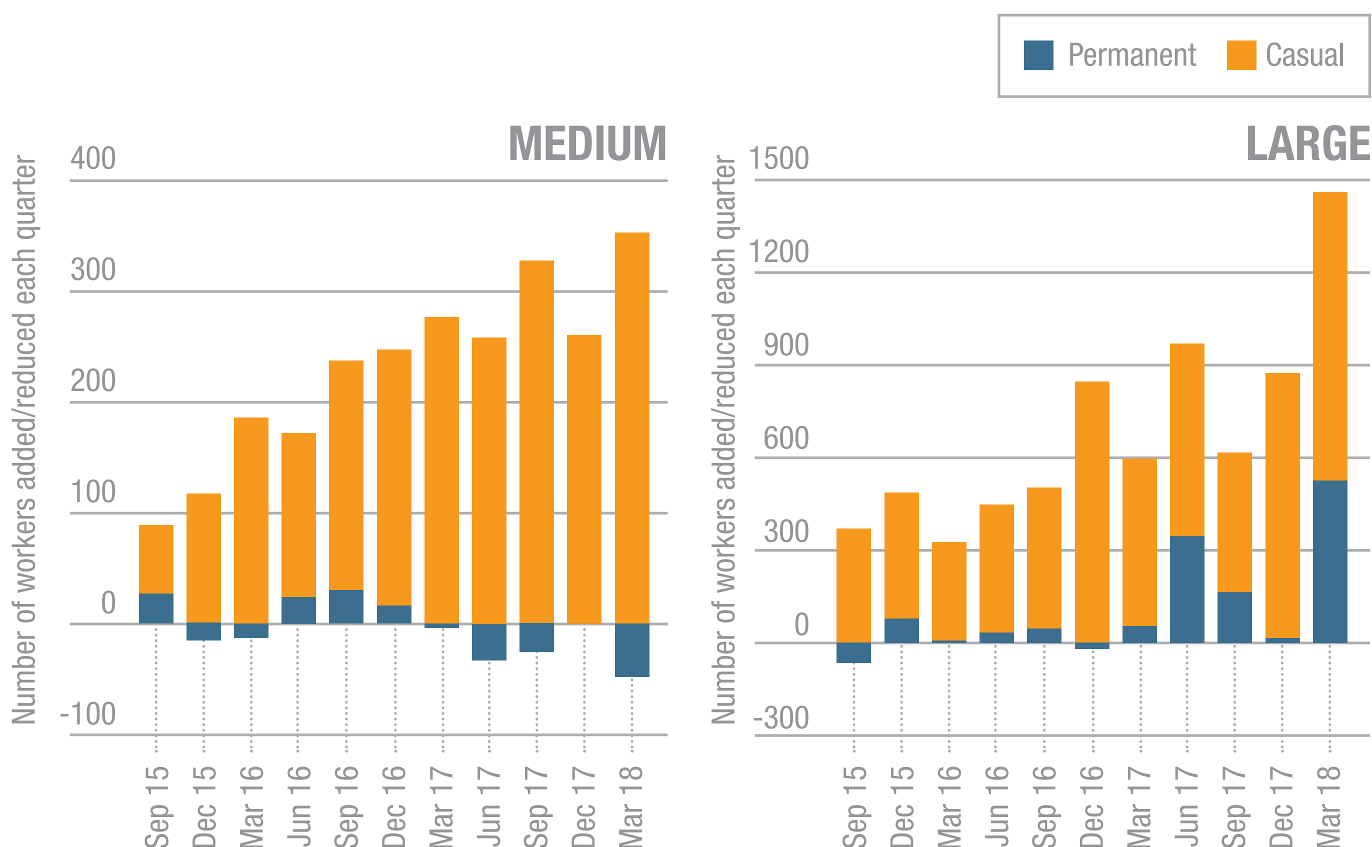
2 ABS, Labour Force Australia, Cat no. 6202.0, May 2018.

Figure 4: *Net change in permanent and casual staff*



The gain in permanent employment in March 2018 came mainly from large organisations, continuing the pattern described earlier. In medium size organisations, the proportion of casual workers also grew, sometimes at the expense of permanent employment, while in large organisations, both workforces grew, albeit at different speeds (see Figure 5).

Figure 5: *Net change in permanent and casual workers, by organisational size*



Workforce turnover

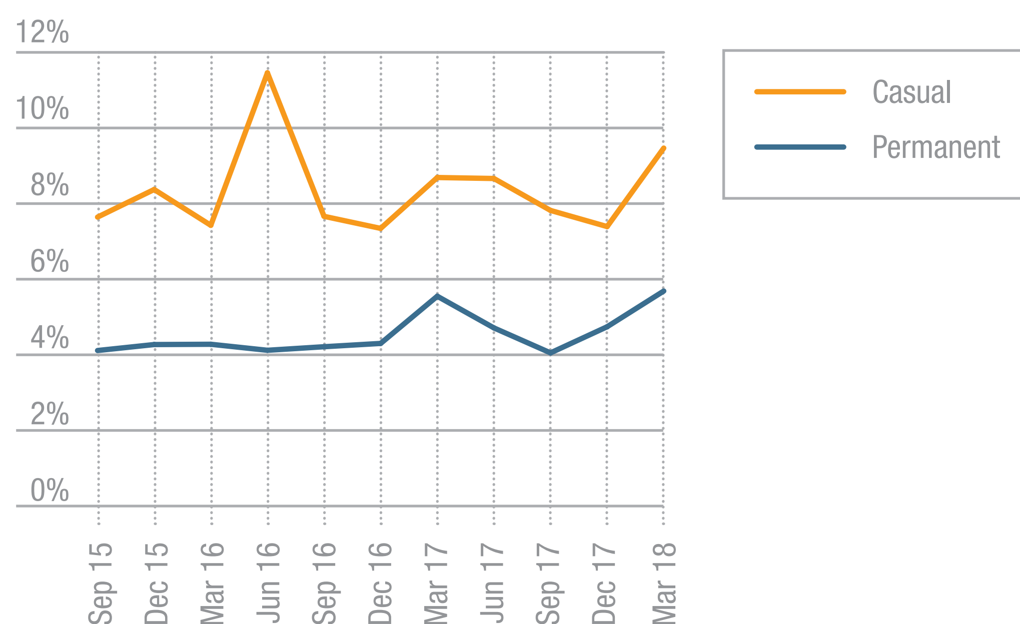
Workforce turnover[3] is inevitable as the personal circumstances of workers alter, and also organisations need different staff to adapt to changing environments.

However, high workforce turnover can reflect lower employee engagement, and also disrupt continuity of care, leaving clients less satisfied with the quality of service. Rapid turnover means more expenditure on recruitment and training.

Workforce Wizard has consistently shown casual workers to have considerably higher turnover rates than permanent workers. Historically, this has been a difference of four percentage points/quarter, or 16 percentage points/year.

In the last two quarters, both casual and permanent workforce turnover are trending upwards, as shown in Figure 6 below. This could be related to the more buoyant labour market and the accelerating NDIS rollout.

Figure 6: *Quarterly turnover rates by form of employment*



Key points

- In the two most recent quarters workforce turnover for permanent disability support workforce has averaged 5.2% per quarter
- Casual workforce turnover in the same period has been 8.5% per quarter

---

3 We measure workforce turnover as follows: the number of workers who leave an organisation during a quarter, as a percentage of the total number of workers, averaged over two recent quarters.

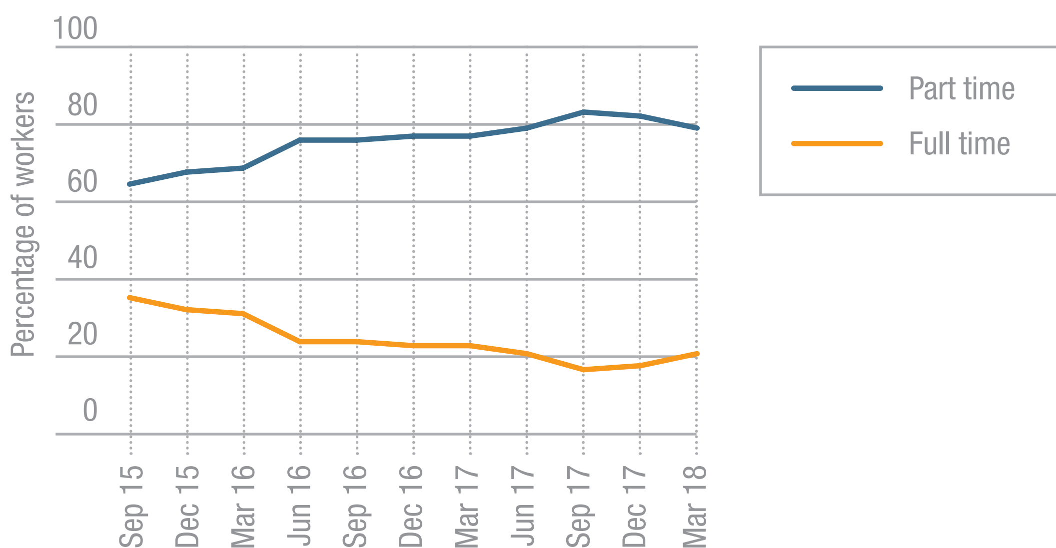
Working hours

In the February 2018 Australian Disability Workforce Report, we observed that the disability sector displays an intensified version of the part-time employment profile characteristic of the health care and social assistance sector.[4]

In the past two years, the proportion of permanent workers who worked part-time increased from 65% in September 2015 to 83% in September 2017.

In the most recent two quarters this trend reversed (see Figure 7) with part-time employment falling back to 79%.

Figure 7: *Full-time and part-time work: employment shares (%)*



In addition, the average hours worked by a disability support worker increased for the March 2018 quarter to 22 hours/week. This compares to 21 hours/week in the preceding two quarters. It remains to be seen whether this is a reversal of the previous falling hours trend, or simply a one-off variation.

Previously, average hours have trended downwards from 24 hours per week in September 2015 to 21 hours per week at the end of 2017. The data shows some volatility which is likely due to the changing nature of the sample, and seasonal factors.

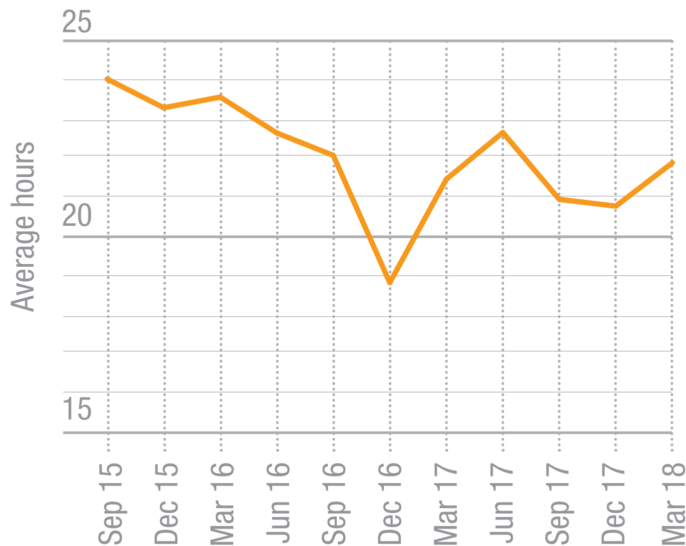
Recent ABS data indicates that while employment growth has been relatively strong, utilisation rates have changed little. In the health care and social assistance industry, average hours per job remained lower at the end of 2017 than in 2010. This industry had the second lowest hours per job of the 19 ABS industry categories.[5]

---

4 Part-time workers refer to workers who work less than 38 hours, while full-time workers refer to workers who work 38 hours or more.

5 ABS, Labour Account Australia, Quarterly Experimental Estimates, Cat no. 6150.0.55.003, Sept 2018.

Figure 8: *Average hours of work per week per worker*



Key points

- Full-time work, which has been falling in the disability support workforce has recovered slightly in the March 2018 quarter
- Average working hours also rose slightly, to 22 hours/week.

Summary

In this mid-year analysis, trends observed in previous reports are again evident. The casual workforce has grown strongly. Casual workers continue to have a higher turnover than permanent workers. The different strategies employed by organisations of different sizes to cope with flexible demands appear to persist.

The March 2018 quarter has however been a period of strong sustained growth, more rapid even than in the past. Perhaps as a result, we see two new trends:

- a substantial net increase in the permanent workforce; and
- a minor reversal of the trend of increasing part-time work, coupled with declining working hours

It is not yet clear if the longer term trajectory of the disability workforce is shifting or if these are one-off reversals. However, it is undoubtedly the case that disability providers are experimenting with their workforce strategy, switching between forms of employment and approaches to employee engagement to obtain the best balance between client, worker and financial imperatives.

In the following chapter, we will examine the patterns of disability workforce in the states and territories.

Chapter 2: The disability workforce in the states and territories

Workforce casualisation — a converging trend

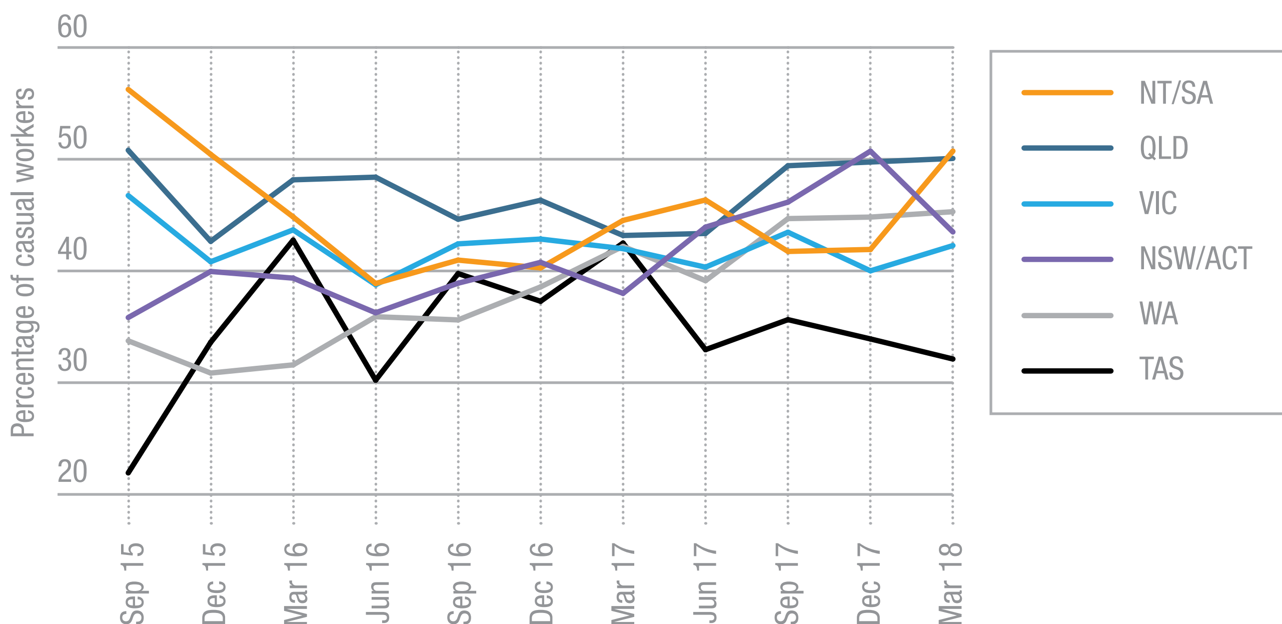
The analysis in Chapter 1 shows that there is a slow but steady trend towards casualisation in Australia. Is this trend universal in each state and territory?

