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### Submission to Inquiry on NDIS Workforce

This submission is focussed on one aspect of the terms of the reference of the inquiry, namely core skills required for disability support workers in one segment of the disability work force, the associated training needs and the role of the Commonwealth, and State and Territory Governments (c, d).

The Living with Disability Research Centre, La Trobe University, is an applied social research centre that aims to build an evidence base to improve the social inclusion of people with intellectual disabilities. I write this submission as Director of the Research Centre and as a researcher with a very strong track record of rigorous, peer reviewed published research conducted in collaboration with government and non-government disability support services. For the past two decades, our primary research program has focused on what makes a difference to the quality of specialist disability support services for people with intellectual disabilities. More specifically, we have focused on establishing what skills disability support workers, front line managers and practice leaders need to have in order to deliver quality support. Further to this we have identified the organisational features associated with quality support services, which provides some indication of the knowledge and skills required by managers and senior organisational leaders. We have developed free, evidence-based online training materials on a range of these topics. More recently, we have also pursued a program of research about supported decision making for people with intellectual disabilities and for people with acquired brain injury. This has led to the development of an evidence-based practice framework and associated training materials that are relevant to a range of disability workers, including front line direct support staff, practice leaders, service coordinators, advocates and case managers.

I would like to direct the Inquiry to some of our published research that addresses issues of the workforce skills of front line direct support workers and front line managers (see references at the end of this brief

submission and links). I would also like to direct attention to the evidence that demonstrates that service culture is associated with abuse. Service culture and abuse are inextricably linked, and one of the most effective ways to safeguard people and prevent abuse – particularly in regards to supported accommodation services – is to ensure high quality staff practices.

The central proposition of this submission is that people with a disability who are NDIS participants are a large and diverse group. Although every participant requires individualised support tailored to their own unique needs, there are differences between the underlying knowledge base and skills required to work with different groups of people with disabilities. This may be, for example, according to age group, or disability type, or geographic location, or cultural context. While all workers require similar core values of upholding rights, and respect for the dignity of people with disability, the knowledge and skills they require will vary according to the group and context in which they work. Essentially, the workforce must be seen as diverse. The knowledge and skills of the work force, and thus the training needs, will inevitably be different depending on the main group of people requiring support.

If the NDIS is to succeed in its promise of improving the choice and control and social participation of people with disability, then knowledge and skills for working with particular groups need to be identified, core competencies and training developed and some form of regulatory or accreditation system put in place to ensure workers have the skills required to deliver quality support. These various components need to be developed from a rigorous evidence base about what type of practice is necessary to deliver quality services, rather than just looking across the board at staff skills in all existing services, many of which do not deliver quality support. Commonwealth, State and Territory governments need to collaborate so there are uniform national benchmarks and accreditation of the training that disability workers need to have to work with different groups in different service types if the supports they provide are funded by the NDIS. This level of regulation is already open to the NDIS Quality and Safeguard Commission to impose.

Increasingly, the tertiary and training sectors are using ideas about micro credentials and stackability of awards. This recognises that short high quality courses can be delivered that have a form of accreditation with an industry body or government or university (thus some guarantee of quality and applicability to the workforce) and with an award or ‘micro credential’ to the student. Students are then able to stack together, if they wish, various micro credentials towards higher level, and sometimes more formal, qualifications. This approach would work exceptionally well in the disability sector, where a diverse range of skills are required. For example, micro credentials in human rights values, supported decision making, active support, basic first aid, swallowing and mealtime support, and administration of medication might be

stacked together to demonstrate competency for direct support work in working with a person with intellectual disability and complex medical needs.

At present there is no uniform approach to accreditation or to demonstrating satisfactory completion of most online short courses. It is very difficult, for example, to include assessment or even evidence of completion of all modules in the free online training programs that we have developed. However, assessment could be included, and the user or their employer may be willing to pay for the costs associated with marking and administration, if there were a recognised portable micro credential attached.

In the rest of this submission I would like to address the training issues for the segment of the disability workforce who work directly with adults with intellectual disabilities, primarily front line support workers, practice leaders, service coordinators and planners.

The evidence that our Research Centre has created, together with the international literature, demonstrates that the factor that makes the most difference to the quality of services for adults with intellectual disabilities is the way staff act – how staff enable the people they support to engage in meaningful activity and social relationships. This enabling practice, termed ‘Active Support’, represents skilled practice and there is overwhelming evidence that if staff practice in this way as a matter of course, the people they support are more engaged, have reduced challenging behaviour, and exercise more choice and control. Active Support has been difficult to implement and embed in organisations. Our research has demonstrated that front line practice leadership, i.e. focussing the team on all aspects of quality of life, observing practice and providing feedback, coaching and modelling, fostering teamwork and individual supervision, is associated with higher levels of Active Support practice (see references below).

