# Tasmanian Disability Workforce Strategy and Action Plan version 2

1 May 2017

## Acknowledgements

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## About National Disability Services

National Disability Services 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 1050 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.

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## General background

The National Disability Insurance Scheme (NDIS) is intended to help people who have a significant and permanent disability and need assistance with everyday activities. This includes people with intellectual, cognitive, neurological or sensory disability, a physical impairment or a psychiatric condition. Unlike funding arrangements under prior federal/state agreements which were largely block-funded, the NDIS is intended to provide more choice and control and deliver a lifelong, individualised funding approach to support. Individuals seeking access to the NDIS are assessed according to a common set of criteria. Those who are deemed eligible participate in an individualised planning process to identify the reasonable and necessary supports they need to achieve their goals. Participants will also receive an individualised package of funding to purchase the supports as identified in their plan.

NDIS participants may choose to either keep their current support arrangements once they move across to the NDIS, or change them, provided they are consistent with NDIS legislation.[[[1]](#footnote-1)]

Tasmania participated in the trial phase of the NDIS between July 2013 and 2016, which saw over 1000 people between the ages of 15 and 25 receive an approved plan.

In December 2016, a bilateral agreement between the State and Federal Government was finalised. This spelt out the roll-out schedule for the full implementation of the Scheme.

* 1 July 2016 - young people aged 12-14
* 1 January 2017 - adults aged 25-28
* 1 July 2017 - children aged 4-11
* 1 January 2018 - adults aged 29-34
* 1 July 2018 - children aged 0-3 and adults aged 35-49
* 1 January 2019 - all remaining adults aged 50-64

During 2015 and 2016, through the Disability Workforce Innovation Network project (funded by Department of Employment), NDS was charged with developing a regional workforce plan for the sector. The first version of this document was launched in February 2016, and identified a set of actions to ensure disability service providers had access to workforce development initiatives that would position them suitably for the changes that will come with the implementation of NDIS. Further, from a sector perspective, providers asked NDS to implement actions that would strengthen the supply of capable workers seeking to enter the sector.

During consultation it was considered important that in Tasmania, the plan covered the whole state. It built upon previous work undertaken by NDS through the Tasmanian Disability Industry Workforce Development and Skills Plan 2013 – 2018, sponsored by Skills Tasmania.

During March and April 2017, with funding from Skills Tasmania, the plan was updated to include more recent workforce data and to reflect the progress made in implementing the actions.

The revised WSAP includes new data about the disability workforce, which has not previously been available. This is taken from information collected nationally by NDS through the Workforce Wizard portal as well as results from NDS member surveys related to their readiness for the NDIS. To further enhance the information from in the previous version, additional data was sourced from National Disability Insurance Agency (NDIA); Household, Income and Labour Dynamics Australia (HILDA); and VOCSTATS datasets to further build our knowledge of the Disability workforce nationally and within Tasmania specifically.

This, the second version of the plan, continues to guide NDS and disability sector stakeholders in identifying and implementing workforce planning and development activity during the transition to full implementation of NDIS.

## Regional background

Tasmania has a distributed population with 60% of people living outside of the capital city. The State Government has developed a Population Growth Strategy, which aims to increase the population from 515 000 currently to 650 000 by 2050. The strategy recognises the contribution of the health care and social assistance sector, which makes up a larger percentage of the Gross State Product than in the rest of Australia. The anticipated growth in the disability sector as a result of the implementation of the NDIS may be seen as providing strong opportunities for employment.

The percentage of Tasmanian adults (20 to 64 years) who have completed Year 12 or a Certificate II qualification or above is the lowest in Australia. Tasmania also has relatively low rates of numeracy and literacy among adults, especially among women who had the lowest rate of any Australian state/territory for literacy and second lowest after Western Australia for numeracy in 2011-12.

Additionally, Tasmania has the highest rates of disability of any state or territory for people aged 64 years and under. The overall disability rate for Tasmanian men and women in this age group is 5-6 percentage points higher than the Australian population as a whole.[[[2]](#footnote-2)]

## Scope of plan

The plan is a living document that is updated regularly and made available on the NDS website for stakeholders. The data presented and actions devised were relevant at the time the plan was last updated (March 2017), however these will be amended to reflect the workforce changes taking place over the period of NDIS implementation. In terms of data presented, this second version of the plan has expanded on the first version as new and relevant data has been identified.

The workforce strategy and action plan addresses the disability sector throughout Tasmania, assuming a high level view but providing actions that can be applied by service providers at an organisational level. The term ‘workforce’ in this plan refers to all people who are involved in the business of providing services for people with disability. This extends to all positions within a disability service provider organisation including board members, management and support workers.

The plan addresses workforce issues raised by disability service providers, which are registered under the NDIS, and other key stakeholders. These issues have been considered in terms of workforce capability, utilisation and supply as well as by job family.

The plan does not attempt to address the workforce requirements of mainstream service systems such as emergency services, health and justice. However, through the consultation process NDS recognised there is work to be done to enhance the supports offered to children with disability during their schooling so they have the opportunity to leave school already on a path toward their independence goals. While NDS considers this outside the scope of our current operations, we will seek to engage with appropriate parties to ensure that strengthening the education sector that supports young people with disability remains a priority.

## Aims of the plan

The workforce strategy and action plan aims to support the sector to:

* Attract and retain workers to meet increasing demand for services for people with disability under the NDIS (supply)
* Apply organisational efficiencies in the management of workforces to operate sustainably under the NDIS (utilisation)
* Develop existing workforces to meet the needs of participants under the NDIS (capability)

## Stakeholders & engagement

Consultation for the first version of this Plan commenced in 2015 with the mid-term review of the existing [Tasmanian Disability Workforce Development and Skills Plan](http://www.skills.tas.gov.au/employersindustry/workforceplans/Tasmanian-Disability-Industry-WFDSPlan_Final.pdf#Tasmanian%20Disability%20Industry%20Workforce%20Development%20Plan). The review process produced [a report](http://nds.org.au/asset/view_document/979324818), which presented a range of issues stakeholders felt need to be addressed in this plan.

Between the end of August and early October 2015, NDS engaged extensively with a range of stakeholders through forums and individual meetings. See Appendix A for details.

Throughout 2016 and early 2017, NDS has continued to engage with stakeholders. This includes members, people with disability, other providers, and stakeholders more broadly. This engagement has happened through workshops and other project activities, provider visits, incidental meetings and organised forums.

**Table 1**Formal engagement sessions with members and other stakeholders

| Forum | Dates |
| --- | --- |
| Members’ Forums | 2016: February, April, June, August, October, December |
| Disability Industry Round Table | 2016: February, May, August, November  2017: February |
| Disability Training Quality Network | 2016: April, July, September |
| Disability Industry Finance Operations Round Table | 2016: June, July, August, September, November  2017: February, May |
| Business innovation forum | 2016: February |
| Industrial relations in an NDIS setting | 2016: April |
| Executive Leaders’ Summit: Supporting people with behaviours of concern | 2016: July |
| Understanding abuse and staying safe forum | 2016: August |
| Disability sector Political Forum | 2017: March |

To ensure the voice of people with intellectual disability is included in the implementation of the Plan, in 2016 NDS funded Speak Out Association to conduct a number of member forums. These provided valuable input into the details and implementation of actions associated with:

* An industry awards program
* Encouraging services to employ people with disability
* Encouraging broader community services to register to deliver NDIS services
* Developing training for broader community services to work with people with disability
* Values based recruitment training for services
* The supports that services provide to their staff, for example, induction, supervision, performance appraisal
* Developing an emerging leaders training program for leaders in services that overlaps with a peer leadership program

## Disability services profile

There are currently two sources of funding for providing services for people with disability available in Tasmania, the NDIS and the National Disability Agreement (NDA)[[[3]](#footnote-3)], which encompasses DHHS funded services. Data collection is based on each of these separately.