In fact casualisation has risen substantially in most states, including Western Australia and NSW/ACT, which employed fewer casual workers in the beginning of the period. Casual employment growth tended to be lower in states where the employment of casuals was already high, such as Victoria. Note that Tasmania shows fluctuations which are probably due to the small sample size.

Key point

- Casualisation appears to be a converging trend; states where fewer casuals were employed have been catching up with states which had higher rates of casual employment in the first place.

Figure 9: *The proportion of casual workers by state*



Western Australia charts a different course on forms of employment

The changing share of full-time and part-time employment work however is not standard across the states and territories.

The decline in full-time work is only marked in Queensland, NT/SA and to a certain extent, Victoria. Western Australia has maintained a relatively high proportion of full-time workers, compared to the rest of the country. Tasmania, on the other hand, has a much lower proportion of full-time workers throughout the period. Recently, Queensland overtook Tasmania as the state with the lowest proportion of full-time workers in the permanent disability workforce (See Figure 10).

Figure 10: *The proportion of full-time employment in the permanent disability workforce*

In Figure 11, the net change in permanent workers shifts between positive and negative growth in all states, with the exception of Western Australia. In Western Australia, the permanent workforce has grown in all quarters except March 2018. Tasmania, on the contrary, has negative growth of permanent workers in all but one quarter.

Figure 11: *Net change in permanent workers, by state*

Workforce turnover

The 11-quarter average turnover rate for permanent workers in Australia is about 4.6% per quarter. This rate remains reasonably stable across states and quarters. Casual turnover at nearly 8.5% per quarter, on average, which is higher and more volatile. Western Australia has the highest casual workforce turnover rate, with double digit rates in seven of the last 11 quarters. This could be linked to Western Australia's lower reliance on casual workers than other states.

Figure 12: *Quarterly turnover rates of permanent workers, by state*

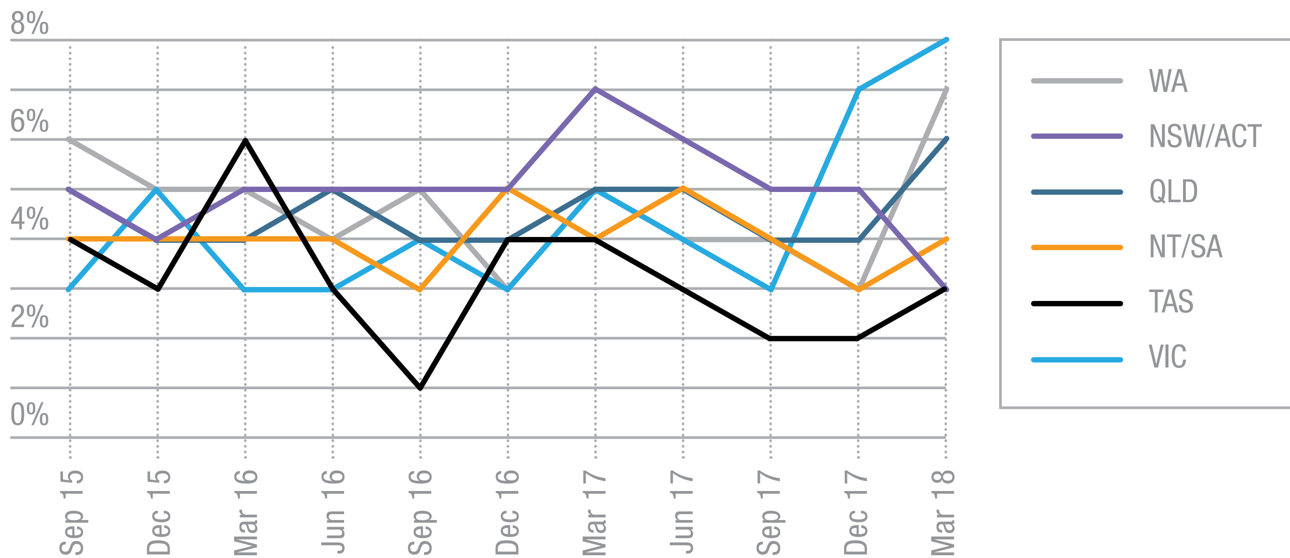
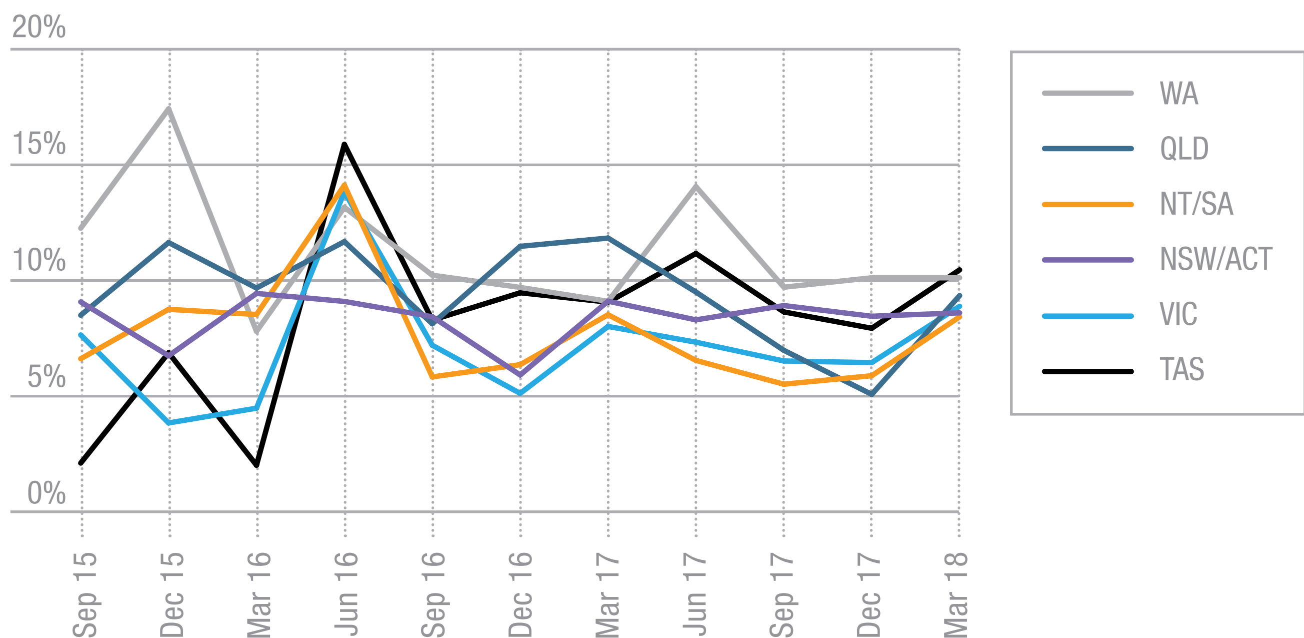


Figure 13: *Quarterly turnover rates of casual workers, by state*



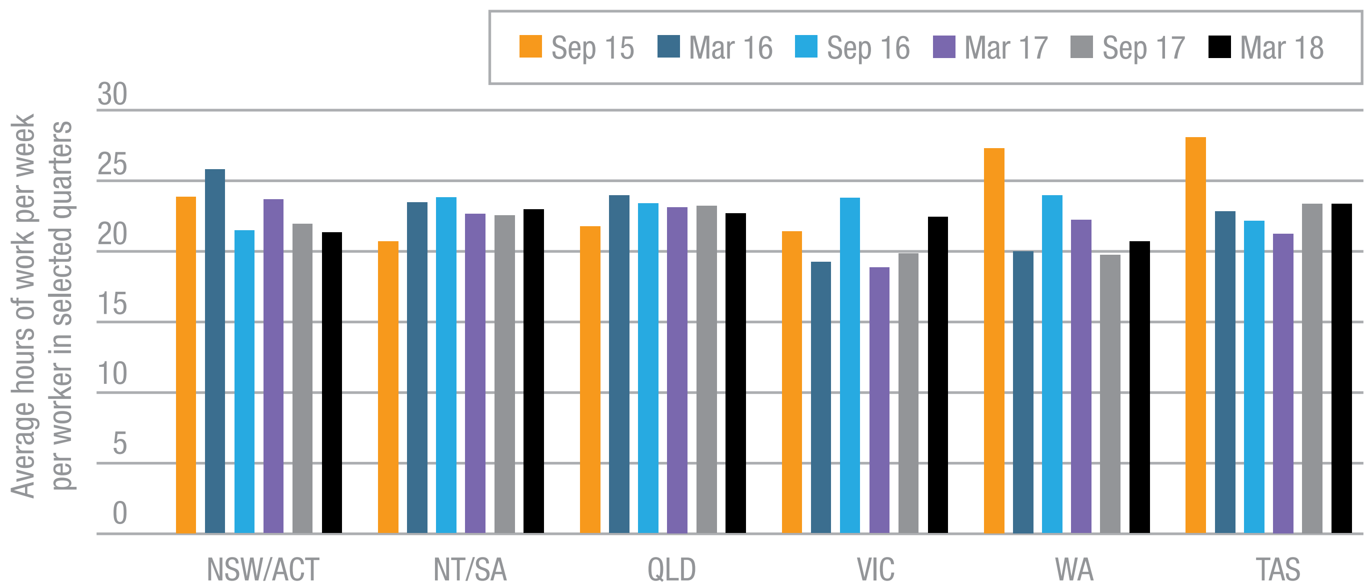
Working hours variability

The average permanent disability worker works 22 hours per week. As Figure 14 shows, there is some variation between states and considerable volatility.

Key points

- Victoria has the lowest working hours, with average hours dropping to 21 hours or below in seven out of the past eleven quarters
- In contrast, workers in NT/SA and Queensland, on average, worked 22 hours or more in all quarters except December 2016
- There appears to be a declining trend in working hours in NSW/ACT and Western Australia, but this trend is not clear in other states.

Figure 14: *Average hours of work per week per worker in selected quarters*



Consistent gender and age disparities

The female-to-male ratio in the disability support workforce is 7:3.

Key point

- The gender ratio is roughly the same in all states and has been stable for the past eleven quarters.

Similarly, the disability support workforce is older than the Australian workforce as a whole across the country.

Key points

Australian workers over 45 years old make up around 34% of the total workforce[6]. By comparison,

- the 'youngest' state is Western Australia where disability workers over 45 years old made up 40% of the workforce in March 2018
- in Queensland, which has the oldest disability workforce, workers of this age group made up of nearly half of the workforce (49%) in March 2018.

---

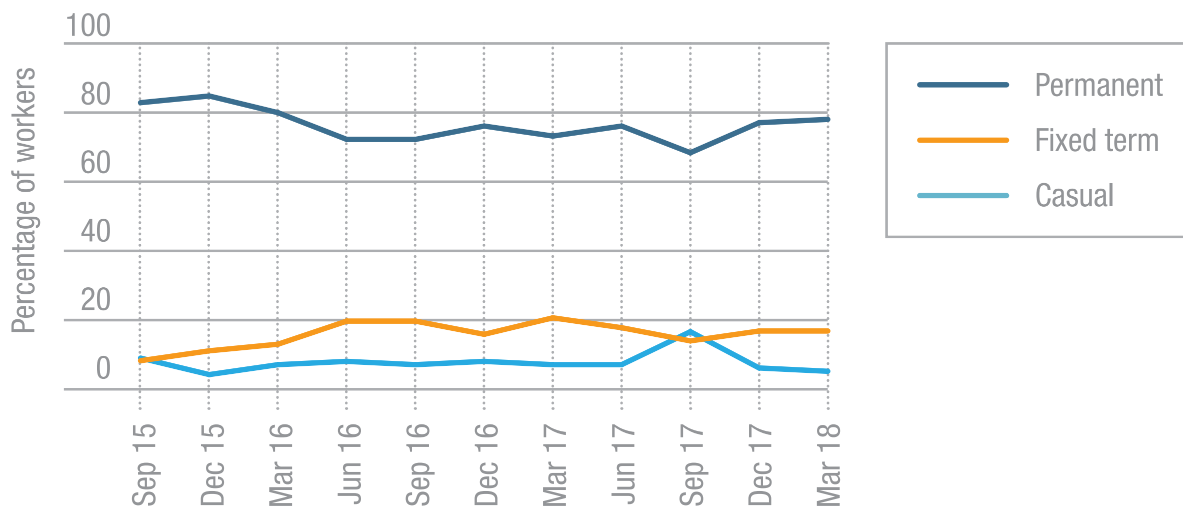
6 ABS, Labour Force, Australia, Detailed, Quarterly, May 2018. Cat. No. 6291.0.55.003.

Chapter 3: The profile of the allied health professionals

Forms of employment

Unlike disability support workers, casual employment is uncommon among allied health workers. Fixed-term employment has risen in recent years - from 8% in September 2015 to 17% in March 2018. However, permanent employment remains the dominant form of employment for allied health workers.

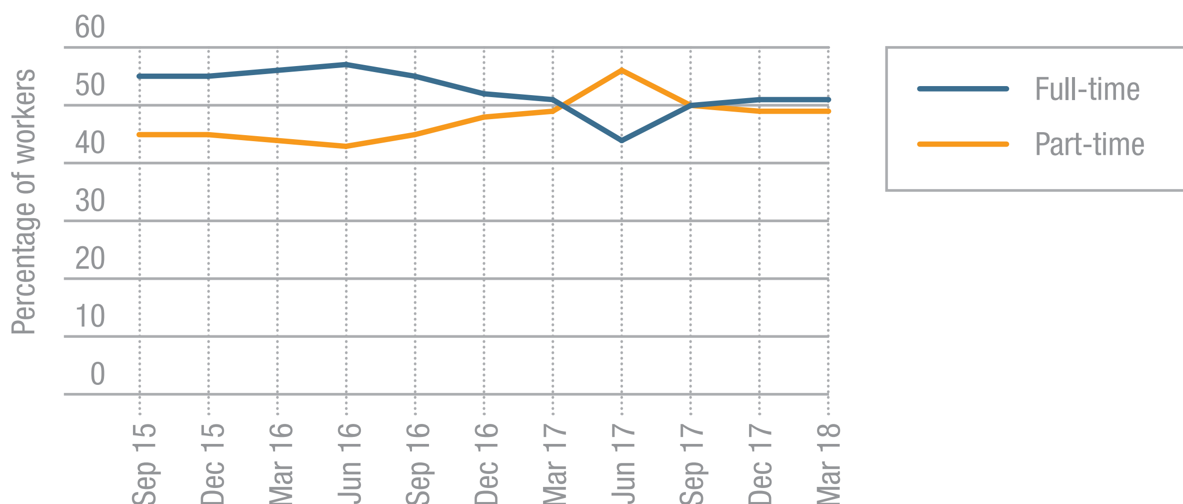
Figure 15: *Forms of employment*



Part-time work has been increasing among allied health professionals as in the support workforce, although the rate of increase has been much less.

In September 2015, full-time employment was a little more common than part-time, making up 55% of the permanent workforce. More recently, the shares of full-time and part-time employment have equalised (see Figure 16).

Figure 16: *Full-time and part-time allied health professionals: employment shares (%)*

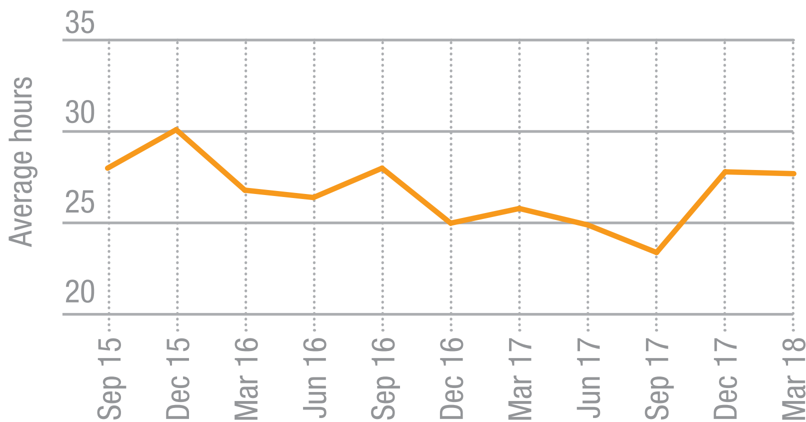


More positively, Figure 17 indicates that the long-term downward trend in working hours among allied health workers has reversed in the last two quarters.