The evidence is now very strong that staff require training in Active Support in order to deliver quality support, and this training should be in the form of classroom and on the job, hands on mentoring by an experienced practitioner/trainer. Teaching the theory of Active Support alone is not sufficient; it must be presented in conjunction with hands on training. New technology is now conducive to staff learning the theory and skills through online modes and using resources such as video recordings to demonstrate practice competency.

Active Support is one of a family of person centred practices, but it is the one for which there is most evidence. The view is commonly held in the field that values and attitudes of staff are paramount. This is also our conclusion, but we would add that these must be complemented by skills. Without skills, values and attitudes do not promote social inclusion and self-determination. Nor do skills without attitudes that respect the equal value of people with intellectual disability as human beings.

We have also researched the type of staff culture – cohesive, enabling, empowering and respectful – that is associated with both Active Support practice and better-quality group homes. Central to this culture is Active Support, Teamwork and Strong Leadership, as well as respect for difference. These elements of staff culture illustrate the type of training staff require to translate abstract concepts about rights into what these look like in everyday practice.

We suggest that the importance of mandatory pre-service training, as well as continuing in-service training cannot be ignored. This type of training should consist of discrete modules and micro credentials for direct support workers and practice leaders who work with adults with intellectual disability. (We would also recommend that disability be made a mandatory component in social work and other allied health undergraduate courses). However, questions remain about what, exactly, this training should consist of, who should deliver it, and what evidence base should form the foundations of such training.

Our research, by studying good practice from the ground up, has identified the array of skills that are required by front line workers who work with adults with intellectual disabilities. These include Active Support, Support for Decision Making, Enabling Risk and Supporting Inclusion. Communication skills are also critical, but these are embedded in Active Support. For workers who have a focus on enabling community participation, skills also include those associated with community development or social work, such as community analysis, networking, negotiation, and advocacy. We have also identified the core skills required for front line practice leadership and are in the final stages of developing a set of online training materials around these evidence based competencies.

Finally, I would also draw attention to another segment of the disability workforce; managers, program leaders, service designers etc. for whom education/training at a higher level is required. As the disability workforce expands to include experienced managers from other sectors, this group requires grounding in relevant evidence about good practice and knowledge about disability and practice to inform their work. It is here that short courses at a post graduate level will be required. These could be delivered using a similar accreditation and micro credentialing approach as the type of training already discussed. I would direct particular attention to the growth of these courses at several universities including, La Trobe (Grad Certificate, Grad Diploma & Masters of Disability Practice), Deakin and Flinders, but which struggle to gain student numbers in the absence of any recognition by Governments of the necessity of disability related knowledge and credentials for those working in managerial or leadership positions in the disability sector. Recognition of this level of training for the disability workforce will help to ensure service

development and delivery are based on best practice and research, and on evidence about what works best for whom in which particular circumstances.

Our overarching argument is that a well trained workforce is fundamental to achieving the aims of the NDIS. In order to build this workforce, training must be tailored to specific segments of the workforce and it must be based on evidence about the knowledge and skills that lead to good practice and outcomes for specific groups of people supported. There is a need for a national set of micro credentials that are carefully tailored to different subsets of the workforce. Key elements of this in respect to staff who work with people with intellectual disabilities are skills in Active Support, Supported Decision Making, Supporting Inclusion, Enabling Risk, and Practice Leadership. For managers new to the sector, higher level training/education that can be based on micro credentials is required to ensure they are cogniscent of evidence about best practice and service design, as well as other complex ethical or rights issues they are likely to confront in their work. Whether it is offered by the tertiary, commercial or NGO sector, governments have a key role to play in developing a national training framework of micro credentials in terms of regulating the quality of training and in funding such a framework.

I would be pleased to discuss these issues further or provide access to any resources or other material that I have included in the references.

*Yours sincerely,*

Professor Christine Bigby, PhD. Director of the Living with Disability Research Centre, La Trobe University

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### **Staff Culture**

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### **On line training resources**

The La Trobe Support for Decision Making Practice Framework Learning Resource for front line workers, practitioners and family supporters

Every Moment Has Potential – An introduction to Active Support

Enabling Risk: Putting Positives First is an online learning resource developed specifically for disability support workers

Supporting Inclusion – Online training program (Bigby & Wiesel, 2015)



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