Due to the NDIS being rolled out by age cohort in Tasmania, most NDS member organisations are currently funded through both these sources.

Over the next 24 months there will be an increase in NDIS funded services and a decrease in NDA funded services.

### NDIS data

As at the 28 February 2017, there were 590 organisations registered to provide NDIS services in Tasmania. As at December 2016, around one-quarter (26 per cent) of registered providers were sole traders.

**Table 2**   
Number of providers registered for each service delivery group as at 28 February 2017.[[[4]](#footnote-4)]

Therapeutic supports 181

Personal mobility equipment 123

Assist prod - personal care/safety 117

Assistance - travel/transport 108

Participate community 95

Assistance - life stage, transition 86

Development-life skills 83

Assistive equip-recreation 81

Household tasks 77

Assist personal activities 75

Personal activities high 73

Assistive prod-household task 69

Home modification 67

Group/centre activities 66

Behaviour support 57

Comms & info equipment 57

Early childhood supports 54

Daily tasks/shared living 53

Ex physiology/personal training 53

Custom prosthetics 52

Accommodation/tenancy 51

Innov community participation 46

Assist access/maintain employ 45

Hearing equipment 44

Specialised driver training 39

Support coordination 36

Vision equipment 31

Community nursing care 27

Plan management 27

Spec support employ 25

Interpret/translate 21

Vehicle modifications 21

Specialised hearing services 10

Specialised disability accommodation 4

Assistance animals 1

Hearing services 1

### NDA data

Under the NDA there were 109 disability specialist organisations funded in Tasmania during 2014 – 2015 through both state and federal programs. Of these organisations, 8 were government organisations, 45 were income tax exempt and 56 were non-income tax exempt.[[[5]](#footnote-5)]

**Table 3**   
Number of outlets offering support services by service type. [[[6]](#footnote-6)]

Note that one service may have several outlets.

**Accommodation support**

In-home accommodation support 52

Group homes 36

Attendant care/personal care 7

Large residential/institution 3

Hostels 3

Small residential/institution 1

Alternative family placement —

Other accommodation support —

Total accommodation support 102

**Community support**

Case management, local coordination and development 9

Regional resource and support teams 5

Other community support 4

Therapy support for individuals 3

Early childhood intervention —

Behaviour/specialist intervention —

Counselling (individual/family/group) —

Total community support 21

**Community access**

Learning and life skills development 49

Recreation/holiday programs 6

Other community access —

Total community access 55

**Respite**

Flexible respite 26

Centre-based respite/respite homes 10

Own home respite 3

Host family/peer support respite 1

Other respite —

Total respite 40

**Advocacy, information and alternative communication**

Information/referral 11

Advocacy 6

Combined information/advocacy 5

Alternative formats of communication 2

Mutual support/self-help groups 1

Total advocacy, information and alternative communication 25

**Other support**

Peak bodies 3

Training and development 1

Research and evaluation —

Other support services —

Total other support 4

## Demand for services

The demands placed on the workforce reflect the demand for service from the NDIS. Data from the 2011 census indicates that there were 14,380 people in Tasmania between the ages of 0 and 64 who required assistance with core activities. NDIA information however predicts that 10,600 people will access the NDIS at full-scheme rollout.

It is assumed that the remaining 3,780 people, who identify as requiring assistance with core activities, will not meet the eligibility requirements to receive a package under the NDIS.

The table below estimates how this population will roll into the NDIS over time. [[[7]](#footnote-7)]

**Table 4**NDIA-estimated number of Tasmanian NDIS participants by year and region (cumulative)

| Service region | 30 June 2016 | 30 June 2017 | 30 June 2018 | 30 June 2019 |
| --- | --- | --- | --- | --- |
| Hobart | 500 | 1,000 | 2,100 | 4,400 |
| Launceston | 100 | 300 | 700 | 1,300 |
| North (excl. Launceston) | 200 | 300 | 700 | 1,600 |
| South (excl. Hobart) | 100 | 100 | 300 | 800 |
| North West | 200 | 500 | 1,100 | 2,500 |
| Total | 1,100 | 2,200 | 4,900 | 10,600 |

As at 31 December 2016, there were 1,645 people with approved plans worth $0.1 billion. The great majority of funding committed in participants’ plans is to assist with the daily life at home, in the community, education and at work. This reflects the needs of the age group (16-25 year olds) accessing NDIS at this time.

## Regional population data

Tasmania had a population of 514,700. It has a relatively older population, with a median age of 41.5 years compared with 37.3 years for Australia overall.

Tasmania also has a lower relative income, at $40,749 a year compared with $44,940 a year for Australia overall.

As a proportion of the total Tasmanian population aged 15 years and older, 51 per cent have a post school qualification. This is slightly lower than the national rate of 55.9 per cent.

4.5% of the population speaks a language other than English at home, much lower than the national rate of 18.2 per cent.

4.0% of the population identifies as Aboriginal or Torres Strait Islander compared with 2.6 per cent nationally.[[[8]](#footnote-8)]

## Regional labour force data

In 2017, the February seasonally adjusted unemployment rate in Tasmania was 5.8 per cent, up from 5.6 per cent in January. The participation rate in Tasmania was 59.5 per cent, lower than any other state in Australia.

The total number of people employed in Tasmania was 239,200, of which 63 per cent were employed full-time.

The number of employed females in Tasmania was 111,700. The female unemployment rate was 6.0 per cent and the participation rate was 55.0 per cent.

The number of employed males in Tasmania was 127,600. The male unemployment rate was 5.6 per cent and the participation rate was 64.1 per cent.[[[9]](#footnote-9)]

**Table 5**Employment by industry in Tasmania

| Industry | % workforce |
| --- | --- |
| Health care and social assistance | 12% |
| Retail trade | 11% |
| Public administration and safety | 9% |
| Education and training | 9% |
| Manufacturing | 9% |
| Construction | 8% |
| Accommodation and food services | 7% |
| Agriculture, forestry and fishing | 5% |
| Professional, scientific and technical services | 5% |
| Transport, postal and warehousing | 4% |
| Wholesale trade | 3% |
| Administrative and support services | 3% |
| Financial and insurance services | 2% |
| Electricity, gas, water and waste services | 2% |
| Arts and recreation services | 2% |
| Information media and telecommunications | 2% |
| Mining | 1% |
| Rental, hiring and real estate services | 1% |
| Other services | 4% |

## Disability workforce profile

The Australian Bureau of Statistics industry classification system splits the disability workforce into two classifications that includes several other organisations unrelated to disability. [[[10]](#footnote-10)] As a result, it is difficult to provide detailed, accurate information about the workforce in this sector. In July 2016, NDIA published Market Position Statement: Tasmania, which gave ranges of FTE numbers as follows.

### Support workforce size – current and projected

The current workforce is estimated to be between 1,750 and 2,150 full-time equivalent positions.[[[11]](#footnote-11)]

Using data collected in September 2016 [[[12]](#footnote-12)], based on 947 disability support workers and their hours over 6 organisations, the headcount to FTE ratio is 1.7. That is, there are 1.7 people employed (positions) for every FTE. It is therefore estimated that the Tasmanian disability support workforce comprises between 3,000 and 3,700 individual workers.

The workforce is estimated to grow to between 3,200 and 3,900 full-time equivalent positions by 2019.[[[13]](#footnote-13)]

Using the same method as above, assuming no significant chance in the ratio, there will be between 5,400 and 6,600 individual support workers employed at full-scheme rollout in 2019.

The growth in the number of new positions available between 2016 and 2019 is therefore be estimated to be between 2,500 and 3,000.

It should be noted that this range does not account for natural workforce attrition during the time period, which is likely to increase the recruitment action needed by employers by a factor of around two.