Key point

- In March 2018, allied health professionals worked on average 28 hours per worker per week – the same amount as in September 2015.

Figure 17: *Average hours of work per week per worker*

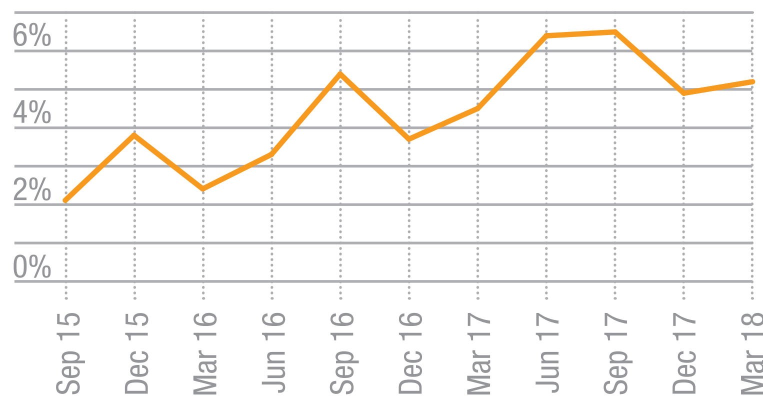


Workforce turnover

The turnover rate[7] of the permanent allied health workforce is lower than that of the direct support workforce in the period between September 2015 and June 2016. However, workforce turnover trends upwards after June 2016, as shown in Figure 18. Allied health professionals appear to be changing jobs more frequently as the NDIS rolls out.

Since they are an expensive workforce to recruit, on-board and induct, and may take clients with them when they move, workforce instability can have a negative impact on providers.

Figure 18: *Quarterly turnover rate of permanent allied health workforce*



7 Due to the small sample size of allied health workforces, the quarterly workforce turnover rates of permanent allied health workforces using the organisational average tend to be volatile. Hence, a different measure is used. The turnover rates presented here are measured by the aggregate number of permanent workers who left the workforce as a proportion of all permanent workers in a quarter. The trend of increasing turnover rates is notable in both measurements of workforce turnover.

The age and gender profile of allied health professionals

The allied health workforce is overwhelmingly female. In March 2018, 93% of allied health professionals were women.

It is also a remarkably young workforce. In March 2018, 70% of allied health workers were in the middle years of 25 to 44. Only 21% of the workers were older than 45 years, relatively fewer than the Australian workforce generally[8] (34%) and the disability support workforce (45%).

8 ABS, Labour Force, Australia, Detailed, Quarterly, May 2018, Cat. No. 6291.0.55.003.

Chapter 4: Spotlight topics

Introduction

Each quarter the Workforce Wizard 'Spotlight Topic' shines a light on an issue of importance to the sector but not suitable for quarterly tracking. Some of these topics are repeated every one or two years to provide the sector a long-term perspective on them. NDS is particularly grateful to disability organisations for providing answers to these occasional questions, as they require extra effort to complete.

In December 2017, the qualifications of new recruits was the Spotlight Topic, while in the March 2018 quarter it was recruitment difficulty. The results are summarised below (reporting is also provided to Workforce Wizard users on closure of the data entry period).

Spotlight Topic 1: The qualifications of newly recruited disability workers

Nearly two-thirds of all users (65%) responded to the December 2017 questions asked about the qualifications of newly recruited disability support workers.

How many new recruits are formally qualified?

Providers reported that approximately one in five new recruits had a disability-related qualification (Certificate III and above). Among 3,246 newly recruited disability support workers, around 660 people had a disability-related qualification.

This appeared to be at least in part a matter of employer policy. In a sizable portion of workforces all new recruits had a disability-related qualification (24%). On the other hand, an equally substantial portion (20%) did not recruit any new workers with formal qualifications. See Table 1.

Table 1: *Disability workforces by new recruits with a disability-related qualification*

New workers who had a disability related qualification	Disability workforces (%)
All new recruits	24
75% - 99% of new recruits	4
50% - 74% of new recruits	18
25% - 49% of new recruits	18
1% - 24% of new recruits	15
No new recruits	20

Small organisations[9] were more likely to recruit people with a disability-related certificate qualification. A third of workforces in small organisations (33%) had all new recruits with a disability-related qualification, while only 14 per cent of medium to large organisations and none of the large organisations had this level of formally qualified new recruits.[10]

How states vary in the level of qualified new recruits

Most states and territories are in line with the national average, 21%. Victoria has the highest level of formally qualified workers (30%), while Queensland has the lowest (15%).

Table 2: *Newly recruited workers with a disability-related qualification, by state and territory*

State or territory	Formally qualified new workers (%)
Victoria	30
Northern Territory	24
NSW/ACT	23
South Australia	22
Tasmania	21
Western Australia	20
Queensland	15
Multi-state	14
Total	**21**

Spotlight Topic 2: Recruitment difficulty

The same three recruitment difficulty questions were asked as Spotlight Topics in the March 2017 and March 2018 quarters. Over 90 per cent of users who entered data on their disability support workforce also responded to these questions. In 2018 there were 176 valid responses.

Level of recruitment activity

Nearly fourth-fifths of organisations (79 per cent) indicated that they advertised to fill at least one disability support worker position in the March 2018 quarter, a little higher than 12 months before (76 per cent).

9 Small organisations are those with less than 50 disability support workers. Medium organisations are those with 50 to 199 disability support workers. Large organisations are those with more than 200 disability support workers.

10 The figures for large organisations need to be used with caution. Only 6 workforces from large organisations provided data on this question. The numbers of workforces in small, small-to medium, medium to large organisations which provided data are 42, 46 and 43 respectively.

Organisations in every state except NSW had become more active in recruitment in the March 2018 quarter. In 2017, NSW was the most active state in recruiting direct support workers (88% of organisations advertised to recruit in the March 2017 quarter). However, NSW was the least active state in the March 2018 quarter (71% of organisations advertised to recruit). Not surprisingly, multi-state organisations were most active in recruitment, with almost all organisations advertising to fill a position (94%).

Table 3: *Recruiting organisations, by state, March 2018 & 2017 quarters*

State	Yes, we recruited to fill DSW roles (%)		Number of organisations responding	
	March 18	March 17	March 18	March 17
Multi-state	94	75	16	12
South Australia	89	75	18	20
Western Australia	86	82	29	33
Queensland	82	70	28	33
Victoria	74	68	35	44
New South Wales	71	88	35	33
Other states & territories	N/A	N/A	15	17
Total	**79**	**76**	**176**	**192**

Were employers successful in filling their vacancies?

Seven out of ten organisations (70 per cent) were able to fill all disability support positions advertised in the March 2018 quarter. Recruitment has become a little easier than a year before when 65 percent of organisations were able to fill all advertised positions.

The level of difficulty varied across the states. For example, Western Australia, which had the lowest rate of filled vacancies (56%) in the March 2017 quarter, became the state with the highest rate (75%) this quarter. Queensland, alternatively, had the highest rate (79%) in the March 2017 quarter but dropped to below the national average (67%) in 2018. South Australia had the lowest rate of filled vacancies in the March 2018 quarter, with only 53% of organisations saying they had filled all advertised positions.

A handful of organisations (3.6%) indicated that direct support worker positions are advertised all year around and that they have no recruitment limit, rather taking all suitable candidates.

Table 4: Organisations with advertised positions filled/unfilled, March 2018 and 2017 quarters, by state (%)

State	Filled (%)		Unfilled (%)		n	
	March 18	March 17	March 18	March 17	March 18	March 17
Multi-state	80	N/A	20	N/A	10	N/A
Western Australia	75	56	25	44	24	25
Victoria	73	62	27	38	26	29
Queensland	67	79	33	21	21	19
New South Wales	65	67	35	33	23	27
South Australia	53	64	47	36	15	14
Other states & territories	N/A	N/A	N/A	N/A	9	19
Total	**70**	**65**	**30**	**35**	**128**	**133**

Note: n is the number of organisations in the sample. A small proportion (7 per cent) of users did not answer whether or not their advertised positions were filled.

The ratio of filled positions to unfilled vacancies in the March 2018 quarter was 12.3. This was higher than March 2017 quarter (11.4), consistent with earlier results, suggesting organisations are now more able to fill their advertised positions than a year ago. Since there has not been a significant change in unemployment or underemployment rates, this result may reflect improved recruitment techniques learned through experience.

Reasons for unfilled vacancies

The reasons given for unfilled vacancies are similar in the March 2018 and the March 2017 quarters:

- the lack of suitable or qualified candidates was the most cited reason (43%), followed by
- candidates being unable or unwilling to meet specific job requirements (29%)
- geographical factors (13%)
- poor employment conditions and/or job prospects (9%).

Similar to the results a year ago, a number of responses advised that the advertised roles required one or more of the following:

- specific job skills or experiences (e.g. behaviour support for clients with complex needs)
- personality or demographic characteristics that match customer preferences
- ability to work flexible hours in order to fit shifts that align with client needs.

Some organisations (13% in 2017 and 9% in 2018) mentioned poor employment conditions, especially the lack of permanent full-time roles, short working hours and low rates of pay as possible reasons for unfilled vacancies.

__Table 5:__ Reasons positions were unfilled at the end of the recruitment round

Reason given	%		n	
	March 18	March 17	March 18	March 17
Lack of suitable/qualified candidates	43	29	24	20
Candidates unable/unwilling to meet job requirements	29	22	16	15
Geographical factors	13	13	7	9
Poor employment conditions and/or job prospects	9	13	5	9
Organisational factors	2	9	1	6
Limited labour supply for the expanding vacancies	2	7	1	5
Seasonal factors	0	3	0	2
Total (including other)	**100**	**100**	**57**	**69**

Notes: n is the number of times the reason was cited. This was an open-ended question so a respondent could mention more than one factor.

It is important to note that the success rate of filled vacancies is only one way of measuring recruitment difficulty. Indeed, a number of organisations remarked that even though they were successful in filling all advertised positions, they did so reluctantly by recruiting unqualified staff just to meet the growing demand. In other words, there are 'hidden recruitment difficulties' not picked up through this data.

Recruiting allied health professionals

Twenty five out of 26 organisations which entered data on allied health professionals responded to the Spotlight Topics on recruitment difficulty (96 per cent). Of these, 20 respondents indicated that they advertised to fill an allied health professional position in the March 2018 quarter (80%). This was more than in the March 2017 quarter, when only 62 per cent of organisations did so.

While more organisations advertised, a smaller proportion of them were successful in filling all the vacancies. Only eight out of eighteen organisations (44%) were able to fill all advertised positions, compared to 64% in the March 2017 quarter.

An estimated 27 allied health professional positions were unfilled (from 9 organisations reporting unfilled vacancies) in the March 2018 quarter, while 88 permanent and casual allied health positions were filled. In the March 2017, an estimated 10 positions were unfilled (from 4 organisations reporting unfilled vacancies), while 64 permanent and casual positions were filled. Note the sample size of allied health workforces is small in both quarters, hence, a direct comparison on the number of filled and unfilled positions between these the quarters is not recommended.

Some of the challenges in recruiting allied health professionals are similar to those faced by organisations recruiting disability support workers. They include the lack of suitable/qualified candidates, poor pay and rural and

remote locations. A number of responses mentioned that the salary they can offer is unattractive when compared with the private sector or the adjacent aged care sector.

Unlike disability support workers, increasing specificity in job requirements was not mentioned as a problem for organisations employing allied health professionals. A number of organisations did look for allied health professionals with specific professional skills which were an ongoing problem for them to locate.

Summary

The results indicate the difficulty experienced by organisations in the disability sector in employing allied health professionals.

This result echoes the NDS Market Survey 2017, which found that organisations ranked allied health employees as the most difficult group to recruit.[11] Providers reported 'extreme difficulty' in recruiting specific allied health professions, with the following percentages saying this about:

- psychologists (41%)
- physiotherapists (36%)
- occupational therapists (27%)
- speech therapists (25%)

The NDIS rollout and state government divestment of services previously provided by public sector agencies means the disability sector is an industry growing quickly, rich with new jobs. It is not surprising that recruitment is a key focus for most services, with many experimenting with new ways to creatively source and attract workers.

Workforce Wizard Spotlight Topic data highlights the volume of recruitment activity occurring, and the relative success providers are having with front line workers. Attracting allied health professionals to the sector is a different story, despite the fact that the number of registered professionals in Australia has been growing at a healthy rate in recent years.

As disability providers become more used to the NDIS and the pace of change eases, it will be important for them to focus as strongly on techniques to keep workers as to recruit them. Recently turnover rates have been increasing in both the disability support and allied health workforces. The next Australian Disability Workforce Report will address this issue in more depth.

11 NDS State of the Disability Sector 2017, Figure 20, page 49.

Appendix

Sample size, Workforce Wizard users each quarter

***Table A:** Number of organisations (direct support workforce), by state*

	NSW/ACT	NT/SA	QLD	VIC	WA	TAS	**Total**
Sep 15	47	10	16	20	9	8	**110**
Dec 15	39	16	26	21	15	5	**122**
Mar 16	47	14	28	26	24	5	**144**
Jun 16	52	22	35	30	16	10	**165**
Sep 16	49	23	37	38	21	7	**175**
Dec 16	40	26	36	38	28	10	**178**
Mar 17	34	26	34	46	31	8	**179**
Jun 17	37	30	32	41	33	11	**184**
Sep 17	33	23	29	40	29	9	**163**
Dec 17	37	25	35	39	29	8	**173**
Mar 18	43	24	28	41	32	8	**176**

***Table B:** Number of organisations (allied health workforce)*

	Australia
Sep 15	10
Dec 15	9
Mar 16	11
Jun 16	9
Sep 16	10
Dec 16	10
Mar 17	11
Jun 17	14
Sep 17	8
Dec 17	8
Mar 18	11

National Disability Services

NDIS Price Guide 2019-20

Valid from: 1 October 2019

(Version 1.3 – Publication Date: 1/10/2019)

Delivered by the National Disability Insurance Agency

Copyright Notice

© National Disability Insurance Agency 2019

With the exception of any material protected by a trademark, and when otherwise noted, this work is licensed under a Creative Commons Attribution 4.0 International licence CC BY 4.0 (https://creativecommons.org/licenses/by/4.0/).

The details of the relevant licence conditions are available on the Creative Commons website (accessible using the link provided) as is the full legal code for the CC BY 4.0 International licence.

Content from this work should be attributed as the National Disability Insurance Agency.

Version Control

The NDIS Price Guide is subject to change. The latest version of the NDIS Price Guide is available on the NDIS website.