The required increase in the workforce will not be evenly distributed across the state, as shown in Table 1 below. The South (excl. Hobart) region is expected to require the largest workforce increase, as the current estimated workforce is less than 40% of the estimated NDIS workforce. Launceston and Hobart are expected to require the smallest workforce increase, as the current estimated workforce is between 60% and 80% of the estimated NDIS workforce.[[[14]](#footnote-14)]

**Table 6**Estimated current and future disability workforce in Tasmania.[[[15]](#footnote-15)] The numbers of workers is based on a FTE to headcount ratio of 1.7.[[[16]](#footnote-16)]

| Region | Estimated number of current workers | Estimated future FTE range | Estimated future number of workers |
| --- | --- | --- | --- |
| Hobart | 1,360 – 1,700 | 1,350 - 1,600 | 2,295 – 2,720 |
| Launceston | 425 – 510 | 400 - 500 | 680 – 850 |
| North (excl. Launceston) | 425 – 510 | 450 - 550 | 765 – 935 |
| South (excl. Hobart) | 85 – 170 | 250 - 300 | 425 - 510 |
| North West | 680 – 765 | 750 - 950 | 1,275 – 1,615 |
| Total | 2,975 – 3,655 | 3,200 - 3,900 | 5,440 – 6,630 |

### Workforce characteristics

All data in this section has been collected through the use of Workforce Wizard. Workforce Wizard is an online tool developed by NDS to help disability organisations track workforce trends, and to provide aggregated workforce data for the sector. The first Australian Disability Workforce Bulletin will be published in May 2017. The data and analysis following, is taken from this Bulletin and is based on national data input by disability service providers.

#### Employment type

Organisations in Tasmania have a lower proportion of full-time workers in their workforce compared with results across the nation, and a higher dependency on part-time workers. The proportion of casuals however is on par with the national average, as are the turnover rates for casual and permanent staff.

The most common form of employment for disability support workers in the December 2016 quarter was part-time permanent employment (44 per cent of aggregate workers), closely followed by casual employment (40 per cent). Full-time staff made up only 13 per cent of the disability support workforce, and fixed-term employees were not a significant part of the disability support workforce at only 3 per cent.

**Figure 1**National disability workforce characteristics, types of employment.

#### Workforce utilisation

The following is based on national data from the September 2016 quarter, which was a more typical quarter unaffected by seasonal variability present in December 2016 data. Nationally, the average organisation employed their disability support workers for an average of 22.4 hours per week. This represents a headcount to FTE ratio of 1.99 staff per FTE[[17]](#footnote-17). This can be viewed as saying, on average, an organisation needed to employ 1.9 persons to fill one full-time position. Therefore, there is a converse relationship between the average number of hours worked per week and the number of staff it takes to fill a full-time position.

#### Workforce turnover

Workforce turnover is the rate at which staff have left the organisation compared with the number of staff at the organisation. High workforce turnover could reflect a disengaged workforce or pull factors from work in other sectors. High turnover increases costs for the organisation and can disrupt the continuity of care for people with disability.

The average organisational permanent turnover rate proves relatively stable over time, sitting around 4 per cent. Conversely, the average organisational casual turnover rate has been somewhat more variable since December 2015 and sits at double the permanent rate at 8.2 per cent in the December 2016 quarter.

#### Age and gender distribution

The disability support workforce has a high proportion of female workers. Organisations have, on average, 70 per cent of their workforce being female compared with 30 per cent male.

**Figure 2**National disability workforce characteristics – gender composition.

As seen below, the average organisation has 21% of its workforce aged 55 years and older.

**Figure 3**National disability workforce characteristics – average organisational distribution of the workforce by age.

### Support workforce qualification levels

At present, there is no minimum qualification requirement for disability support workers. Anecdotally we know it is common for people to enter the workforce after studying Certificate III Disability, now Certificate III Individual Support (Disability). However, despite the significant numbers of people studying this qualification, it is not clear how high the density of workers with the qualification in the workforce is. The only data we have suggests that over half of the broader carer workforce has VET qualifications at Certificate III, IV, V or VI levels but this includes large numbers of childcare workers and educational aides, two groups likely to have high qualification rates (see Table 2 below). Moreover, this figure includes VET qualifications in any field – not necessarily disability or community services.

In Tasmania, during 2014 and 2015:

* Almost 1,200 people enrolled in Certificate III Disability. In the same time period, some 348 people completed the same qualifications.
* Almost 1,050 people enrolled in Certificate IV Disability qualifications. In the same period, 169 people completed the same qualifications.
* Over 200 people enrolled in Diploma Disability qualifications. In the same period, 48 people completed the same qualifications.

While there is not a direct relationship between the number of people enrolled and the number of qualification completed in any given year, a general tendency can be seen.

* About 30 percent of people enrolled in Certificate III Disability completed their course, which is about the average for all certificate III courses for the same period nationally (about 29 percent).
* About 16 percent of people enrolled in Certificate IV Disability qualifications completed their course, which is below the average for all certificate IV courses for the same period nationally (about 33 percent).
* About 23 percent of people enrolled in Diploma Disability qualifications completed their course, which is below the average for all certificate courses for the same period nationally (about 28 percent).

The use of traineeships has been reasonably common for qualifications related to care work, though data from NCVER shows a decline over 2015 to 2016. The following table shows the number of workers in Tasmania engaged in this form of employment for the ANZSCO category of Aged or Disabled Carer [423111]. Note, these figures include support workers in both aged and disability services.

**Table 7** Number of active apprentices and trainees during four quarters to Sept 2016.[[[18]](#footnote-18)]

| ANZSCO category and type of worker | | Oct - Dec 2015 | Jan - Mar 2016 | Apr - Jun 2016 | Jul - Sep 2016 |
| --- | --- | --- | --- | --- | --- |
| 423111 Aged or Disabled Carers | Existing workers | 72 | 51 | 46 | 24 |
| Not-existing workers | 111 | 89 | 66 | 33 |
|  | TOTAL | 183 | 140 | 112 | 57 |

National data from the 2014 Household, Income and Labour Dynamics Australia (HILDA) Survey for the broader category of Carers and Aides [42] indicates some 39 per cent of workers hold, as their highest qualification, a Certificate III or IV qualification in any field.

**Table 8** Qualification density, Carers and Aides, Australia, 2014.[[[19]](#footnote-19)]

| Qualification level | Carers | Workers in other fields | Total |
| --- | --- | --- | --- |
| Postgrad - masters or doctorate | 2 | 8 | 8 |
| Grad diploma, grad certificate | 1 | 7 | 6 |
| Bachelor or honours | 15 | 18 | 18 |
| Adv diploma, diploma | 14 | 10 | 10 |
| Cert III or IV | 39 | 21 | 22 |
| Year 12 | 18 | 18 | 18 |
| Year 11 and below | 9 | 17 | 17 |
| Undetermined | 0 | 0 | 0 |
| Total | 100 | 100 | 100 |
| n | 477 | 8,927 | 9,404 |

It should be noted that the category Carers and Aides includes: child carers, education aides, dental assistants, nursing support as well as aged and disabled carers, personal care workers and special care workers who will include disability support workers. The higher percentage of Cert III or IV qualifications in this occupation (compared with those in other occupations) could be attributed to mandatory qualifications at this level in a number of the sub-occupations. Also note, the qualification is not necessarily relevant to the occupation the worker is currently performing.

### Allied health

The growth of the allied health workforce is difficult to estimate as there is little data specific to the disability sector. The following information has been sourced from data from the last two censuses and adjusted to reflect an estimated percentage of the number of people likely to be working in the disability sector.

Following are the estimated variations in allied health workforce size based on growth over a five year period 2006 – 2011.[[[20]](#footnote-20)]

2006 369

2011 442

Variation +20%

2016 predicted 530

2021 predicted 636

The above indicates a trend toward growth in the allied health professional roles, which is in keeping with observations of demand as services recruit to meet the needs of their NDIS funded clients. Assuming the rate of growth continues at the same rate, the workforce will need to grow by approximately 160 allied health professionals.