Version	Page.	Details of Amendment	Date
1.0			25 June 2019
1.1	6	• Text added to clarify the link between the Price Guide and the Support Catalogue	28 June 2019
	12	• Text added to clarify that non-registered providers are not eligible for the TTP.	
	13	• Text added to better distinguish between Core travel and Capacity Building travel • Added 4 examples of the application of the travel rules	
	18	• Text added to clarify that "no shows" are treated as short notice cancellations. • Added an example of the application of the cancellation rules;	
	29	• Price limits in the Support Catalogue for group-based supports have been substantially revised. • Text added to clarify that providers of group-based supports are not permitted to bill for non-face-to-face services as the hourly price limits for these supports include an allowance for non-face-to-face services.	
	39	• Further text added on Employment Related Assessment and Counselling supports.	
	39	• Further text added on Workplace Assistance supports.	
1.2	10	• Update reference and link to the MMM website.	23 Sep 2019
	11	• Added definition and list of isolated towns that were reclassified as Remote locations	
	15	• Inclusion of Participant Transport examples for claiming purposes.	
	20	• Included information on Disability Related Health Supports	
	25	• Content update for Supported Independent Living (SIL) providers using the latest SIL Tool template.	
	46	• Content updates for Early Childhood Early Intervention (ECEI).	
	47	• Included information on nursing support items	
1.3	23	• Terminology change from Weekday Evening to Weekday Afternoon.	1 Oct 2019
	38	• Clarification on claim types applicable to these supports.	

Contents

SCOPE OF THE NDIS PRICE GUIDE 5

Application of this Price Guide 6

SUPPORT PURPOSES, CATEGORIES AND LINE ITEMS 7

Support Purpose Types 7

Support Categories aligned to the NDIS Outcomes Framework 7

Support items 8

Units of Measure 8

CLAIMING SUPPORTS AND SERVICES 9

Service Agreements 9

Service Bookings 9

SPECIAL NDIS PRICING ARRANGEMENTS 10

Regional, Remote and Very Remote Areas 10

Isolated Towns *11*

Temporary Transformation Payment (TTP) 12

Billing for non-direct services 13

Provider Travel *13*

Participant Transport *15*

Cancellations *18*

NDIA Reporting *19*

Non-Face-to-Face Supports *19*

Disability-Related Health Supports 20

Other Payment Considerations 21

Medicare and insurance *21*

Prepayments *21*

Co-Payments for Capital items, including assistive technology *21*

Goods and Services Tax (GST) *22*

Other fees (Commissions and exit fees) *22*

CORE – ASSISTANCE WITH DAILY LIFE (INCLUDES SUPPORTED INDEPENDENT LIVING) 23

Daily Personal Activities, including High Intensity Daily Personal Activities 23

Time of day *23*

Day of week *23*

High intensity supports *23*

Other matters *24*

Assistance with household tasks 25

Preparation and delivery of meals 25

Assistance in Shared Living Arrangements – Supported Independent Living 25

Short Term Accommodation and Assistance 26

CORE - TRANSPORT 27

Accompanying participants for community access 27

Contribution towards costs of transport itself 27

CORE - CONSUMABLES 28

CORE - ASSISTANCE WITH SOCIAL AND COMMUNITY PARTICIPATION **29**
COMMUNITY AND SOCIAL ACTIVITY COSTS 29
GROUP BASED SUPPORTS 29
CAPITAL – ASSISTIVE TECHNOLOGY **31**
VEHICLE MODIFICATIONS 31
CAPITAL – HOME MODIFICATIONS AND SPECIALIST DISABILITY ACCOMMODATION **32**
HOME MODIFICATIONS 32
SPECIALIST DISABILITY ACCOMMODATION (SDA) 32
SDA person specific adjustments 33
CAPACITY BUILDING - SUPPORT COORDINATION **34**
LEVEL 1: SUPPORT CONNECTION 34
LEVEL 2: COORDINATION OF SUPPORTS 34
LEVEL 3: SPECIALIST SUPPORT COORDINATION 35
CAPACITY BUILDING AND TRAINING IN PLAN AND FINANCIAL MANAGEMENT BY A SUPPORT COORDINATOR 36
CAPACITY BUILDING - IMPROVED LIVING ARRANGEMENTS **37**
CAPACITY BUILDING - INCREASED SOCIAL AND COMMUNITY PARTICIPATION **38**
SKILLS DEVELOPMENT AND TRAINING 38
INNOVATIVE COMMUNITY PARTICIPATION 38
COMMUNITY PARTICIPATION ACTIVITIES 38
CAPACITY BUILDING - FINDING AND KEEPING A JOB **39**
EMPLOYMENT RELATED ASSESSMENT AND COUNSELLING 39
WORKPLACE ASSISTANCE 39
SCHOOL LEAVER EMPLOYMENT SUPPORTS (SLES) 39
CAPACITY BUILDING - IMPROVED RELATIONSHIPS **41**
CAPACITY BUILDING - IMPROVED HEALTH AND WELLBEING **42**
PHYSICAL WELLBEING ACTIVITIES 42
DIETETICS 42
CAPACITY BUILDING - IMPROVED LEARNING **43**
CAPACITY BUILDING - IMPROVED LIFE CHOICES **44**
PLAN MANAGEMENT – FINANCIAL ADMINISTRATION 44
CAPACITY BUILDING AND TRAINING IN PLAN AND FINANCIAL MANAGEMENT BY A PLAN MANAGER 44
CAPACITY BUILDING - IMPROVED DAILY LIVING **45**
THERAPY SUPPORTS (OVER 7 YEARS) 45
Massage Therapy (over 7 years) 45
Maintenance Therapy (over 7 years) 45
Group Supports for Therapy (over 7 years) 46
EARLY CHILDHOOD INTERVENTION SUPPORTS (UNDER 7 YEARS) 46
MULTIDISCIPLINARY TEAM INTERVENTION (OVER 7 YEARS) 47
DELIVERY OF HEALTH SUPPORTS BY A NURSE 47
Definitions 47

Scope of the NDIS Price Guide

Where possible, the National Disability Insurance Agency (NDIA) utilises market mechanisms to deliver the level of supply required by the he National Disability Insurance Scheme (NDIS) to meet participant demand and deliver the correct mix of goods/services, produced at market clearing (efficient) prices. However, in underdeveloped or non-existent markets, reliance on a deregulated market mechanism may not meet participant demands; may not deliver adequate supply; may not deliver the correct mix of disability supports and may not produce efficient prices. To address these issues, the NDIA has a role, as market steward, to create an efficient and sustainable marketplace through a diverse and competitive range of suppliers who are able to meet the needs of a consumer driven market.

As part of its market stewardship role, the NDIA imposes price controls on some supports by limiting the prices that registered providers can charge for those supports and by specifying the circumstances in which registered providers can charge participants for supports. Price controls are in place to ensure that participants receive value for money in the supports that they receive. In the short to medium term, price controls are required for some disability supports because the markets for disability goods and services is not yet fully developed. The longer-term goal of the NDIA is to remove regulatory mechanisms from the markets for disability supports.

This Price Guide is a summary of NDIS price limits and the associated pricing arrangements that will apply from 1 July 2019 as set by the NDIA. It is designed to assist participants and disability support providers, both current and prospective, to understand the way that price controls for supports and services work in the NDIS. The price limits within this Price Guide are the maximum prices that Registered Providers can charge NDIS participants for specific supports. There is no requirement for providers to charge at the maximum price for a given support or service. Participants and providers are free to negotiate lower prices.

Currently, the NDIA varies its approach to the regulation of prices, depending on market conditions, between:

- **No regulation** (deregulated markets): this is typically used in cases where markets are highly competitive – for example, transport.
- **The imposition of price limits**: these represent a maximum allowable price payable by participants for types of supports. This approach is used in a significant number of markets, which are still developing and growing, such as those for attendant care.
- **Quotable supports**: in which participants are expected to obtain quotations from suppliers to provide to the NDIA, which will verify that the prices are fair and reasonable. This approach is typically used in the case of highly specialised, differentiated supports that may not have a high level of competition – for example, assistive technology. They are also used in cases, such as supported independent living, where a bundle of supports is being purchased.

This Price Guide is principally concerned with the rules that apply to NDIS supports that are subject to price limits.

A comprehensive list of all NDIS supports ("the Support Catalogue") is at https://www.ndis.gov.au/providers/price-guides-and-information.

The Support Catalogue:

- **includes item descriptors to assist providers to claim payments using a "best-fit" approach, and to assist participants in engaging and negotiating with service providers; and**
- **lists the price limits of those support items that are subject to price limits.**

In general, support items subject to price controls have a single national price limit. However, some Capacity Building supports have two price limits: one for New South Wales, Victoria, Queensland and the Australian Capital Territory; and a different price limit for South Australia, Western Australia, Tasmania and the Northern Territory.

The NDIA publishes separate price guides for:

- Assistive Technology at https://www.ndis.gov.au/providers/essentials-providers-working-ndia/providing-assistive-technologies-and-home-modifications
- Specialist Disability Accommodation at https://www.ndis.gov.au/providers/essentials-providers-working-ndia/specialist-disability-accommodation

Application of this Price Guide

The price limits and other arrangements in this Guide must be followed when supports are delivered to NDIS participants who have either an agency-managed plan or a plan manager.

A provider of supports to a participant with an agency-managed plan (or of a support that is agency managed):

- must be a registered provider with the NDIS;
- must declare relevant prices to participants before delivering a service, including any notice periods or cancellation terms;
- must adhere to the arrangements in the Price Guide, including ensuring that their prices do not exceed the price limits prescribed in the Pricing Guide

Plan managers can purchase supports on behalf of participants from either registered or unregistered providers, but they are registered providers themselves, and therefore responsible for ensuring that prices paid for supports on behalf of their participants adhere to the arrangements in the Price Guide, including price limits.

Self-managing participants can use registered or unregistered providers and are not subject to the pricing arrangements in the Price Guide.

In addition, all registered providers, regardless of whether funding for the support is managed by the participant, by a registered provider, or by the NDIA, must not add any other charge to the cost of the supports they provide, including credit card surcharges, or any additional fees including any 'gap' fees, late payment fees or cancellation fees.

Support Purposes, Categories and Line Items

This section describes the way that the NDIS categorises disability supports. These categories can be relevant to rules for participants about how they can spend their support budgets, and for providers when seeking payment for delivered supports.

Support Purpose Types

NDIS participant budgets can be allocated to three separate types of support purpose:

1. CORE – Supports that enable participants to complete activities of daily living. Participant budgets often have a lot of flexibility to choose specific supports with their core support budgets, but cannot reallocate this funding for other support purposes (i.e. capital or capacity building supports).
2. CAPITAL – Investments, such as assistive technologies - equipment, home or vehicle modifications, or for Specialist Disability Accommodation (SDA). Participant budgets for this support purpose are restricted to specific items identified in the participant's plan.
3. CAPACITY BUILDING - Supports that enable a participant to build their independence and skills.

Support Categories aligned to the NDIS Outcomes Framework

Participant budgets are allocated at a support category level and must be used to achieve the goals set out in the participant's plan.

Support categories are aligned with the NDIS Outcomes Framework, which has been developed to measure goal attainment for individual participants and overall performance of the Scheme. There are eight outcome domains in the Framework, which help participants think about goals in different areas of their life and assist planners explore where supports in these areas already exist and where further supports are required. These domains are:

1. Daily Living	5. Work
2. Home	6. Social and Community Participation
3. Health and Wellbeing	7. Relationships
4. Lifelong Learning	8. Choice and Control

NDIS service providers should be aware that all supports and services for NDIS participants must contribute to the achievement of their individual goals as outlined in the participant's plan. Support purpose categories are designed to align with the Outcomes Framework and the 15 support categories (listed below). This helps participants choose supports that help them achieve their goals, and providers to understand how the supports they provide contribute to the participant's goals. The following table shows the links between support purpose types, domains in the Outcomes Framework and support categories.

SUPPORT PURPOSE	OUTCOME DOMAINS in FRAMEWORK	SUPPORT CATEGORY
CORE	Daily Living Daily Living Daily Living Social & Community Participation	Assistance with Daily Life Transport Consumables Assistance with Social & Community Participation
CAPITAL	Daily Living Home	Assistive Technology Home Modifications and Specialised Disability Accommodation (SDA)
CAPACITY BUILDING	Choice & Control Home Social and Community Participation Work Relationships Health & Wellbeing Lifelong Learning Choice and Control Daily Living	Support Coordination Improved Living Arrangements Increased Social and Community Participation Finding and Keeping a Job Improved Relationships Improved Health and Wellbeing Improved Learning Improved Life Choices Improved Daily Living Skills

Support items

Each support category has many specific supports and services that are recognised in the NDIS payment system. These are referred to as 'support items' and are, in most cases, not prescribed in participant plans.

Providers should claim payments against a support item that most closely aligns to the service they have delivered.

Each support item has a unique reference number, according to the following structure:

For example:

01_013_0107_1_1 - Assistance with Self-Care Activities - Standard - Saturday

Support Category	Sequence Number	Registration Group	Outcome Domain	Support Purpose
01	013	0107	1	1

Units of Measure

The NDIS payment system includes units of measure to suit each support item as follows:

• Each	• Hour	• Daily
• Week	• Month	• Annual

Claiming supports and services

Registered Providers can make a claim for payment for a support once that support has been delivered or provided. Where price limits apply, prices charged to participants must not exceed the price limit prescribed for that support in this Guide. Providers cannot add any other charges to the cost of the support, including credit card surcharges, or any additional fees including any 'gap' fees, late payment fees or cancellation fees unless otherwise stated in this Price Guide.

When claiming, it is the responsibility of the provider to ensure that the claim accurately reflects the supports delivered, including the frequency and volume of supports. Falsifying claims for any aspect of supports delivered is a serious compliance issue and may result in action against the provider. Providers are also required to keep accurate records of claims, which are subject to audit at any time.

Providers should claim payments against a support item that most closely aligns to the service they have delivered.

Service Agreements

A Service Agreement is a formal agreement between a participant and provider. They help to ensure there is a shared understanding of:

- expectations of what supports will be delivered and how they will be delivered; and
- the respective responsibilities and obligations of the provider and the participant and how to resolve any problems that may arise.

Service Bookings

Service bookings are used to set aside funding for an NDIS registered provider for a support or service they will deliver. Each service booking sets out the specific supports or support domains agreed to be provided and the length of time that agreement is applicable within the current participant plan dates. Service bookings are not the same as 'service agreements', which set out the terms and conditions negotiated with the participant.

The Agency recommends that service bookings should be created at the category level, where possible. This allows providers and participants to negotiate or access supports on a more flexible basis, especially for on-the-spot assessments or less predictable support needs. This is preferable to having to edit existing service bookings or create another service booking for that item at a later date or have funds locked into a support item that may not eventuate, which restricts funding for alternate services. **A provider must have a service booking in place to make a payment claim in the Portal.**

See the 'NDIS Myplace Provider Portal Step-by-step guide' on the Provider Toolkit for further information.

Special NDIS Pricing Arrangements

Regional, Remote and Very Remote Areas

The NDIA uses the Modified Monash Model (MMM) to determine regional, remote and very remote areas using a scale based on population size and locality (see Table below).

Description	Zones	MMM	Inclusion
Metropolitan	MMM 1-3	1	All areas categorised as Major Cities of Australia.
Regional Centres		2	Areas categorised as Inner Regional Australia or Outer Regional Australia that are in, or within 20km road distance, of a town with population >50,000.
		3	Areas categorised as Inner Regional Australia or Outer Regional Australia that are not in MM 2 and are in, or within 15km road distance, of a town with population between 15,000 and 50,000.
Regional Areas	MMM 4-5	4	Areas categorised as Inner Regional Australia or Outer Regional Australia that are not in MM 2 or MM 3, and are in, or within 10km road distance, of a town with population between 5,000 and 15,000.
		5	All other areas in Inner Regional Australia or Outer Regional Australia.
Remote	MMM 6	6	All areas categorised Remote Australia that are not on a populated island that is separated from the mainland and is more than 5km offshore.
Very Remote	MMM 7	7	All other areas – that being Very Remote Australia and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.

Providers and participants can determine the MMM rating of a location using the Health Workforce Locator tool on the Department of Health's website.[1] NDIS geographic locations are based on the 2015 MMM (not the 2019 MMM).