It should be noted this estimate is based on past growth and cannot account for the market demands that may result from NDIS. Further, these numbers are extrapolated from census data that is inherently indefinite.

## Service provider self-assessment of NDIS readiness in terms of people and capability

Since 2014, once a year NDS members have been invited to complete the organisational readiness toolkit and report back with their findings, which were then benchmarked against other services nationally. In 2016, 14 services in Tasmania responded to this request and their data is summarised below. The table indicates the percentage of services that consider themselves NDIS ready against the indicated focus areas.

From the data, it is evident that services will have an appetite to engage in strengthening HR strategy and workforce planning.

**Table 9**NDIS readiness in terms of people and capability 2016

|  |  |  |
| --- | --- | --- |
| Focus area | Providers in Tasmania | Providers outside Tasmania |
| Staff leadership | 79% | 67% |
| Staffing and recruitment | 79% | 61% |
| Employee performance planning and support | 71% | 67% |
| Learning and Development | 64% | 64% |
| HR systems, policy and procedures | 57% | 57% |
| HR strategy and workforce planning | 29% | 37% |

## Other data about workforce from service providers

Between September and December 2016, CEOs and senior management of disability organisations were invited to participate in research for the Disability Services Market Report. This report consolidated the previous Business Confidence Survey with a research project being conducted in conjunction with Curtin University’s Not-For-Profit Initiative. In total, 37 organisations from Tasmania responded.

**Table 10** Staffing levels for disability direct support workers and allied health by end of financial year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Workforce metric | Providers in Tasmania | | Providers outside Tasmania | |
| Increased | Decreased | Increased | Decreased |
| Your total staff head count | 66% | 3% | 67% | 8% |
| Full time permanent workers | 31% | 0% | 31% | 14% |
| Part time permanent workers | 46% | 0% | 51% | 8% |
| Full time fixed term workers | 41% | 6% | 28% | 15% |
| Part time fixed term workers | 59% | 6% | 43% | 10% |
| Full time casual workers | 27% | 20% | 43% | 14% |
| Part time casual workers | 54% | 14% | 65% | 8% |

**Table 11** Service provider feedback indicating retention difficulty

|  |  |  |
| --- | --- | --- |
| Retention difficulty | Providers in Tasmania | Providers outside Tasmania |
| Disability Support Workers | 47% | 33% |
| Managers and supervisors of disability support workers | 13% | 22% |
| Marketing / business development | 23% | 11% |
| Finance / Accounting | 27% | 9% |
| Information Technology | 0% | 9% |
| HR / Workforce development | 8% | 10% |

**Table 12** Service provider feedback indicating recruitment difficulty  
n.a. denotes that there were not enough respondents in Tasmania to report on this result

|  |  |  |
| --- | --- | --- |
| Recruitment difficulty | Providers in Tasmania | Providers outside Tasmania |
| Disability Support Workers | 53% | 49% |
| Managers and supervisors of disability support workers | 25% | 44% |
| Marketing / business development | 31% | 23% |
| Finance / Accounting | 33% | 17% |
| Information Technology | n.a. | n.a. |
| HR / Workforce development | 25% | 26% |
| Finance / Accounting | 33% | 17% |
| Information Technology | n.a. | n.a. |
| HR / Workforce development | 25% | 26% |

## The plan’s actions by priority area

**Priority area 1 SUPPLY**

Desired Outcome / Goal

**Assist the sector to build a sustainable and diverse workforce to meet the needs of people with disability in Tasmania.**

**Strategies**

1.1 Support the sector to build a sustainable and diverse workforce

1.2 Support the sector to build an allied health workforce with disability expertise

1.3 Increase the ability of mainstream community services to support people with disability

1.4 Support remote and regional communities to strengthen and grow their disability workforces

**Strategy 1.1 Support the sector to build a sustainable and diverse workforce**

Desired Outcome / Goal

Tasmania’s large disability workforce embodies diversity in terms of age, gender and cultural background to meet the needs of the NDIS roll out.

| **Progress** | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| On track | 1.1.A | Develop a state-wide communication and marketing plan. The strategy will include actions to attract people to the sector, especially allied health and support workers. | 1 May-17 | 31 Jul-17 | DHHS SDF | TasTAFE | The Plan is produced within three months of being funded |
| On track | 1.1.B | Implement Carecareers national roll out strategy in Tasmania. | Ongoing | 30 Nov-17 | DSS | Service providers  Employment services | Attendance at a number of career expos and targetted engagement with employment support services across the state to promote the disability industry to a range of labour market candidates including carers, people with disability, newly arrived migrants, university students , teacher support officers and career changers. |
| On track | 1.1.C | Implement ProjectAble national roll out strategy in Tasmania. | Ongoing | 30 Nov-17 | DSS | DoE and schools |  |
| Unfunded | 1.1.D | Establish an industry awards program including Workplace Ambassadors. |  |  |  | HESTA  SpeakOut | Annual awards are held each year and services report benefit |
| On track | 1.1.E | Promote opportunities for work experience placements for school students in a breadth of roles across the sector. | 1 May-17 | 30 Jun-18 | DHHS SDF | DoE and schoolsService providers | At least 15 students per year across the state complete work experience with disability services |
| On track | 1.1.F | Promote opportunities to increase and strengthen the use of traineeships for school leavers. | 1 May-17 | 30 Jun-18 | DHHS SDF | DoE and schools  AASN  Service providers | There is demonstrable growth in the number of school leavers entering into traineeships in the sector each year |
| On track | 1.1.G | Compile information for service providers to explain the services available when employing people with disability and connect service providers with DESs. | 1 May-17 | 31 Jul-17 | DHHS SDF | DESs  Ticket to Work  NDCO  Service providers | Employers report they have increased the representation of people with disability in their workforce. |
| Unfunded | 1.1.H | Support the running of the Gearing Up Expo. |  |  |  | NDIA  NDCO  SpeakOut | Gearing Up is run in 2018 or 2019. |

**Strategy 1.2 Support the sector to build an allied health workforce with disability expertise**

**Strategy 1.2 Support the sector to build an allied health workforce with disability expertise**

Desired Outcome / Goal

Overcome the current and projected shortage of allied health workers as the NDIS rolls out.

| **Progress** | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Appplied for funding | 1.2.A | Work with stakeholders to develop and implement a comprehensive disability sector allied health strategy that may include the following potential solutions:   * University of Tasmania offers component(s) of disability-relevant allied health courses in Tasmania, partnering with other universities for full qualifications * Government-provided bursaries and travel support are provided for early career allied health professionals working in Tasmania to ensure access to continuing professional development opportunities * Develop a shared clinical placement and professional support program where   Tasmanian therapy services work together to attract and supervise student placements from mainland universities, and develop joint retention initiatives such as professional buddy systems and study hubs   * Support networking to enable shared employment of regionally located therapists between disability services, and between disability and other services, where insufficient hours are available in one organisation or sector * In regional areas, develop models to connect therapists new to a region with local community supports and social networks   Make documented models of remote service provision using technology in innovative ways available to service providers and LACs. |  |  | DHHS RFP | Uni of Tas  OT Australia and other peaks  Specialist services Service providers | The strategy is produced within six months of being funded  This plan is updated with actions from the strategy on completion |
| On track | 1.2.B | Work with allied health peaks and associations to facilitate the promotion of their professions as careers of choice. The approach taken will be detailed in the state-wide communication and marketing plan. | 1 May-17 | 30 Jun-18 | DHHS SDF | OT Australia  Other peaks and assoc  DoE and schools | There is a measurable increase in the number of Tasmanians studying OT and SP. Baseline data needs to be collected to inform this measure. |

**Strategy 1.3 Increase the ability of mainstream community services to support people with disability**

Desired Outcome / Goal

Expand the number of workforces available to provide services to people with disability.