In general, price limits are 40% higher in remote areas and 50% higher in very remote areas. There is no additional loading applied for supports in Metropolitan areas, regional centres or regional areas.

Providers should refer to support price limits based on where the support is delivered, which is not necessarily where the participant lives. For example, if a participant living in a Remote location visits a therapist in their capital city, the therapist should not attempt to claim a price that is higher than the price limit for the support in that city. On the other hand, if the therapist was to visit the participant in their local area to deliver the support, then the therapist could claim a price that is within the limit set by the 'Remote' Price Guide.

If local providers are not available, the NDIA may enter into arrangements (and at times contracts) with specific providers for provision of services to more remote regions. The contract with a service provider will specify the cost of travel and any other associated expenses in these areas.

[1] https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator#hwc-map

Isolated Towns

From 1 August 2019, the NDIA has amended its geographic arrangements so that areas classified as 'regional' that are completely surrounded by 'remote' or 'very remote' areas are classified as 'remote' for planning and pricing purposes.

Postcode	Location Name	State	MMM Rating	Reclassified MMM Rating
2711	Hay	NSW	5	6
2715	Balranald	NSW	5	6
2880	Broken Hill	NSW	3	6
4455	Roma	QLD	4	6
4455	Blythdale	QLD	5	6
4455	Euthulla	QLD	5	6
4455	Orange Hill	QLD	5	6
4717	Blackwater	QLD	5	6
4720	Emerald	QLD	4	6
4741	Coppabella	QLD	5	6
4744	Moranbah	QLD	4	6
4745	Dysart	QLD	5	6
4820	Queenton	QLD	4	6
4820	Charters Towners	QLD	4	6
4820	Alabama Hill	QLD	4	6
4820	Breddan	QLD	4	6
4820	Broughton	QLD	4	6
4820	Grand Secret	QLD	4	6
4820	Millchester	QLD	4	6
4820	Mosman Park	QLD	4	6
4820	Richmond Hill	QLD	4	6
4820	Southern Cross	QLD	4	6
4820	Toll	QLD	4	6
4820	Towers Hill	QLD	4	6
6430	Kalgoorlie	WA	3	6
6430	Broadwood	WA	3	6
6430	Hannans	WA	3	6
6430	Karlkurla	WA	3	6
6430	Lamington	WA	3	6
6430	Mullingar	WA	3	6
6430	Piccadilly	WA	3	6
6430	Somerville	WA	3	6
6430	South Kalgoorlie	WA	3	6
6430	West Kalgoorlie	WA	3	6
6430	West Lamington	WA	3	6
6430	Williamstown	WA	3	6
6442	Kambalda West	WA	5	6
6442	Kambalda East	WA	5	6

Temporary Transformation Payment (TTP)

Providers of attendant care and community participation supports who meet the eligibility criteria set out below will have access to a higher price limit through a Temporary Transformation Payment (TTP). This conditional loading will assist providers to continue transforming their businesses in the move towards a more competitive marketplace. This replaces the Temporary Support for Overheads. In order to access the higher TTP price limits, providers will have to:

- publish their service prices;
- list their business contact details in the Provider Finder and ensure those details are kept up-to-date; and
- participate annually in an Agency-approved market benchmarking survey.

TTP Providers will have to until 31 December 2019 to meet these requirements, and to include in their contractual arrangements with their participants that they are entitled to use the TTP support items (and price limits) because they are compliant with the TTP terms.

That is, in the first year, providers can commence making claims using the TTP items from 1 July 2019, and will have until 31 December 2019 to meet the three compliance requirements. In later years, providers will need to be compliant by the start of the financial year, noting that the Benchmarking Requirement is met up until 31 December of any year by the provider's intention to take part in the next Benchmarking Survey, and after that date by actual participation in the most recent Benchmarking Survey.

Providers who become non-compliant during a financial year should not claim for TTP items while they are non-compliant.

Every support item in scope of the TTP has two support items and two price limits. The non-TTP items should be used by providers who are not compliant with the TTP conditions. The TTP items should be used by providers who are compliant with the TTP conditions, an example is given in the following Table.

01_011_0107_1_1	Assistance With Self-Care Activities - Standard - Weekday Daytime
01_011_0107_1_1_T	Assistance With Self-Care Activities - Standard - Weekday Daytime - TTP

There will be no formal registration process for TTP providers. Providers indicate that they intend to fulfil the TTP conditions by making a claim for a TTP support item through the payment system. They will be required to acknowledge compliance to the Price Guide terms, including the TTP terms if applicable, when submitting a payment request through the Myplace Provider Portal. By claiming TTP items through the NDIA payment system, or from a plan manager, providers are warranting that they have complied with the TTP conditions, or intend to comply with the TTP conditions by the relevant time.

Plan managers will not be responsible for ensuring providers are TTP compliant. They can accept the claim for a TTP support item by a registered provider as proof of TTP compliance. However, non-registered providers are not eligible for the TTP and plan managers should not use TTP line items to claim for services delivered by non-registered providers.

Claims for the new TTP support items can be made against existing service bookings that were made at the support category level.

Billing for non-direct services

Provider Travel

Providers can only claim travel costs from a participant in respect of the delivery of a support item if:

- the Support Catalogue indicates that providers can claim for Provider Travel in respect of that support item;
- the provider has the agreement of the participant in advance (i.e. the service agreement between the participant and provider should specify the travel costs that can be claimed); and
- the provider is required to pay the worker delivering the support for the time they spent travelling as a result of the agreement under which the worker is employed; or the provider is a sole trader and is travelling from their usual place of work to or from the participant, or between participants.

Where a provider claims for travel time in respect of a support then the maximum amount of travel time that they can claim for the time spent travelling to each participant (for each eligible worker) is 30 minutes in MMM1-3 areas and 60 minutes in MMM4-5 areas. (Note the relevant MMM classification is the classification of the area where the support is delivered.)

In addition to the above travel, capacity-building providers who are permitted to claim for provider travel can also claim for the time spent travelling from the last participant to their usual place of work. The maximum amount of travel time that they can claim for the time spent on return travel (for each eligible worker) is 30 minutes in MMM1-3 areas and 60 minutes in MMM4-5 areas. (Note the relevant MMM classification is the classification of the area where the support is delivered.)

Where a worker is travelling to provide services to more than one participant in a 'region' then the provider can apportion that travel time (including the return journey where applicable) between the participants, with the agreement of each participant in advance.

Claims for travel in respect of a support must be made separately to the claim for the primary support (the support for which the travel is necessary) using the same line item as the primary support and the "Provider Travel" option in the Myplace portal. When claiming for travel in respect of a support, a provider should use the same hourly rate as they have agreed with the participant for the primary support (or a lower hourly rate for the travel if that is what they have agreed with the participant) in calculating the claimable travel cost.

Remote and very remote travel

In remote areas, capacity-building providers may enter specific arrangements with participants to cover travel costs, up to the relevant hourly rate for the support item. Providers should assist participants to minimise the travel costs that they need to pay (e.g. co-ordinating appointments with other participants in an area, so that travel costs can be shared between participants).

Provider Travel Example 1 – Core support – Single Participant – MMM 1-3
(In this example, the support is 01_301_0104_1_1, which has a price limit of $58.31 per hour)

A Provider travels for 25 minutes to a participant who is located in zone 3 of the Modified Monash Model. They provide two hours of support to the participant They then spend 25 minutes returning to their usual place of business.

The provider and participant have agreed an hourly rate of $50.00, which is below the price limit for this item. **They have also agreed that the provider can claim for travel time.**

The provider is entitled to apply the 30-minute time-cap against the 25 minutes of travel to the participant. They are not entitled to claim for the time spent travelling back to their usual place of business, even though some of that time is could fit within the 30-minute time-cap. In total, 25 minutes of travel can be claimed.

The provider's claim for this support is in two parts, which should be shown separately on their invoice to the participant and claimed for separately in the system.

- $100.00 for the two hours of support
- $20.83 for the 25 minutes travel to the participant.
  $\left(\frac{25}{60}\right) \times \ \$50\ agreed\ price = \$20.83\ travel\ claim$

Provider Travel Example 2 – Capacity building support – Multiple Participants – MMM 1-3
(In this example, the support is 15_056_0128_1_3, which has a price limit of $193.99 per hour)

A Provider travels for 35 minutes to a participant who is located in zone 3 of the Modified Monash Model. They provide two hours of support to the participant They then spend 25 minutes returning to their usual place of business.

The provider and participant have agreed an hourly rate of $190.00. **They have also agreed that the provider can charge for their travel time.**

The provider is entitled to apply the 30-minute time-cap against the 35 minutes of travel to the participant. They are also entitled to claim for the time spent travelling back to their usual place of business by applying the 30-minute time-cap against the 25 minutes of return travel. In total, 55 minutes of travel can be claimed.

The provider's claim for these supports is in two parts, which should be shown separately on their invoice to the participant and claimed for separately in the system.

- $380.00 for the two hours of support
- $174.17 for the 55 minutes travel to the participant.
  $\left(\frac{55}{60}\right) \times \ \$190\ agreed\ price = \$174.17\ travel\ claim$

Provider Travel Example 3 – Core support – Multiple Participants – MMM 4-5
(In this example, the support is 01_301_0104_1_1, which has a price limit of $58.31 per hour)

A Provider travels for 65 minutes to Participant A who is located in zone 4 of the Modified Monash Model. They then provide two hours of the support to participant A. The provider then travels 25 minutes to Participant B, who is also located in zone 4. They deliver one hour of support to participant B. They then spend 45 minutes returning to their usual place of business.

The provider and participants have agreed an hourly rate of $50.00. **They have also agreed that the provider can charge for their travel time and that the provider can apportion the costs of the travel between the participants.**

The provider is entitled to apply the 2x60 minute time-cap against the 65 minutes of travel to participant A and the 25 minutes of travel to participant B. They are not entitled to claim for the time spent travelling back to their usual place of business, even though some of that time is could fit under the 2x60 minute time-cap. In total, 90 minutes of travel can be claimed.

The provider’s claim for these supports is in two parts for each participant, which should be shown separately on their invoice to the participant and claimed for separately in the system.

Participant A
- $100.00 for the two hours of support to the participant
- $37.50 for the 45 minutes travel to and between participants

Participant B
- $50.00 for the two hours of support to the participant
- $37.50 for the 45 minutes travel to and between participants

Provider Travel Example 4 – Core support – Multiple Participants – MMM 1-3
(In this example, the support is 01_301_0104_1_1, which has a price limit of $58.31 per hour)

A Provider travels for 35 minutes to Participant A who is located in zone 3 of the Modified Monash Model. They then provide two hours of the support to participant A. The provider then travels 10 minutes to Participant B who is also located in zone 3. They deliver one hour of support to participant B. They then spend 25 minutes returning to their usual place of business.

The provider and participants have agreed an hourly rate of $50.00. **They have also agreed that the provider can charge for their travel time. They have not agreed that the provider can apportion the costs of the travel between the participants.**

The provider is entitled to apply the 30-minute time-cap against the 35 minutes of travel to participant A. They are also entitled to apply the 30-minute time-cap against the 10 minutes of travel to participant B. They are not entitled to claim for the time spent travelling back to their usual place of business, even though some of that time is could fit under the 30-minute time-cap. In total, 40 minutes of travel can be claimed.

The provider’s claim for these supports is in two parts for each participant, which should be shown separately on their invoice to the participant and claimed for separately in the system.

Participant A
- $100.00 for the two hours of support to the participant
- $25.00 for the 30 minutes travel to the participant

Participant B
- $50.00 for the two hours of support to the participant
- $8.33 for the 10 minutes travel to the participant

Participant Transport

Participant transport as part of a community participation support

Providing community participation supports may, at the request of a participant, involve a worker accompanying a participant on a community outing and/or transporting a participant from their home to the community. In these situations, the worker’s time can be claimed at the agreed hourly rate for the relevant support item for the total time the worker provides support to one or more participants, including time spent accompanying and/or transporting the participant. Where a provider is transporting two or more participants on the same trip, the worker’s time should be claimed at the appropriate group rate for the relevant support.

This claim should be made using the relevant community participation support item and against the participant’s core budget. In essence, the participant transport is a part of the community participation activity and should be billed accordingly.

Contribution towards costs of transport itself

If a provider incurs costs, in addition to the cost of a worker's time, when accompanying and/or transporting participants in the community (such as cost of ticket for public transport, road tolls, parking fees and the running costs of the vehicle), they may negotiate with the participant for them to make a reasonable contribution towards these costs.

A participant's support budget may include funding for transport, and this funding can be used for these types of contributions, which should be clearly specified in the service agreement. If the participant's support budget does not include funding for transport, then these costs should not be met from the participant's plan, but can be charged as an out of pocket expense to the participant.

Participant Transport Example 1:

- the support being delivered is 04_104_0125_6_1 with a price limit of $52.85 per hour
- the participant receives a **fortnightly instalment/periodic payment** towards transport costs.*

A Provider is delivering Assistance with Social and Community Participation services and is required to transport a participant from their home to a local swimming pool and back again, as part of that service.

The transport by taxi takes 25 minutes to arrive at the swimming pool, including the time to assist the participant to and from the vehicle and getting them set up to participate in the activity. They then provide 40 minutes of support to that participant. Afterwards, they spend 20 minutes returning the participant to their home by taxi.

The provider and participant have agreed an hourly rate of $50.00, which is below the price limit for this item. This amount also applies to the **support worker's time when transporting participants**.

The provider's claim for the **support worker's time** will be claimed in the portal as:

- 40 minutes of direct service at the agreed price of $50.00 per hour – that is, $30.00 against line item 04_104_0125_6_1; and
- 45 minutes of transport time at the agreed price of $50.00 per hour – that is, $37.50 against line item 04_104_0125_6_1.

In addition, the participant pays for the taxi fares as an out-of-pocket expense in accordance with **the Service Agreement in place with the provider**—participants can use their fortnightly instalment/periodic payment or their own funds to pay the taxi fare directly or to reimburse the provider for the cost of the taxi fare.

*While a fortnightly instalment/periodic payment is displayed as transport in the participant's Core Support budget, providers cannot claim against this item because it is paid in fortnightly/periodic instalments to the participant.

Participant Transport Example 2:

- the support being delivered is 04_104_0125_6_1, which has a price limit of $52.85 per hour
- the participant has a **budget** allocated under **Transport as a core support** in their plan and is not receiving a fortnightly instalment/periodic payment.

A Provider is delivering Assistance with Social and Community Participation services and is required to transport a participant from their home to the shops and back again, as part of that service.

The transportation involves the provider's time to accompany the participant and the non-labour transportation costs associated with using the provider's/support worker's car, which takes a total of 40 minutes. The service delivery (time spent at the shops) takes 60 minutes.

The provider and participant have agreed on using the price limit, when claiming for the **support worker's time**. The participant has a **transport budget** and has agreed for the provider to claim for **the non-labour transport costs**, which in this case are the support worker's car park fee ($5) and vehicle running costs at a rate as agreed with the participant of $0.78* a kilometre (20 km) against support line 02_051_0108_1_1.

The provider's claim for the **support worker's time** will be shown separately to the **claim for the agreed non-labour transport costs** on the payment claim in the portal:

- 60 minutes of direct service at $52.85 per hour – that is, $52.85 against line item 04_104_0125_6_1;
- 40 minutes of transport time at $52.85 per hour – that is, $35.23 against line item 04_104_0125_6_1; and
- The non-labour transport costs for the provider's car park fee and vehicle running costs of $20.60 against line item 02_051_0108_1_1.

*This is an example only and an agreed rate is negotiated between the provider and participant in the Service Agreement.