| **Progress** | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applied for funding | 1.3.A | Work with broader community services and private providers to promote opportunities available for them to register with NDIS to deliver services. |  |  | DHHS RFP | NDIA  TasCOSS  MHCT  RTOs | The organisations registered to deliver under the NDIS reflects diversity. |
| On track | 1.3.B | Identify/develop and broker a skillset training program for broader community services workforces to learn about working with people with disability. | 1-Jun-17 |  | Training brokerage and FFS |  | Training is offered around the state and subsequently, attendees report they have applied learnings to their workplace. |

**Strategy 1.4 Support remote and regional communities to strengthen and grow their disability workforces**

Desired Outcome / Goal

People with disability living in remote and regional communities can access high quality support and therapy services.

| **Progress** | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| On track | 1.4.A | Map service delivery and models of delivery in regional, rural and remote communities | 1-May-17 | 31-Jul-17 | DHHS SDF | NDIA  DHHS  LGAs  RDA  Service providers | A document is produced within three months of being funded and informs Strategy 1.4.B |
| Unfunded | 1.4.B | A. Liaise with communities on the east and west coasts to develop and implement a plan of action to strengthen the disability workforce in each region. |  |  |  | NDIA  DHHS  LGAs  RDA  Service providers  MHCT  RTOs  TasCOSS  LINCs  Skills Tas  DSOs | A Local Action Plan (LAP) is produced for each community engaged within six months of being funded.  Community stakeholders report they have been actively involved and support the LAP, the plan is updated with appropriate actions. |

**Priority area 2 UTILISATION**

Desired Outcome / Goal

Encourage innovative and efficient use of the workforce.

**Strategies**

2.1 Strengthen the ability to lead and innovate in an NDIS market

2.2 Support greater uptake of IT solutions in business operations

2.3 Support the increased use of allied health assistants within the sector

2.4 Support the sector to consolidate employment and minimise fragmentation of the workforce

2.5 Implement strategies to support an ageing workforce

2.6 Establish a research group to document and promote evidence-based practice

**Strategy 2.1 Strengthen leaders’ ability to innovate in an NDIS market**

Desired Outcome / Goal

Senior leaders in the sector are exposed to innovative business models and become more skilled in the process of innovating

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Progress** | | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| On track | | 2.1.A | Establish an leadership innovation network for senior managers. Format may take the form of bi-monthly meetings with a focus on a specific topic to provide opportunities to share ideas and experiences. Seeks to balance financial imperatives with service quality - including promotion of positive behaviour support framework.  All are same - Actions 2.1.A, 3.1.B and 3.3.F  Links with Action 2.2.A | 1-May-17 | 30-Jun-18 | DHHS SDF | Service providers | Members report engagement was beneficial and they have applied learnings to their workplace. |
| Ongoing | | 2.1.B | Facilitate connections between Tasmanian services and those from other trial sites as well as with organisations that can provide specialist advice. | Ongoing | 30-Jun-18 | NA | Service providers | Opportunistic linking of services is exploited where appropriate. |
| Complete | | Run a business innovation forum showcasing innovative solutions to working in an environment of individualised funding. Include a focus on the process of innovating. | Ongoing | 31-Dec-16 | DOI | Quartz Consulting  Service providers | Forum run 12 Feb 2016. 45 attendees representing 28 services from all around the State. |

**Strategy 2.2 Support greater uptake of IT solutions in business operations**

Desired Outcome / Goal

Enable efficiencies to be adopted by services through the use technology based solutions.

| **Progress** | | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unfunded | | 2.2.A | Facilitate the establishment of experimental projects with interested services to trial low-cost, innovative IT solutions to support reporting and supervision efficiencies. Document the results and share broadly with other services.  Explore opportunity for an "exciter" workshop to stimulate interest and sharing between service providers. Link to 2.1.A |  | 31 Jul-18 |  | ICT Tasmania  Service providers  ACST | At least five services participate and report benefit. At least three solutions are written up and disseminated to other services. |
| Applied for funding | | 2.2.B | Work with services to trial models of allied health service delivery using technology to support hub-and-spoke outreach with allied health assistants and/or support workers. Links with Action 1.2.A. |  | 31 Jul-18 | DHHS RFP |  | At least three services participate and report benefit. Findings are written up and shared with other services. |
| Unfunded | | 2.2.C | Develop a train-the-trainer program guide for services to train workers internally in the use of IT systems. |  |  |  |  | Services report benefit from using the guide. |
| Completed | | Roll out Improve-IT-4-NDIS project |  | 30 Jun-16 |  |  | https://improveit.org/improveit4ndis |

**Strategy 2.3 Support the increased use of allied health assistants within the sector**

Desired Outcome / Goal

People with disability have access to allied health services across the state within reasonable wait times.

| **Progress** | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applied for funding | 2.3.A | Research and examine models of practice to support the increased use of allied health assistants within the disability sector. Activity may include identification and/or development of:   * A supervision and delegation framework * A high quality training model with contextualisation in disability partnering with specialised RTOs from other states   Links with Actions 1.1.A, 1.1.B, 1.1.E, 1.1.F, 1.2.A and 2.2.C. |  |  | DHHS RFT | NDS Tasmania  DHHS  OT Australia  Service providers  RTOs  Specialist services  Consumers | A measurable increase in the allied health assistant workforce is identified. Services report this as beneficial to service provision. |

**Strategy 2.4 Support the sector to consolidate employment and minimise fragmentation of the workforce**

Desired Outcome / Goal

The support worker workforce is strengthened in regional areas to meet demand under the NDIS. Support workers are offered consolidated employment opportunities.

| **Progress** | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applied for funding | 2.4.A | Establish a sector-owned shared recruitment service with seed funding to service regional areas of Tasmania. |  |  | Skills Tas WfDev 2017 | Service providers  ICT Tasmania | A sector-owned shared recruitment service is researched and established providing services to at least six services in Tasmania. Services and employees report satisfaction with the service.  Project establishes a viable business. |

**Strategy 2.5 Assist employers to support an ageing workforce**

Desired Outcome / Goal

Employers provide a targeted program to support the older members of their workforce.

| **Progress** | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| On track | 2.5.A | Provide information to disability services to understand effective ways to support older employees. Activity may include:   * Research and dissemination of information * Conducting webinars * Focus topic at RoundTable meetings   Links with Action 3.2.A  Links with Action 3.3.B | 1 Jan-17 | 31 Dec-17 | Skills Tas WfDev 2016 | Service providers | Services report that employees over 50 years of age record high levels of engagement with their workplace. |

**Strategy 2.6 Establish a research group to document and promote evidence-based practice**

Desired Outcome / Goal

The practices employed in the delivery of services for people with disability are evidence-based and innovations to strengthen practice seek to contribute to this body of knowledge.

| **Progress** | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| On track | 2.6.A | Establish a practice-based research group meeting quarterly to:   * Share and discuss new and existing research * Create and document safe-to-fail research trials * Encourage research to be undertaken in Tasmania * Include a focus on using positive behaviour supports | 1 May-17 | 30 Jun-18 | DHHS SDF | Service providers  RTOs  University of Tas  ASID | A group comprising services and researchers is established and members report benefit for their workplace from participation in activity. At least three small research trials are established and documented.  Findings are disseminated across the sector. Services involved report practice is strengthened as a result of participation. |

**Priority area 2 CAPABILITY**

Desired Outcome / Goal

Development of the skills and knowledge of service providers to support the NDIS.