If the participant receives a **fortnightly instalment/periodic payment** towards transport costs rather than having a **budget** allocated under **Transport as a core support** in their plan, then they would pay for the non-labour transport costs as an out-of-pocket expense in accordance with **the Service Agreement in place with the provider.** Participants can use their fortnightly instalment/periodic payment or their own funds to pay this out-of-pocket expense directly or by reimbursing the provider.

Participant Transport Example 3:

- the support being delivered is 04_104_0125_6_1, which has a price limit of $52.85 per hour
- participant A has a **budget** allocated under **Transport as a core support** in their plan and is not receiving a fortnightly instalment/periodic payment
- participant B shares a house with participant A and receives a **fortnightly instalment/periodic payment** towards transport costs.

A Provider is delivering Assistance with Social and Community Participation services to the two participants and is required to transport them from their home to the library and back again, as part of that service.

The transportation involves the provider's time to accompany the participants and the non-labour transportation costs associated with using the provider's/support worker's car, which takes a total of 40 minutes. The service delivery (time spent at the library) takes 60 minutes.

The provider and participants have agreed on using the price limit, when claiming for the **support worker's time**. Participant A has a **transport budget** and has agreed for the provider to claim for their share of **the total non-labour transport costs**, which in this case includes the support worker's car park fee (total $5) and vehicle running costs at a rate as agreed with the participants of $0.78* a kilometre in total (20 km) against support line 02_051_0108_1_1. Participant B has also agreed to pay their share of the total non-labour transport costs.

The provider's claim for the **support worker's time** will be shown separately to the **claim for the agreed non-labour transport costs** on the payment claim in the portal, and will apportion the costs between the participants:

- 30 minutes of direct service at $52.85 per hour to participant A – that is, $26.42 against line item 04_104_0125_6_1;
- 30 minutes of direct service at $52.85 per hour to participant B – that is, $26.42 against line item 04_104_0125_6_1;
- 20 minutes of transport time at $52.85 per hour to participant A – that is, $17.62 against line item 04_104_0125_6_1;
- 20 minutes of transport time at $52.85 per hour to participant B – that is, $17.62 against line item 04_104_0125_6_1; and
- **Half** the transport costs for the provider's car park fee and vehicle running costs to participant A – that is $10.30 against line item 02_051_0108_1_1.

In addition, Participant B pays the provider for half the transport costs for the provider's car park fee and vehicle running costs ($10.30) as an out-of-pocket expense.

*This is an example only and an agreed rate is negotiated between the provider and participant in the Service Agreement.

Cancellations

Where a provider has a short notice cancellation (or no show) they are able to recover 90% of the fee associated with the activity, subject to the terms of the service agreement with the participant. Providers are only permitted to charge for a short notice cancellation (or no show) if they have not found alternative billable work for the relevant worker and are required to pay the worker for the time that would have been spent providing the support.

A cancellation is a short notice cancellation if the participant:

- does not show up for a scheduled support within a reasonable time, or is not present at the agreed place and within a reasonable time when the provider is travelling to deliver the support; or
- has given less than two (2) clear business days' notice for a support that meets both of the following conditions:
  - the support is less than 8 hours continuous duration; AND
  - the agreed total price for the support is less than $1000; or
- has given less than five (5) clear business days' notice for any other support.

Claims for a short notice cancellation should made using the same support item as would have been used if the support had been delivered, using the "Cancellation" option in the Myplace portal. When making a claim for a cancelled support the provider should claim for the full-agreed price of the support and indicate in the payment system that the claim is for a cancellation. The payment system will reduce the claim to 90% of the full-agreed price.

Cancellation Example 1:
(In this example, the support is 01_301_0104_1_1, which has a price limit of $58.31 per hour)

A one-hour support is scheduled for 10 am on a Tuesday following a Public Holiday Monday.

The provider and participant have agreed an hourly rate of $50.00 and have agreed that the provider can charge for short notice cancellations and no shows.

The participant cancels the support after 10 am on the preceding Thursday and the provider is not able to find alternative billable work for the relevant worker and is required to pay the worker for the time that would have bene spent providing the support.

The provider's claim for this support should be made at the agreed rate for the service and indicate that the support was cancelled at short notice. The system will reduce the claimed amount by 10%.

There is no limit on the number of short notice cancellations (or no shows) that a provider can claim in respect of a participant. However, providers have a duty of care to their participants and if a participant has an unusual number of cancellations then the provider should seek to understand why they are occurring.

The NDIA will monitor claims for cancellations and may contact providers who have a participant with an unusual number of cancellations.

NDIA Reporting

Providers will be expected to provide progress reports to the participant and NDIS at agreed times. A provider may charge for the time taken to write a therapy report (including functional assessment) that is requested by the NDIA, and claim this against the appointment at the hourly rate for the relevant support item. A report requested by the NDIA is considered a report that is required at the commencement of a plan that outlines plan objectives and goals, and at plan review, which measures functional outcomes against the originally stipulated goals. Providers are also expected to make recommendations for ongoing identified needs (informal/community/mainstream and/or funded supports). Providers may charge for any other NDIA-requested therapy report that is stipulated as being required in a participant's plan.

Claims for a NDIS requested reports are made using the relevant support item, using the "NDIA Report" option in the Myplace portal.

Non-Face-to-Face Supports

Non face-to-face activities are billable as a support if:

- the activities are part of delivering a specific disability support item to that participant (rather than a general activity such as enrolment, administration or staff rostering); and
- the provider explains the activities to the participant, including why they represent the best use of the participant's funds (i.e. explains the value of these activities to the participant); and
- the proposed charges for the activities comply with the NDIS Price Guide, and
- the participant agrees to pay for the activities (preferably in a service agreement).

For example, the Assistance with Self Care support items are described as covering activities "Assisting with, and/or supervising, personal tasks of daily life to develop skills of the participant to live as autonomously as possible". Therefore, time spent on non-face to face activities that assist the participant - for example, writing reports for co-workers and other providers about the client's progress with skill development – could be charged against this support item. The costs of training and upskilling staff, and of supervision, are also included in the base price limits for supports and are not considered billable non-face-to-face supports. However, research undertaken by a capacity-building provider specifically linked to the needs of a participant and to the achievement of the participant's goals may be billable as a non-face-to-face support with the participant's prior agreement.

Service agreements with each client can 'pre-authorise' these activities, but providers should only charge a participant for delivering a support item if they have completed activities that are part of the support for that participant. Charging a fee that is not linked to completed activities would not be appropriate.

Time spent on administration, such as the processing of NDIS payment claims for all clients, is outside the description of the support item and should not be claimed from a participant's budget as a non-face-to-face support. The NDIS price limits include an allowance for overheads, so that providers can fully recover the efficient costs, including the costs of administration tasks. Examples of administrative activities that are covered by the overhead component of the primary support price limits and that should not be billed as non-face-to-face supports include:

- Pre-engagement visits
- Developing and agreeing Service Agreements
- Entering or amending participant details into system
- Making participant service time changes
- Staff / participant travel monitoring and adjustment
- Ongoing NDIS plan monitoring
- Completing the Quoting tool
- Making service bookings and payment claims

In working out the cost of non-face-to-face supports, it is not appropriate to charge all participants an average additional fee. The additional fee must be worked out in each case and related specifically to the non-face-to-face supports delivered to the particular participant. This is not to say that the same additional fee might end up being charged to a number of participants, but it must be worked out separately.

Claims for a non-face-to-face supports are made using the relevant support item, using the “Non-face-to-face” option in the Myplace portal.

Disability-Related Health Supports

From 1 October 2019, the NDIS will fund disability-related health supports where these supports directly relate to a participant’s significant and permanent functional impairment and assist them to undertake activities of daily living. These supports are provided individually to participants and can be provided in a range of environments, including, but not limited to, the participant’s own home.

Participants are not permitted to claim for health supports from their plans when those health supports do not relate to their disability and when they do not require health supports on a regular basis. Those health supports will continue to be provided by the health system. Additionally, if a participant’s support needs become acute, that support should be provided in a hospital or another health setting by the relevant state/territory health care system or private health system and not be claimed from the participant’s plan.

The list below provides an indication of the majority of disability-related health supports that may be required by NDIS participants; however, it is not an exhaustive list. Disability-related health supports are expected to assist in areas such as:

- **Dysphagia**: for participants who have trouble eating, drinking or swallowing on a daily basis.
- **Respiratory**: for participants requiring help with their breathing and maintenance of their respiratory health, including any associated care, comfort, planning or supports
- **Nutrition**: for participants requiring help with the way they eat or understanding the food they need.
- **Diabetes**: for participants who have daily problems with how much sugar is in their blood.
- **Continence**: for participants who need daily assistance with toileting (bladder and bowel).
- **Wound & Pressure Care**: for participants who need daily wound and pressure care (resulting from pressure wounds or swollen limbs).
- **Podiatry**: for participants who require help looking after their feet, ankles and lower limbs.

- **Epilepsy**: for participants who need daily help managing the way epilepsy affects the way their brain and nerves work.
- **Botox and Splinting**: It is unlikely Botox and splinting supports will be reasonable and necessary to include in a plan, as these are generally provided in a clinical setting.

Five types of disability-related health supports have been identified in the *NDIS Support Catalogue*:

a) Provision of Disability-Related Health Supports by Disability Support Workers – these supports should be claimed using the standard Daily Personal Activities and High Intensity Daily Personal Activities support items;
b) Assessment, planning and the provision of Disability-Related Health Supports by therapists these supports should be claimed using the standard ECEI and Therapy support items;
c) Assessment, planning and the provision of Disability-Related Health Supports by nurses – these supports should be claimed using the new nursing support items;
d) Consumables related to Disability Related Health Supports – these supports should be claimed using the new Low-Cost or High-Cost Disability Related Health Consumables support line items; and
e) Assistive Technology related to Disability Related Health Supports – these supports should be claimed using the new Disability Related Health Assistive Technology support line items.

Other Payment Considerations

This section outlines various other considerations that may be relevant to participants and providers. These should be reviewed when entering into a new Service Agreement or if there is a significant change in the participant's circumstances.

Medicare and insurance

Some elements of a participant's care may be covered by funds outside the NDIS. These expenses are commonly medical, including those covered by private health insurance or Medicare. These medical expenses are not funded under the NDIS, even if they are related to, or a symptom of the disability. These expenses should be claimed under the relevant health care scheme or insurance policy. Some providers (e.g. therapists) may need to distinguish between the health services and disability supports that they provide to a single client, and make separate payment claims (e.g. claim payments from Medicare for health services, and the NDIS for disability supports).

Prepayments

Registered Providers can make a claim for payment once a service booking has been created and the support has been delivered or provided. Prepayment is not permitted unless the NDIA has given prior approval in writing to the Registered Provider. This will only occur in exceptional circumstances such as for certain assistive technologies, home modifications and remote area servicing where this has been agreed to by the participant.

Co-Payments for Capital items, including assistive technology

Co-Payments by the participant are not required; however, where the participant would like a customisation to a support or assistive technology that is not considered reasonable or necessary, they are required to pay for these themselves. These may include an aesthetic customisation to an assistive technology or modifications to a vehicle that are additional to the assistive components.

Goods and Services Tax (GST)

Many, but not all, NDIA supports provided to NDIS participants are GST-free. Further information about the NDIS and GST can be accessed on the Australian Taxation Office website[2]. Providers should seek independent legal or financial advice if they require assistance with tax law compliance. If GST is applicable to a support, the price limit is inclusive of GST.

Other fees (Commissions and exit fees)

Participants are generally not required to pay exit fees, even when changing provider's part way through a plan. A core principle of the NDIS is choice and control for participants, allowing them to change providers without expense. Further information on establishment fees claimable by the incoming provider can be found below under *Establishment fee for personal care/community access*.

[2] https://www.ato.gov.au/business/gst/in-detail/your-industry/gst-and-health/?page=6#National_Disability_Insurance_Scheme

Core – Assistance with Daily Life (includes Supported Independent Living)

This support category relates to assisting with and/or supervising personal tasks of daily life to enable the participant to live as autonomously as possible. These supports are provided individually to participants and can be provided in a range of environments, including but not limited to, the participant's own home.

Daily Personal Activities, including High Intensity Daily Personal Activities

A hierarchy of price limits applies to this group of supports, based on:

A) the time of day that the support is delivered;

B) the day of week that the support is delivered;

C) whether the support is Standard Intensity or High Intensity;

D) if the support is High Intensity then whether it is a Level 1 (Standard), Level 2 (High Intensity) or Level 3 (Very High Intensity) support; and

E) whether the provider is eligible for the Temporary Transformation Payment.

Time of day

In determining which price limit is applicable to a support, providers should note that a support is considered to be:

- a Daytime Support is it is delivered between 6 am and 8 pm;
- an Afternoon (formerly Evening) Support if it is delivered after 8 pm and before 12 midnight; and
- an Overnight Support is it is delivered between 12 midnight and 6 am.

Day of week

In determining which price limit is applicable to a support, providers should note:

- a weekday is Monday to Friday;
- the extra rates paid for Saturday, Sunday and Public holidays are in substitution for, and not cumulative upon, the shift premiums payable for afternoon and overnight supports; and
- the extra rates for Saturday/Sunday/Public holidays do not increase further when the support finishes after 8pm.

High intensity supports

A support is considered a high intensity support if the participant requires assistance from a support worker with additional qualifications and experience relevant to the participant's complex needs. The high intensity price limits may be considered when:

- frequent (at least 1 instance per shift) assistance is required to manage challenging behaviours that require intensive positive behaviour support; and/or

- continual active support is required due to high medical support needs (such as unstable seizure activity or respiratory support)

In determining which price limit for High Intensity Supports should apply to a given support, the provider should consider the skills and experience of the worker delivering the support. In general, the Level 2 price limit applies to most high intensity supports. However, if the particular instance of support is delivered by a worker who does not have the skills and experience to deliver a high intensity support then the Level 1 price limit should be applied. If the particular instance of the support is delivered by a more highly skilled or experienced worker then the provider can consider applying the Level 3 price cap, with the participant's prior agreement.

Other matters

Provisions for 'shadow shifts'

Shadow shifts may be considered where the participant has complex individual support needs that are best met by introducing a new worker to the participant before it is reasonable that they commence providing the support independently. These are considered where the specific individual support needs include:

- Very limited communication;
- Behaviour support needs; and/or
- Medical needs/procedures such as ventilation or Home Enteral Nutrition (HEN).

Where the individual would require shadow shifts to assist with the introduction of new workers, and this is the desired method by the participant or their family, the provider may claim for up to 6 hours of weekday support per year.

Introducing new workers is not designed to replace formal, recognised training that will be provided by an employer to their workforce, such as Shadowing (or "Buddying") less experienced staff or new staff with experienced workers or informal carers to help build knowledge and social capital (worker retention), which is not claimable under the NDIS.

Establishment fee for personal care/community access

This fee applies to all new NDIS participants in their first plan where they receive at least 20 hours of personal care/community access support per month. This payment is to cover non-ongoing costs for providers establishing arrangements and assisting participants in implementing their plan.

An establishment fee is claimable by the provider who assists the participant with the implementation of their NDIS Plan, delivers a minimum of 20 hours per month of personal care/community access support and has made an agreement with the participant to supply these services.

A budget of $750 is included in the first plan for NDIS participants, in case they need this type of assistance from providers to design and implement support arrangements. Providers can draw against this budget as follows:

- If the participant is new to the NDIS and new to the provider, then the provider can charge a maximum of $500 against the participant's plan;
- If the participant is new to the NDIS but is an existing client of the provider, then the provider can charge a maximum of $250 against the participant's plan; and

- If the participant is choosing to change providers, then the new provider can charge a maximum of $250 against the participant's plan to assist the participant in changing providers.

Assistance with household tasks

These support items enable participants to maintain their home environment. This may involve undertaking essential household tasks that the participant is not able to undertake.

Preparation and delivery of meals

This support item is for the preparation and delivery of food to participants who are unable to do this themselves, and are not in receipt of other supports that would meet the same need. The cost of the food itself is not covered by the NDIS. The cost of this support will vary based on the number of meals prepared and the deliveries required.

Assistance in Shared Living Arrangements – Supported Independent Living

Supported Independent Living (SIL) is the assistance with and/or supervising tasks of daily life in a shared living environment, with a focus on developing the skills of each individual to live as autonomously as possible. The support is provided to each person living in the shared arrangement in accordance with their need.

SIL does not include rent, board and lodging or other day-to-day usual living expenses such as food and activities. It also does not include the capital costs associated with a participant's accommodation.

SIL does not have fixed price limits, and providers can quote for the specific SIL service that they offer to each participant. To assist providers with quoting, the NDIA has developed a Provider SIL Pack[3]. The Provider SIL Pack contains templates that assist providers in developing an individualised quote. The purpose of this quote is to identify:

- The individual supports that will be available for the person, focussed on maximising the person's capacity to be as independent as possible with household decision making, personal care and domestic tasks;
- The typical roster of supports that is shared between participants to maximise the efficient use of resources; and
- What supports are available to all residents to ensure the smooth operation and running of the household.

Once a quote is received, the NDIA uses a 'SIL Tool' to analyse provider quotes and to make sure that they represent value for money. In some cases, negotiation between the NDIA and providers will be necessary to agree appropriate prices for SIL.

The Agency will only accept SIL quotes in the current templates, which can be downloaded as part of the Provider SIL pack from the NDIS internet page 'Supported Independent Living'.[4] This means that quotes can be processed in a much timelier, consistent and effective manner and the duplication of work is also reduced through simple automation. The new Provider SIL Pack allows for much more flexibility – among other things, providers are now able to specify overnight

[3] https://www.ndis.gov.au/providers/essentials-providers-working-ndia/supported-independent-living
[4] https://www.ndis.gov.au/providers/essentials-providers-working-ndia/supported-independent-living

information, cross-over shift information, and choose their own ratios of support. This means that providers should experience fewer delays in getting their SIL quotes approved.

Queries about the Provider SIL Pack should be made to sil@ndis.gov.au.

Short Term Accommodation and Assistance

From time to time, participants may require temporary supports that are different from their usual arrangements. These are non-typical days and may include short stays in a group-based facility (short term accommodation), or the purchase of additional in-home support.

For the purposes of this Price Guide, the 'short term accommodation' price limit includes all expenses in a 24-hour period including assistance with daily personal activities, accommodation, food and negotiated activities. Typically, this type of support would be used for short periods of up to 14 days at a time. For longer-term arrangements, other options are likely to be more appropriate (e.g. Supported Independent Living).

In cases where a participant will receive substantially less than 24 hours of assistance with daily personal activities, it may be appropriate for the participant and provider to negotiate a lower price than the maximum price specified in this Guide, based on the actual support provided. This situation might arise, for example, if a participant enters a short term accommodation facility in the evening, and exits again early the following morning. In addition, where a participant enters accommodation late in the day, it may be appropriate to claim the daily rate for the day of the week that the majority of the support is provided. In each case, support arrangements, including price, should be agreed with participants in advance.

Short term accommodation price limits vary according to the support needs of the participant and the day of the week the support is provided. Providers claiming at the rates for high intensity (i.e. ratio of 1 support worker for 2 participants) or 1:1 support must deliver assistance with daily personal activities at those support ratios for the duration of the participant's stay.

Core - Transport

Transport enables participants to access disability supports outside their home, and to pay for transport that helps them to achieve the goals in their plan. Transport supports generally do not have price limits; however, participants should use the least expensive transport that meets their needs. Transport funding is paid fortnightly in advance to self-managed participants. Funding transport assistance is limited to those who cannot use public transport due to their disability. If the participant has questions about their transport support, providers may direct them to the NDIS factsheet available on the NDIS Website[5].

Accompanying participants for community access

Providing community access supports may, at the request of a participant, involve a worker accompanying a participant on a community outing and/or transporting a participant from their home to the community. In these situations, the worker's time can be claimed at the agreed hourly rate for the relevant support item for the total time the worker provides support to one or more participants, including time spent accompanying and/or transporting the participant. Where a provider is transporting two or more participants on the same trip, the worker's time should be claimed at the appropriate group rate for the relevant support.

This claim should be made using the relevant community participation support item and against the participant's core budget. In essence, the participant transport is a part of the community participation activity and should be billed accordingly.

Contribution towards costs of transport itself

If a provider incurs costs, in addition to the cost of a worker's time, when accompanying and/or transporting participants in the community (such as cost of ticket for public transport, road tolls, parking fees and the running costs of the vehicle), they may negotiate with the participant for them to make a reasonable contribution towards these costs.

Further details can be found at page 3.

[5] https://www.ndis.gov.au/participants/creating-your-plan/plan-budget-and-rules/transport-funding

Core - Consumables

Consumables are a support category available to assist participants with purchasing everyday use items. Supports such as Continence and Home Enteral Nutrition (HEN) products are included in this category. More information on these supports can be found in the *Assistive Technology and Consumables Code Guide* on the Assistive Technology webpage.[6]

[6] https://www.ndis.gov.au/providers/essentials-providers-working-ndia/providing-assistive-technologies-and-home-modifications

Core - Assistance with Social and Community Participation

These supports enable a participant to engage in community, social or recreational activities. They may be provided in a centre or in community settings at standard or higher intensity rates. If arranged in advance with participants, providers may charge up to four hours for each plan period to document proposed supports and expected outcomes. Price limits vary according to the support needs of the participant and the day of the week the support is provided.

Providers should not claim payment for:

- expenses related to recreational pursuits, such as event tickets for the participant, as they are not covered by the NDIS; and
- the cost of entry for a paid support worker to attend a social or recreational event.

A hierarchy of price limits also applies to this group of supports, based on:

A) the time of day that the support is delivered;

B) the day of week that the support is delivered;

C) whether the support is Standard Intensity or High Intensity;

D) if the support is High Intensity then whether it is a Level 1 (Standard), Level 2 (High Intensity) or Level 3 (Very High Intensity) support; and

E) whether the provider is eligible for the Temporary Transformation Payment.

(See the definitions and notes in the Assistance with Daily Living Support Category.)

Community and social activity costs

This support is included in a participant's plan to enable them to pursue recreational activities and engage in the community when associated with a participant's disability and goals. Participants may use this funding for activities such as camps, vacation and outside school hours' care, course or membership fees. More information can be found in the Operational Guidelines[7]

Where appropriate, funded hours in a Community Access budget may be converted to a fee and claimed by a provider for these purposes.

Group based supports

Assistance to access community, social and recreational activities is often provided in a group setting, either in the community or in a centre.

A hierarchy of price limits applies to group based supports, based on:

A) the time of day that the support is delivered;

B) the day of week that the support is delivered;

C) whether the support is Standard Intensity or High Intensity (complex);

D) whether the provider is eligible for the Temporary Transformation Payment;

[7] https://www.ndis.gov.au/about-us/operational-guidelines/planning-operational-guideline/planning-operational-guideline-deciding-include-supports-participants-plan

E) the size of the group and ratio of staff to participants; and

F) whether the support is provided in a Centre or in the community.

(See the definitions and notes in the Assistance with Daily Living Support Category.)

For support ratios that are not stated in this Guide (e.g. two workers for three participants), participants and providers should discuss and agree the most appropriate line item to be used for payments, and the appropriate price to be paid (which might be lower than the price limit for that line item).

Providers of group-based supports are not permitted to bill for non-face-to-face services as the hourly price limits for these supports include an allowance for non-face-to-face services.

Capital – Assistive Technology

This support category includes all aids or equipment supports that assist participants to live independently or assist a carer to support the participant. It also includes related delivery, set-up and some training support items. Usually, providing independent advice, guidance, trials, set-up and training (not bundled with the sale of an item) is funded through a capacity building support.

More detailed information on assistive technologies and consumables codes can be found in the *Assistive Technology and Consumables Guide* on the Assistive Technology webpage[8].

Vehicle Modifications

Vehicle modifications include the installation of, or changes to, equipment in a vehicle to enable a participant to travel safely as a passenger or to drive.

A participant is free to choose a more expensive option at their own expense, where the more expensive option is not considered to be reasonable and necessary. An example of this situation would be where a vehicle modification has been approved for a participant, but the participant would like cosmetic or personalised fittings that are not related to their disability or are more expensive than others that have an equivalent function. In this situation, the NDIA will cover the reasonable and necessary component of the modification, and the participant will pay the additional cost.

[8] https://www.ndis.gov.au/providers/at/supplying-at.html

Capital – Home Modifications and Specialist Disability Accommodation

This support category includes home modifications and Specialist Disability Accommodation (SDA) supports.

Home Modifications

Home modifications include design, construction, installation of or changes to equipment or non-structural components of the building, and installation of fixtures or fittings, to enable participants to live as independently as possible or to live safely at home. All home modifications in excess of $1,500 are quotable.

A participant is free to choose a more expensive option or modification that achieves the same outcome at their own expense, where the more expensive option is not reasonable and necessary. For example, where a home modification has been approved for a participant, but the participant would like cosmetic or personalised fittings that are not reasonable and necessary, the NDIA will provide funding for the reasonable and necessary component of the modification, and the participant will pay any extra costs.

Specialist Disability Accommodation (SDA)

SDA funding is intended for participants who require a specialist dwelling that reduces their need for person-to-person supports, or improves the efficiency of the delivery of person-to-person supports. SDA funding will only be provided for participants who meet the eligibility criteria. Participants who meet the eligibility criteria will have an extreme functional impairment and/or very high support needs.

SDA does not refer to the support services, but the homes in which these are delivered. SDA may include special designs for people with very high needs or may have a location or features that make it feasible to provide complex or costly supports for independent living.

SDA payments are an adjusted contribution to the cost of capital required for the land and physical building required for SDA needs. Importantly, SDA funding is not intended to cover personal support costs, which are assessed and funded separately by the NDIS. Additionally, SDA does not cover accommodation costs where these are not linked to a person's disability or where specialist accommodation with integrated supports is not required. SDA is a separate support category and does not replace Supported Independent Living (SIL) or any other support. Participants receiving SDA could also be eligible for SIL supports in their package.

All providers who are registered with the NDIA for the Registration Group 'Specialist Disability Accommodation' will also be required to declare and ensure that the infrastructure meets the NDIA's specialist built form requirements and the relevant legislation and standards applicable to the state in which the accommodation is situated. These individual sites/locations must also be enrolled with the NDIA.

Due to the nature of the support, the identification of maximum SDA prices and the process by which providers can claim for SDA are more complex than for most other supports. Providers should refer to the Specialist Disability Accommodation section of the NDIS website for detailed

information about maximum prices that can be charged, dwelling enrolment and participant assessments[9].

SDA has two support items: Specialist Disability Accommodation and SDA person-specific adjustments.

Each SDA dwelling has a unique maximum price, based on a standard set of factors. There are also limits on the amount that providers of SDA can charge participants in addition to the SDA price, for rent and other board-like services provided. Providers should refer to the SDA section of the NDIS website for detailed guidance on maximum prices[10]. Participants are able to choose to move between SDA dwellings, as long as the SDA dwelling is commensurate with their SDA budget.

SDA person specific adjustments

In certain limited circumstances, the NDIA will continue to make SDA payments on behalf of a participant who has moved out of an enrolled SDA dwelling. Provided all conditions are met in section 6.3 of the *National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2016*, vacancy payments may continue to be made for a period of up to 90 days if the dwelling is enrolled to house four or five residents, or up to 60 days if the dwelling is enrolled to house two or three residents[11]. Vacancy payments will not be made where a dwelling is only enrolled to house one resident. Vacancy payments will only be payable if the vacancy is available to another NDIS participant and the NDIA has been notified.

[9] https://www.ndis.gov.au/providers/essentials-providers-working-ndia/specialist-disability-accommodation
[10] https://www.ndis.gov.au/providers/price-guides-and-information/sda-pricing-and-payments
[11] https://www.legislation.gov.au/Details/F2017L00209

Capacity Building - Support Coordination

Support Coordination (if required) is included in the Capacity Building budget. This is a fixed amount for strengthening participant's abilities to coordinate and implement supports in their plans and to participate more fully in the community.

Three items in the NDIS Price Guide describe different layers of support coordination activity.

Level 1: Support Connection

Assistance for participants to implement their plan by strengthening the ability to connect with the broader systems of supports and understand the purpose of the funded supports and participant in the community Support Connection will assist a participant to understand their NDIS plan, connect participants with broader systems of supports, and provide assistance to connect with providers. Support Connection will assist participants to achieve effective utilisation of their NDIS plan.

Support Connection will increase a participant's capacity to maintain (or in some cases change) support relationships, resolve service delivery issues, and participate independently in NDIA processes. Support Connection includes, but not limited to:

- Understand the Plan;
- Connect with Supports and Services;
- Establish Supports;
- Coach, Refine, Reflect; and
- Report to the NDIA.

Where a participant aged 0-6 years is receiving assistance from Partners in the Community (PITC) delivering Early Childhood Early Intervention (ECEI) services, linking the family to a service provider/s (under ECEI best practice principles, a service provider operating under the key worker approach) and support through changes in circumstance will be delivered through Partner arrangements.

Where a participant aged seven (7) and over is receiving assistance from Partners in the Community (PITC) delivering Local Area Coordination (LAC) services, plan implementation and monitoring support will be delivered by a Participant's Local Area Coordinator.

Level 2: Coordination of Supports

The delivery of Coordination of Supports is to assist strengthening a participant's ability to design and then build their supports with an emphasis on linking the broader systems of support across a complex service delivery environment. Coordination of Supports is to focus on supporting participants to direct their lives, not just their services. This involves working together to understand the funding, identify what participants expect from services, and how participants want this designed. Coordination of Supports also includes coaching participants, and working with participants to develop capacity and resilience in their network.

Support coordinators are focussed on assisting participants to build and maintain a resilient network of formal and informal supports.

It is generally expected that participants will develop their capacity to implement and manage their supports and network more independently over time. Some participants however will require Coordination of Supports funding in subsequent plans to support ongoing capacity building or

manage the complexity within the participants support environment and/or circumstances. This is to be identified in the plan review process. Coordination of Supports includes, but is not limited to:

- Understand the Plan;
- Connect with Supports and Services;
- Design Support Approaches;
- Establish Supports;
- Coach, Refine, Reflect;
- Targeted Support Coordination;
- Crisis: Planning, Prevention, Mitigation and Action;
- Build Capacity and Resilience; and
- Report to the NDIA.

Over time as a participant's capacity is strengthened, this support may be replaced by Support Connection or the introduction of a Local Area Coordinator (LAC) or Early Childhood Early Intervention (ECEI) Partner in subsequent plans.

Level 3: Specialist Support Coordination

Specialist Support Coordination is delivered utilising an expert or specialist approach, necessitated by specific high complex needs or high level risks in a participant's situation. Specialist Support Coordination is delivered by an appropriately qualified and experienced practitioner to meet the individual needs of the participant's circumstances such as a Psychologist, Occupational Therapist, Social Worker, or Mental Health Nurse. Specialist Support Coordination will address highly complex barriers impacting on the ability to implement their plan.

Specialist support coordination is expected to address complex barriers impacting a participant's ability to implement their plan and access appropriate supports. Specialist support coordinators assist participants to reduce complexity in their support environment, and overcome barriers to connecting with broader systems of supports as well as funded supports.