**Strategies**

3.1 Strengthen board and senior leadership capability

3.2 Strengthen human resource management practices

3.3 Strengthen management and leadership capability

3.4 Strengthen support services capability

3.5 Support the training sector to provide high quality training in disability work

3.6 Support development of the peer advocacy workforce

**Strategy 3.1 Strengthen board and senior leadership capability**

Desired Outcome / Goal

Senior managers and board members are knowledgeable and skilled in the governing of a NFP organisation delivering services for people with disability.

| **Progress** | | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| On track | | 3.1.A | Based on 'leading the way' and 'organisational readiness toolkit', develop resource for board members to check organisational progress toward NDIS readiness in terms of service quality and financial preparedness - deliver via series of workshops. Produce checklists for domains from tool, and links to existing resources that may include information about working with people with disability, the history of the sector, positive behaviour support frameworks, and information about governance timelines and responsibilities. | 1 Jul-16 | 30 Jun-17 | PIR | Service providers | Present to at least 20 providers across the State and they report benefit from the engagement.  Produce a resource to be shared electronically and in hard copy with board members of services operating in the NDIS market. |
| On track | | 3.1.B | Establish an leadership innovation network for senior managers. Format may take the form of bi-monthly meetings with a focus on a specific topic to provide opportunities to share ideas and experiences. Seeks to balance financial imperatives with service quality - including promotion of positive behaviour support framework.  All are same - Actions 2.1.A, 3.1.B and 3.3.F  Links with Action 2.2.A | 1 May-17 | 30 Jun-18 | DHHS SDF | Service providers | Members report engagement was beneficial and they have applied learnings to their workplace. |
| Underway | | 3.1.C | Communicate value of organisational metrics tracking tools and engage senior leaders in participating: Business Confidence Survey, Provider toolkit, Employee Engagement Tool | Ongoing | 30 Jun-17 |  |  |  |
| Completed | | Conduct workshops based on the organisational readiness toolkit. | 1 Jan-16 | 30 Jun-16 | PIR | Service providers  MHCT | Presented to 12 providers across the State who reported benefit from the engagement. | |
| Completed | | Provide face-to-face individual consultations for services to engage with a consultant. | 1 Jan-16 | 30 Jun-16 | PIR | Service providers  MHCT | Worked with 8 providers across the State and they reported benefit from the engagement. | |

**Strategy 3.2 Strengthen human resource management practices**

Desired Outcome / Goal

**The sector is recognised as an industry of choice on the basis of strong people and culture management**

| **Progress** | | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| On track | | 3.2.A | Continue coordination of the Disability Industry Roundtable with a focus on leadership and HRM practice. Supported by an electronic newsletter between meetings.  All same actions - 3.2.A and 3.3.A | Ongoing | 30 Jun-17 | DHHS  Skills Tas WD 2016 | Service providers  Employment services  RTOs | Members report benefit in terms of strengthening HRM and leadership skills and knowledge | |
| On track | | 3.2.B | Offer a training program on **values based recruitment** involving participants, workers and management. Activities may include: Research and dissemination of information; training sessions; focus topic for RoundTable; access to consultants; supply of templates, sample policies and procedures. | 1 Jan-17 | 31 Dec-17 | Skills Tas WD 2016 | Service providers | Participants report they have implemented a VBR process and are satisfied with the program. | |
| On track | | 3.2.C | Offer a program to service providers enabling them to implement policies and procedures for **inductions, structured supervision and mentoring, performance appraisal and performance management**. Activity may include: research and dissemination of information; training sessions (webinars); focus topic at RoundTable meetings links with Action 3.2.A; access to consultants; supply of templates and sample policies and procedures. | 1 Jan-17 | 31 Dec-17 | Skills Tas WD 2016 | Service providers | Participants report they have strengthened their procedures as a result of engagement in this program | |
| On track | | 3.2.D | Provide information to services to support implementation of **wellbeing program**. Activity may include: research and dissemination of information (including Work Ability); connection with an Employee Assistance Program; training sessions (webinars); focus topics at RoundTable meetings. | 1 Jan-17 | 31 Dec-17 | Skills Tas WD 2016 | Service providers | Services report increases in their workforce’s wellbeing and engagement using measures such as the Work Ability Index. | |
| On track | | 3.2.E | Provide information to services to support the creation of **traineeships for young people** entering the sector. Consider working with GTOs to provide full-time opportunities across multiple services if necessary. | 1 Jan-17  1 May-17 | 31 Dec-17  30 Jun-18 | Skills Tas WD 2016  DHHS SDF | AASNs and GTOs  RTOs  Service providers | A measurable growth in people under 25 taking up and completing full-time traineeships in the sector. | |
| On track | | 3.2.F | Promote the uptake of the Skills Tasmania Employer of Choice program. | Ongoing |  |  | Skills Tasmania  Providers | A measurable growth in the number of services recognised as EoCs. | |
| Completed | | Broker accredited training in workforce planning that sees the output as a workforce plan for the service. | 1 Jan-16 | 31 Dec-16 | PIR | Service providers  Response training | | Eight services completed a workforce plan as part of the training program. |

**Strategy 3.3 Strengthen management and leadership capability**

Desired Outcome / Goal

Services are able to measure improvements in their leadership capability in terms of employee engagement.

| **Progress** | **#** | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| On track | 3.3.A | Continue coordination of the Disability Industry Roundtable with a focus on leadership and HRM practice. Supported by an electronic newsletter between meetings.  All same actions - 3.2.A and 3.3.A | Ongoing | 30 Jun-17 | DHHS | Service providers  Employment services  RTOs | Members report benefit in terms of strengthening HRM and leadership skills and knowledge |
| On track | 3.3.B | Provide information to services to support implementation of a staff engagement program. Activity may include: linking to the NDS employee engagement tool, research and dissemination of information; training sessions (webinars); focus topics at RoundTable meetings. | 1 Jan-17 | 31 Dec-17 | Skills Tas WD 2016 | Service providers | Services have a good understanding of the level of their employees’ engagement. |
| On track | 3.3.C | Develop and broker a leadership training program at Certificate IV level for **existing leaders** comprising skillsets. Topics may include: mentoring work teams, upward communication, structured supervision and encouraging innovation. | 1 Jul-16 | Ongoing | Skills Fund | Service providers  RTOs | At least four skillset training programs are developed and attended by at least 10 services that report benefit has been gained. |
| On track | 3.3.D | Develop and broker a 12 month **emerging leaders program** for existing support workers working toward a Certificate IV outcome. The program should be practice-based and engage people in a social collaborative learning space. Competencies should be drawn from foundation skills (literacy, numeracy, digital literacy and oral communication); leadership and management; and disability qualifications. The program will have strong links with the peer leadership program. Links with Action 3.6.A | 1 Jan-17 | 31 Dec-17 | Skills Fund | Avidity training  Social impact measurement  Providers | Each year, a group of at least 15 support workers commence the program and at least 10 complete the program and report they have learned new skills they can apply. |
| On track | 3.3.E | Develop and broker a skillset training program on **leading a diverse workforce**. Activity may include: Research and dissemination of information; Training sessions (face-to-face and webinars); Focus topics at RoundTable meetings links with Action 3.2.A. | 1 May-17 | 30 Jun-18 | DHHS SDF | Providers | At least 20 services in three locations participate in the training and report benefit from their attendance. |
| On track | 3.3.F | Establish an leadership innovation network for senior managers. Format may take the form of bi-monthly meetings with a focus on a specific topic to provide opportunities to share ideas and experiences. Seeks to balance financial imperatives with service quality - including promotion of positive behaviour support framework.  All are same - Actions 2.1.A, 3.1.B and 3.3.F  Links with Action 2.2.A | 1 May-17 | 30 Jun-18 | DHHS SDF | Service providers | Members report engagement was beneficial and they have applied learnings to their workplace. |
| Not funded | 3.3.G | Identify higher education offerings to support career development pathways into higher levels of management |  |  |  | Uni Tas | A pathway is identified and shared with the sector. |