Specialist support coordinators are expected to negotiate appropriate support solutions with multiple stakeholders and seek to achieve well-coordinated plan implementation. Specialist support coordinators will assist stakeholders with resolving points of crisis for participants, assist to ensure a consistent delivery of service and access to relevant supports during crisis situations.

Specialist support coordination is generally delivered through an intensive and time limited period necessitated by the participant's immediate and significant barriers to plan implementation. Depending on individual circumstances, a specialist support coordinator may also design a complex service plan that focusses on how all the stakeholders in a participant's life will interact to resolve barriers and promote appropriate plan implementation. Once developed, a specialist support coordinator will continue to monitor the plan, but it may be maintained by one of the participant's support workers or other care supports.

In some instances depending on the individual circumstances, a participant may have specialist support coordination as well as Coordination of Supports funded in the same plan. For instance, when immediate complex barriers have been addressed and the participant still requires more general coordination of supports for the remainder of their plan period. For others, they may have specialist support coordination in one plan and Coordination of Supports in subsequent plans. Specialist Support Coordination includes, but is not limited to:

- Understand the Plan;
- Connect with Supports and Services;
- Design Support Approaches;
- Establish Supports;
- Coach, Refine, Reflect;
- Targeted Support Coordination;
- Crisis: Planning, Prevention, Mitigation and Action;
- Address Complex Barriers;
- Design Complex Service Plan;
- Build Capacity and Resilience; and
- Report to the NDIA.

Capacity Building and Training in Plan and Financial Management by a Support Coordinator

This reasonable and necessary support focusses on strengthening the participant's ability to undertake tasks associated with the management of their supports. This includes:

- Building financial skills
- Organisational skills
- Enhancing the participant's ability to direct their supports
- Develop self-management capabilities

Plan and Financial Capacity Building providers are expected to assist the participant to develop their skills for self-management in future plans, where this is possible. As a part of this capacity building support, providers are to assist the participant to build capacity in the overall management of the plan including engaging providers, developing service agreements, paying providers and claiming payment from the NDIA and maintain records.

Capacity Building - Improved Living Arrangements

Support is provided to guide, prompt, or undertake activities to ensure the participant obtains and/or retains appropriate accommodation. This may include assisting to apply for a rental tenancy or to undertake tenancy obligations in line with the participant's tenancy agreement.

Capacity Building - Increased Social and Community Participation

This support category involves supports for participation in skills-based learning to develop independence in accessing the community.

Skills Development and Training

These support items are price controlled. Providers of these supports can also claim for: Provider Travel and Cancellations.

The group rate is based on a staff/participant ratio of 1:3. If the group size differs, providers should claim at the rate applicable for the group size. A higher staff ratio for groups may be indicated when a participant has challenging behaviour or high medical support needs, which require additional assistance from another worker and this is referred to as a higher intensity support.

Innovative Community Participation

This support item is not price controlled. It is designed to allow providers to offer new and innovative services to NDIS participants. Any standards applicable to the industry in which the provider operates would need to be met.

Community Participation Activities

These support items are not price controlled. They are designed to enable providers to claim for tuition fees, art classes, sports coaching and similar activities that build skills and independence. Camps, classes and vacation activities that have capacity building components. These may include assistance to establish volunteer arrangements in the community, mentoring, peer support or individual skill development.

All supports funded under these items need to be determined as reasonable and necessary given the participant's plan goals and could include, but are not limited to:

- Universal recreational activities: A limited number of lessons could be funded to enable a participant to try out an activity and test their capability and interest in further pursuing this activity – such as horse riding, art, dance or singing classes
- Funding to attend a "camp" or groups that build a person's relationship skills and offer a range of activities and opportunities to explore wider interests.
- Other items or adjustments such as customised tools required because of the person's disability could also be funded.

Capacity Building - Finding and Keeping a Job

Employment Related Assessment and Counselling

This support is designed to provide workplace assessment and/or counselling to assist participants successfully engage in employment. For workplace assessments - if a participant is employed and on award wages, then in most instances a work place assessment is available through the Employment Assistance Fund administered by JobAccess and is a free service to employers. For employment related counselling, this service may benefit participants who have, for example, experienced traumatic injury and need significant support (over and above a mainstream employment related service) to develop a new work pathway.

Please note that this support item falls under a different registration group, therapeutic supports, and as such, a provider needs to have registration for this group to deliver this supports.

Workplace assistance

These supports provide workplace assistance that enables a participant to successfully obtain and/or retain employment in the open or supported labour market.

These supports can be applied to any working age participant (including students reaching working age) with an employment goal. This may include supports to:

- explore what work would mean for them (discovery);
- build essential foundation skills for work;
- managing complex barriers to obtaining and sustaining employment;
- specialised job customisation;
- supports to transition from an Australian Disability Enterprise (ADE) to open employment;
- develop a career plan; and
- other capacity building supports that are likely to lead to successful engagement in a Disability Employment Service (DES).

School Leaver Employment Supports (SLES)

School Leaver Employment Supports (SLES) is a support for school leavers to assist them to transition from school into employment. Some students may already be engaged with the mainstream DES Eligible School Leaver (ESL) program during Year 12 and therefore not require SLES.

These supports are designed to plan and implement a pathway to inclusive employment, focussing on capacity building for goal achievement. With appropriate supports, it is expected that the majority of SLES participants will transition to DES to undertake the job seeking, placement and post placement support phases of their pathway.

Supports will have an individualised approach, with a strong emphasis on “try and test” work experience opportunities, (generally in work places that would pay award wages). Capacity building should focus on hard and soft skill development.

Supports, more generally, should facilitate positive experiences that contribute to developing an understanding of work capability and confidence to step into employment. SLES should also help inform the level and nature of future supports needed to obtain and sustain employment.

Capacity Building - Improved Relationships

This support category is the provision of specialised assessment where the participant may have complex or unclear needs, requiring long term and/or intensive supports to address behaviours of concern.

Behaviour support requires a behaviour support plan to be developed that aims to limit the likelihood of behaviours of concern developing or increasing once identified. This plan outlines the specifically designed positive behavioural support strategies for a participant, their family and support persons that will achieve the intended outcome of eliminating or reducing behaviours of concern.

This support category includes specialist behavioural intervention support, which is an intensive support for a participant, intending to address significantly harmful or persistent behaviours of concern.

Capacity Building - Improved Health and Wellbeing

Physical Wellbeing Activities

These activities support, maintain or increase physical mobility or well-being through personal training or exercise physiology. Physical well-being activities promote and encourage improved physical capacity and health.

Dietetics

These supports provide individual advice to a participant on managing diet for health and wellbeing due to the impact of their disability.

Capacity Building - Improved Learning

This support is for provision of skills training, advice, assistance with arrangements and orientation to assist a participant moving from school to further education.

Capacity Building - Improved Life Choices

Plan Management – Financial Administration

Plan Management – Financial Administration funding applies to registered providers who undertake financial administration of a plan on behalf of a participant.

Plan Management – Financial Administration funding includes a setup fee to establish the payment arrangements with providers and a monthly processing fee. This support assists a participant by:

- Giving increased control over plan implementation and utilisation with plan financial assistance
- Managing and monitoring budgets over the course of the plan
- Managing NDIS claims and paying providers for delivered service
- Maintaining records and producing regular (at least monthly) statements showing the financial position of the plan
- Providing access to a wider range of service providers, including non-registered providers whilst remaining in line with the price limits contained within this Guide.

A Plan Management – Financial Administration provider will possess bookkeeping / accounting skills and qualifications. They will have systems in place for efficiently processing payments on behalf of a participant.

Capacity Building and Training in Plan and Financial Management by a Plan Manager

This reasonable and necessary support focusses on strengthening the participant's ability to undertake tasks associated with the management of their supports. This includes:

- Building financial skills
- Organisational skills
- Enhancing the participant's ability to direct their supports
- Develop self-management capabilities

Plan and Financial Capacity Building providers are expected to assist the participant to develop their skills for self-management in future plans, where this is possible. As a part of this capacity building support, providers are to assist the participant to build capacity in the overall management of the plan including engaging providers, developing service agreements, paying providers and claiming payment from the NDIA and maintain records.

Capacity Building - Improved Daily Living

This support category includes assessment, training, strategy development and/or therapy (including Early Childhood Intervention) supports to assist the development or increase a participant's skills and/or capacity for independence and community participation. Supports can be delivered to individuals or groups.

Therapy Supports (over 7 years)

In the NDIS, therapy supports are for participants with an established disability, where maximum medical improvement has been reached, to facilitate functional improvement. For people who access the Scheme as 'early intervention' NDIS participants, reasonable and necessary supports are likely to be a blend of medical and disability therapies, but should be predominantly disability therapy supports. Therapy in this context must be aimed at adjustment, adaption and building capacity for community participation.

For NDIS participants whose medical condition, illness or disease requires a particular treatment to maintain the functioning of a body part, or slow/prevent the deterioration, the NDIS may fund reasonable and necessary training for non-skilled personnel to undertake this intervention as part of the usual daily personal care. For participants where such treatment can only be met through skilled rather than non-skilled care, this treatment is to be funded through medical funds, not the NDIS.

Ongoing funding for therapy is subject to a detailed support plan that is designed to deliver progress or change for the participant. Providers develop this plan with the participant and it should clearly state the expected therapy outcomes and demonstrate a link to the participant's goals, objectives and aspirations.

Massage Therapy (over 7 years)

Massage, delivered directly to impact a body part or body system, is more appropriately provided by the health system and is therefore not funded by the NDIS.

Maintenance Therapy (over 7 years)

Where maintenance therapy is reasonable and necessary, it is funded as part of ongoing direct support hours (delivered by carers who are or can be trained in this if required), and is not funded as ongoing therapy.

For participants whose medical condition or disability requires a particular regime to maintain functioning of a body part, or to slow the deterioration of a medical condition or body part, the NDIS will fund reasonable and necessary training for non-qualified personnel to assist the individual as part of usual daily care.

Where a skilled therapist is involved in establishing a therapy program for a participant, funding can include the development of a plan and training for a therapy assistant, informal or funded carers, as part of usual care. Building capacity with family and carers to undertake therapy or exercises under the supervision of a skilled therapist can deliver ongoing benefit to NDIS participants.

Group Supports for Therapy (over 7 years)

The NDIA prefers to allow participants and providers flexibility in negotiating arrangements, so there may not be price limits or support items for specific group ratios beyond what is currently in place.

For support ratios that are not stated in this Guide (such as one therapist to two participants, or one therapist to four participants), the NDIA encourages participants and providers to discuss arrangements both parties agree to, including price. Therapy delivered in a group may be claimed using the relevant therapy support line item, but with lower prices than the price limit, as agreed between provider and participant. This arrangement for support ratios is intended to allow providers to offer a range of services and discuss with participants about more flexible arrangements that both parties prefer.

Early Childhood Intervention Supports (under 7 years)

Early Childhood Intervention (ECI) provides specialised support and services for infants and young children with development delay and/or disability and their family/carers, to work towards increased functional independence and social participation. Children learn best in everyday situations with familiar people and ECI builds on opportunities for learning and development in the activities and daily routines of their everyday life.

This category includes supports provided in small groups or to individually to children and their family/carers. An ECI provider will usually offer supports via the key worker model, where the key worker has expertise in child development, learning and wellbeing more generally as well as professional qualifications, including special/early childhood education, speech pathology, occupational therapy, psychology, social work and physiotherapy. Following best practice, a key worker should take a lead role in ensuring that the professionals work in collaboration with the family/carer to provide a ‘team around the child’. Supports under this category can also be provided by an allied health assistant working under the supervision of a suitably qualified allied health professional and/or any other combination of ECI supports.

Participants under 7 years will have budgets built by Early Childhood (EC) Partners to reflect the child and family individual needs, applying the reasonable and necessary criteria as per the Early Childhood Early Intervention (ECEI) approach. Budgets will allow flexibility in service delivery by ECI providers (under the key worker model) to reflect the changing needs of the participant.

The provision of supports under ‘capacity building supports for early childhood’ are expected to deliver outcomes for the child that will enable them to participate meaningfully in everyday life. Each child’s NDIS plan will focus on functional, participation based goals and will be reviewed by the EC partner at regular intervals.

Group ratios stated in this Guide are intended to be flexible and the NDIA encourages participants and providers to discuss arrangements that both parties agree to, including price. Capacity building group programs for early childhood should be delivered by an appropriately qualified allied health professional or early childhood educator who could co-facilitate with an allied health assistant or another allied health professional or early childhood educator from the team.

ECI Providers of these supports can also claim for: Provider Travel, Cancellations, NDIA Report Writing and Non Face to Face supports.

Multidisciplinary Team Intervention (over 7 years)

This support item enables a coordinated multidisciplinary approach to be delivered to participants beyond the age covered by the Early Childhood Early Intervention approach. All team members will claim against a single support item, thereby increasing flexibility in service delivery to reflect the changing needs of a participant. This support item is not price controlled.

Delivery of Health Supports by a Nurse

A hierarchy of price limits applies to this group of supports, based on:

A) the time of day that the support is delivered;
B) the day of week that the support is delivered; and
C) who the support is delivered by:
   - Enrolled Nurses (EN)
   - Registered Nurses (RN)
   - Clinical Nurses (CN)
   - Clinical Nurse Consultant (CNC)
   - Nurse Practitioner (NP)

(See the definitions for time of day and day of week in the Assistance with Daily Living Support Category.)

Definitions

An **enrolled nurse** is a person who provides nursing care under the direct or indirect supervision of a RN. They have completed the prescribed education preparation, and demonstrate competence to practise under the Health Practitioner Regulation National Law as an EN in Australia. Enrolled nurses are accountable for their own practice and remain responsible to an RN for the delegated care.

A **registered nurse** is a person who has completed the prescribed education preparation, demonstrates competence to practise and is registered under the Health Practitioner Regulation National Law as a RN in Australia.

A **clinical nurse** is a more experienced and skilled RN. Duties of a CN will substantially include, but are not confined to:

- delivering direct and comprehensive nursing care and individual case management to a specific group of patients or clients in a particular area of nursing practice within the practice setting;
- providing support, direction, orientation and education to RNs, ENs, student nurses and student ENs;
- being responsible for planning and coordinating services relating to a particular group of clients or patients in the practice setting, as delegated by the CNC;
- acting as a role model in the provision of holistic care to patients or clients in the practice setting; and
- assisting in the management of action research projects, and participating in quality assurance programs and policy development within the practice setting.

A **clinical nurse consultant** (also known as an advanced practice nurse) is a nurse practising in the advanced practice role. Advanced practice nursing is a qualitatively different level of advanced nursing practice to that of the registered nurse due to the additional legislative functions and the

regulatory requirements. The requirements include a prescribed educational level, a specified advanced nursing practice experience, and continuing professional development. Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements.

Duties of a clinical nurse consultant will substantially include, but are not confined to:

- providing leadership and role modelling, in collaboration with others including the Nurse manager and the Nurse educator, particularly in the areas of action research and quality assurance programs;
- staff and patient/client education;
- staff selection, management, development and appraisal;
- participating in policy development and implementation;
- acting as a consultant on request in the employee's own area of proficiency; for the purpose of facilitating the provision of quality nursing care;
- delivering direct and comprehensive nursing care to a specific group of patients or clients with complex nursing care needs, in a particular area of nursing practice within a practice setting;
- coordinating, and ensuring the maintenance of standards of the nursing care of a specific group or population of patients or clients within a practice setting; and
- coordinating or managing nursing or multidisciplinary service teams providing acute nursing and community services.

A **nurse practitioner** is an advanced practice nurse endorsed by the Nursing and Midwifery Board of Australia who has direct clinical contact and practises within their scope under the legislatively protected title 'nurse practitioner' under the Health Practitioner Regulation National Law.