**Strategy 3.4 Strengthen support services capability**

Desired Outcome / Goal

People with disability have the opportunity to choose their supports from a breadth of high quality services

| **Progress** | | **#** | **Actions** | | | **Start date** | | **End date** | | **Funding source** | **Other key stakeholders** | | | | **Performance Indicators** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| On track | | 3.4.A | Promote training in administration of medication to ensure all support workers are qualified to do the work they are tasked with. Including:   * Establish and disseminate a training calendar with training opportunities * Promote the use of training resource ‘Get ready to assist clients with medications’ * Evaluate need/viability for NDS to broker medication training | | | Ongoing | | Ongoing | | 26TEN | RTOs  Service providers | | | | Employers report that all staff are qualified to perform their duties. | |
| Applied for funding | | 3.4.B | Continue workplace literacy project. Activities include:   * Develop a train-the-trainer program to enable training by existing staff during team meetings * Support employers to develop a workforce literacy development plan (and seek funding where necessary) | | | Ongoing | | 31 May-17 | | 26TEN | Service providers | | | | Services involved in the project report demonstrable benefit from the project.  Employees involved in the project report they are able to apply learnings in carrying out their duties. | |
| On track | | 3.4.C | Coordinate delivery of Plain English workshops for service providers | | | Ongoing | | Ongoing | | 26TEN | 26TEN  Service providers | | | | 30 people around the State engage in the workshops and report benefit from attending. | |
| Applied for funding | | 3.4.D | Broker a skillset training program to train frontline supervisors to mentor team members' literacy skills development - BSBSS00062 - Workplace Supervisor Language, Literacy and Numeracy Skill Set | | |  | |  | | Skills Fund tbc | Service providers  RTOs | | | |  | |
| Underway | | 3.4.E | Extend offering of accredited and non-accredited short course training (using brokerage arrangements where appropriate) to include (but not necessarily limited to): case management, head trauma, epilepsy, autism, working with young people with disability, working with older people with disability, specific to individual participant needs, working with behaviour management plans (including documentation requirements), allied health assistant skill sets. | | | Ongoing | | Ongoing | | Skills Fund TBC | Service providers  RTOs  Specialist services | | | | A training calendar is established to provide opportunities for employees around the state to participate in a range of short courses.  Attendees report they have applied learnings in their workplace. | |
| Underway | | 3.4.F | Broker training to strengthen skills in supporting people with mental health conditions.  Activity will include:   * Mental Health First Aid training for support workers | | | Ongoing | | Ongoing | |  | MHCT  Service providers  RTOs | | | | Services and support workers report a strengthened capability to support people with disability who have mental health conditions. | |
| On track | | 3.4.G | Implement an Action Learning Network project to prepare the workforce for person-centred service delivery. Activities include:   * establish a network of services to act as demonstration projects * use intentional group learning strategies to build provider capacity to implement service quality improvement projects/trials * promote the use of high performance work practices in emerging models * build providers skills in using, and knowledge of, social impact measurements * build providers skills in co-design methods * develop a framework/process chart to implement service quality improvement projects/trials * share the framework, case studies and learnings across the sector through an evaluation of the network and resources publically available on NDS website   Links with Actions 2.1.A, 3.1.B and 3.3.F (innovative leaders network)  Links with Action 2.6.A (research group)  Links with Action 3.4.H (positive behaviour support framework)  Links with Action 3.4.I (chronic disease management) | | | 1 May-17 | | 30 Jun-18 | | DHHS SDF | Providers  Evaluators | | | | Five to seven services participate in the network and continue the change process after the end of the program.  The resources, tools, case studies and learnings are shared across the sector. | |
| Various | | 3.4.H | Strengthening organisational capability to support people with behaviours of concern through implementation of a positive behaviour support framework. Activities will include:   * Enable training for teams within services, through brokerage if required, ensuring evidence-based practice Include topics on: plan writing, understanding disability, interpreting, implementing and monitoring plans. * Enable information session on the quality and safeguarding framework and use of restrictive practices * Develop a process chart of a good practice planning process (could emerge from 3.4.G) * Training for RTO trainers and assessors to ensure inclusion in delivery of Certificate III Individual Support (Disability). Links to Action 3.5.A.   Links with Action 2.6.A (research group)  Links with Action 3.4.G (action learning network) | | Ongoing | | | Ongoing | | DHHS SDF |  | | | The senior practitioner (or equivalent) is able to demonstrate a decrease in the number of incidents involving participants identified as having behaviours of concern over the duration of the project. | |
| Unfunded | | 3.4.I | Implement a pilot project to strengthen the disability workforce to support people with intellectual disability to make lifestyle choices to manage and prevent chronic disease.  Activities may include:   * Engagement forums with support worker workforce * A peer-led training program for people with ID and their support workers * At home toolkit with menu cards, activity suggestions and planning templates. | |  | | |  | |  |  | | | The project demonstrates a reduction in lifestyle risk factors for people with ID involved. Services and support workers involved in the project report a strengthened capability to encourage the people they support to choose a healthy lifestyle.  Interested services have at least one training team that can deliver in-house training. The project is considered repeatable with appropriate funding. | |
| Completed | | | Executive Leaders Summit: Supporting people with behaviours of concern | | | 1 Jul-16 | |  | | | DHHS  Speak Out | 41 people attended the forum where presentations were made by Keith McVilly, Sharon Paley and providers shared good practice examples. | | | | |
| Completed | | | Research paper written and learning resources developed to enhance skills in workforce to encourage people with intellectual disability to make lifestyle choices for health and wellbeing. | | | 1 Jul-16 | | PHT  Skills Tas WfDev  2015 | | | Speak Out | Two learning booklets were produced along with a research paper reviewing approaches to working in this space. | | | | |

**Strategy 3.5 Support the training sector to provide high quality training in disability work**

Desired Outcome / Goal

Accredited training is highly valued by service providers and is seen as a key way to strengthen the disability workforce

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Progress** | | **#** | | **Actions** | **Start date** | | **End date** | | **Funding source** | | **Other key stakeholders** | | **Performance Indicators** | |
| On track | | 3.5.A | | Establish a Training Quality Network that meets quarterly. Activities include:   * Validation and moderation * Information sharing * Resource evaluation and development * Peer validation of assessor competence | Ongoing | | 30 Jun-17 | | DHHS | | Providers  RTOs  Advocacy orgs | | Network members value the role of the TQN in the work they do.  Services recognise accredited training as important to workforce development efforts state-wide. | |
| On track | | 3.5.B | | Encourage trainers in disability to attend practice-based research group Links to Action 2.6.A | 1 May-17 | | 30 Jun-18 | | DHHS SDF | | RTOs | |  | |
| Unfunded | | 3.5.C | | Encourage RTOs to ensure foundation skills training is adequately **integrated** into vocational training. This can include, but is not limited to: training for VET practitioners, discussion at TQN meetings, sharing of relevant resources.  Links with 3.5.A | Ongoing | | Ongoing | |  | |  | | Services report that recent graduates have the foundation skills required to carry out their role. | |
| Unfunded | | 3.5.D | | Training for RTO trainers and assessors of Certificate III Individual Support (Disability) in positive behaviour supports, behaviour support plan writing and implementation, quality and safeguarding framework. | Ongoing | | Ongoing | |  | | Anglicare  Speak Out | |  | |
| Completed | | Teaching and learning resource development project. | | | Ongoing | | 30 May-17 | | Skills Tas WfDev 2015 | | SpeakOut | | 7 titles produced and launced in May 2017. | |

**Strategy 3.6 Support the development of the peer advocacy workforce**

Desired Outcome / Goal

The advocacy workforce is strengthened with more people with disability trained in leadership.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Progress #** | | **Actions** | **Start date** | **End date** | **Funding source** | **Other key stakeholders** | **Performance Indicators** |
| Needs focus | 3.6.A | Work collaboratively with the advocacy organisations to develop a peer leadership program that has strong connections with the emerging leaders program. Links with Actions 3.3.D | Ongoing | 30 Jun-17 |  | Providers  RTOs  Advocacy orgs | A combined leadership program is developed. Each year, a group of at least 15 people with disability commence the program and at least 10 complete the program and report they have learned new skills they can apply as an advocate. |

## Appendix A – Stakeholder engagement informing the WSAP

Early engagement to inform the first version of the Tasmanian Disability Workforce Strategy and Action Plan.

Between the end of August and early October 2015, NDS engaged extensively with a range of stakeholders through forums and individual meetings. Separate forums were conducted for each of the following groups while organisations not able to attend were consulted individually.

* Service providers and government stakeholders – full day workshop in Campbell Town
* Education and training providers – full day workshop in Campbell Town
* Employment service providers including JobActives, DESs and AACNs – two hour sessions in Hobart and Launceston
* Providers of allied health services and government stakeholders – full day workshop in Campbell Town

Other organisations were consulted individually. This was an opportunity extended to organisations invited to all forums as well as targeted organisations such as other community sector peak bodies.

The following organisations contributed to the development of this plan by participating in these forums during 2015.

**Individual consultations**

Aged Care Services Tasmania

Blue Line Employment

Early Childhood Australia

Eskleigh Homes

Guide Dogs Tasmania

HACSU

Mental Health Council

Occupational Therapy Australia

Primary Health Tasmania

Regional Development Australia

Speak Out Advocacy

Star Cosmos

TasCOSS

DHHS

TasTAFE

State Enterprise Training

Veranto

**Allied health forum**

Australian Association of Social Workers

Baptcare

Child Protection Services

Disability and Community Services

Independent Living Centre

National Disability Insurance Agency

Northwest Coast Family & Child Health

North West Residential Support Services

Primary Health Tasmania

St Giles

The ORS group

Youth Justice South

**Employment services forum**

APM Employment Services

Blueline Employment Services

LINC

ORS Group

**Education and training forum**

Association for Children with Disability

Campbell Page

Department of Education, Tasmania

Devonfield Training Services

MEGT

TasTAFE

University of Tasmania

Work and Training

**Service provider and government stakeholders forum**

Able Australia

Advocacy Tasmania

APM

Blueline Employment Services

Coastal Residential Services

Department of Health and Human Services, Tasmania

Department of Social Services

Devonfield Enterprises Inc.

Epilepsy Tasmania

Eskleigh Foundation

Family Based Care Association North West

Health Recruitment Plus

Hobart City Mission

Langford Support Services

Liviende Inc.

Montague Community Living

MS Society Tasmania

National Disability Insurance Agency

Nexus Inc

Oak Tasmania

Office of Hon Jacquie Petrusma MP

Possability

Richmond Fellowship Tasmania

Self Help Workplace

Skills Tasmania, Dept of State Growth

The Parkside Foundation

## Appendix B - Using the WSAP: A summary for disability service providers

### What’s in it for me?

The actions in the Plan can help your organisation prepare for the NDIS.

It will assist you to:

* Implement your workforce plan
* Measure the effectiveness of your workforce development and planning action
* Contribute to development of the sector

### What can we do to support the Plan’s success?

* Engage in training and other workforce development activities
* Engage with data collection activities
* Actively engage in the networks and action groups
* Contribute feedback to NDS submissions
* Take work experience and work placement students
* Look at traineeships differently
* Be prepared to innovate and share your successes and failures

### What’s in the Plan?

#### Networks and Action Groups

* Disability Industry Round Table
* Leaders Innovation Network
* Training Quality Network
* Practice-based Research Group
* Low-cost IT Innovation Hub

#### Projects

* Action Learning Network project
* Attracting new workers to the sector and strengthening the allied health workforce
* Exploring Higher Education opportunities to support sector capability
* Leadership buddy program – connecting with senior managers in other states
* Growing the role of allied health assistants
* Shared recruitment service
* Supporting an ageing workforce
* Strengthening staff engagement
* Induction toolkit for board members
* Reducing lifestyle risk factors to manage and prevent chronic illness

### Learning and development programs

The following information will be available in a regular training calendar bringing together events from across the sector.

| **Topic** | **Who is it for?** | **Tell me about it** |
| --- | --- | --- |
| Emerging leaders | Support workers, key workers, team leaders | This certificate IV program will run over 12 months to prepare employees for a leadership role. |
| Employing values based recruitment | HR personnel | Workshops and a esource kit to learn how to successfully implement a recruitment on the basis of client, employee and organisational vales |
| Leadership skills | Managers, key workers and team leaders | Skillset training includes: mentoring, communication, structured supervision, performance management, enabling innovation, etc. |
| Mental Health First Aid | Anyone | A program to learn how to provide initial support to people who are developing or experiencing mental illness. |
| Peer advocate leadership program | People with intellectual disability | This 12 month program will strengthen the leadership skills of peer advocates |
| Short courses | Anyone | Shorter programs on specific topics such as: supporting young people; supporting older people; understanding autism, epilepsy, head trauma; writing in plain English; writing behaviour management plans, allied health assistant skillsets, case management, etc. |
| Supporting people with behaviours of concern | Case managers, key workers, operations managers, support workers, team leaders | Training in evidence-based practice; documentation requirements; and quality and safeguarding framework and the use of restrictive interventions. |
| Train the trainer | Anyone | A non-accredited program to strengthen training skills of staff to conduct in-house training on the use of IT. Approximately 2 days. |
| Workplace literacy | Anyone | Training resources are available to use in your workplace to strengthen reading, writing, numeracy and oral communication. |

1. Australian Institute of Health and Welfare (2015) Disability support services: Services provided under the National Disability Agreement 2013 – 2014. Retrieved from [Australian Institute of Health and Welfare website](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129551423) [↑](#footnote-ref-1)
2. NDS (2014) National disability workforce strategy project: Tasmanian trial site profile and findings*.* Retrieved from [National Disability Services website](http://www.nds.org.au/publications?s=TAS&c=23) [↑](#footnote-ref-2)
3. The NDA continues to fund people with disability until they transition to the NDIS. [↑](#footnote-ref-3)
4. NDIS website, March 2017 [↑](#footnote-ref-4)
5. AIHW Disability support services Appendix 2014-2015 [↑](#footnote-ref-5)
6. ibid [↑](#footnote-ref-6)
7. NDIA (2016) Market position statement Tasmania [↑](#footnote-ref-7)
8. ABS website, Regional Summaries, accessed March 2017 [↑](#footnote-ref-8)
9. ABS Labour Force Survey, cat. no. 6202.0, seasonally adjusted figures [↑](#footnote-ref-9)
10. NDS and Windsor and Associates (2014) Roadmap to a sustainable workforce: Improving the quality of disability workforce data. Unpublished. [↑](#footnote-ref-10)
11. NDIA (2016) Market position statement Tasmania [↑](#footnote-ref-11)
12. NDS (2016) ‘Workforce Wizard quarterly report: Quarter 3, ending April 2015-2016’, unpublished. [↑](#footnote-ref-12)
13. NDIA (2016) Market position statement Tasmania [↑](#footnote-ref-13)
14. ibid [↑](#footnote-ref-14)
15. Ibid [↑](#footnote-ref-15)
16. NDS (2016) ‘Workforce Wizard quarterly report: Quarter 3, ending April 2015-2016’, unpublished. [↑](#footnote-ref-16)
17. This figure is based on data from disability employers in all states so varies from the figure used in Table 6, which uses data from Tasmanian disability employers only. [↑](#footnote-ref-17)
18. NCVER, VOCSTATS, Retrieved April 2017 [↑](#footnote-ref-18)
19. HILDA 2014.0, extracted by Ian Watson July 2016 for NDS [↑](#footnote-ref-19)
20. NDS and Windsor and Associates. (2014). Roadmap to a sustainable workforce: Improving the quality of disability workforce data. Unpublished. [↑](#footnote-ref-20)