



NDIS Quality
and Safeguards
Commission

NDIS Quality and Safeguards Commission

Quality and Consumer
Information Insight Report:
Worker Quality

December 2023



Table of Contents

NDIS Quality and Safeguards Commission	1
Quality workforces are about the right attitudes, training and reflective practice	3
Key Insights	3
Workers need to be well-skilled and experienced	4
Getting the right fit with a worker is essential	6
Terms and Definitions.....	10

Quality workforces are about the right attitudes, training and reflective practice

‘Quality’ can be defined as the extent to which a support, that is delivered by a provider, meets or exceeds a participant’s needs, expectations and outcomes, and how it meets or exceeds the relevant NDIS requirements.

The NDIS relies on a dedicated and well-prepared workforce to deliver the diverse range of services and supports needed. This support can take many forms, including personal care, household tasks, community access, and more.

Key Insights

Quality workforces are about the right attitudes, training and reflective practice

- Participants told us quality meant genuinely caring about participants as human beings, workers understanding their job properly, and providing participants with the support they need in a reliable and respectful way.
- Participants felt workers should be appropriately trained, skilled in a range of communication methods, work as a team in a strong positive culture, respect choice and control, be honest, caring, and empower the participant.
- Participants emphasised how culturally responsive workers committed to the continuous process of learning and responding to participants needs from their unique cultural perspective is fundamental to quality support.
- Reflective practice and training, especially around values, beliefs and interactions is an important part of quality.

Worker definition

- In this report, we have used the word ‘worker’ as a general description of a person directly delivering NDIS services and supports to participants. When participants told us about workers, this included workers considered as an employee; contractors; sub-contractors; casual employees or sole proprietors.

More definitions and terms used in this report can be found [here](#).

Workers need to be well-skilled and experienced

Participants shared that the goal of the support worker should be to work in partnership with participants to ensure they are receiving the support they need to live independently and achieve their individual goals. A skilled, well-supported and qualified workforce is essential to the delivery of quality and safe supports to NDIS participants. However, participants often struggle to find workers who can meet these standards:

“Finding good support workers is difficult among a myriad of sub-standard service providers.”

It is important to participants that the sector attracts workers with the right skills, values, attributes and diversity of experience to match the diverse range of participants and their individual needs. Participants shared how Support Coordinators and Plan Managers can make a significant contribution to good outcomes for participants. This occurs when they provide good quality supports, respect the rights of participants, act with care, skill, and integrity. Participants shared that they want:

“Professionals who know what they are doing.”

Participants shared how there are shortages in finding qualified workers that has resulted in gaps when it comes to service delivery. This has also resulted in a lack of choice for participants. Participants find the NDIS market attracts people looking for casual work, often while studying and/or juggling other commitments. This can be beneficial to some participants, and fall within their idea of flexible supports. However, because of the high rate of casualisation this can at times mean a lack of consistency among staff, short notice cancellations, and undermine the quality and safety of support. As one participant told us:

“At the moment there is not enough support workers available to the need - people hear support work is easy and paid well- people turn with no experience and leave immediately.”

Participants shared with us the skills and qualifications they felt were needed to deliver safe, quality supports and services. This included support workers having an understanding of disability, grounded in core skills such as effective communication, upholding rights, and an appreciation for the social model of disability. Participants expressed that investment in ongoing training and development is crucial to ensuring that workers’ continue to develop their knowledge to provide safe and quality supports. Once a worker enters the disability sector, participants stated there is a need for ongoing values-based training. Participants felt providers should regularly provide their staff opportunities to discuss the values that underpin their work and engage in reflective practice. For this to be done well, it meant including the views of the participants that they support. A participant noted:

“Support workers are predominantly trained in the compliance interests of the organisation rather than in inclusive values, tailored supports.”

Participants highlighted the important role they play in workforce management practices, including learning and development activities. Many participants expressed they were required to arrange training or train support workers themselves, which was a time consuming exercise. This was often a cause of frustration or led to participants feeling exhausted where there was a high turnover of staff. Some participants felt taking on training themselves was an effective way to ensure workers are working to a participant’s individual preferences.

“We prefer to personally train supports, tick box courses are a waste of resources.”

While participants recognised the importance of ongoing training and development, participants had different views on formal qualifications of support workers. Many participants shared that the way some formal qualifications training is delivered is not aligned to the social model of disability or person-centred care and could actually be a barrier to quality supports. In some circumstances, participants reported a strong preference for recruiting the right attributes in workers regardless of their qualifications with the view to train the worker in their individual preferences. However, other participants were concerned that when there is a lack of formal training and qualifications, they might experience increased health and safety risks, for example, participants with complex needs shared that there are specific needs they require support with that need training. Participants expressed that they would benefit from knowing there was a ‘minimum standard’ of training for all support workers. This did not necessarily have to be formal qualifications but should be effective in teaching the values and behaviours that are expected in the delivery of services to people with disability.

“The best workers have been trained in something and then learning, unlearning and learning - sometimes people get stuck - the more they learn with a certain way to working.”

Participants acknowledged many roles across the sector share similar skills requirements and attributes. However, they noted that not all roles and jobs are transferrable, with some specialised services and roles required for different participants. This was particularly relevant to those moving from the aged care sector. Participants also noted there is a reliance on peer support in developing skills, which relies on appropriate behaviours and skills being modelled. Equally, reliance on some workers to train new staff can increase the risk of training them in outdated practices and principles. Many participants also shared the importance that either previous experience with their disability type or personal lived experience played in uplifting quality. In particular, participants expressed their concern with new graduates in allied health or younger workers that may not have had exposure to a variety of situations. They felt that this might affect a workers ability to adapt and effectively handle situations. As one participant commented:

“Relevant qualifications and lived experience or someone who has worked with the participant’s specific or similar conditions previously is highly regarded.”

Participants commented that the disability sector is constantly evolving, with policy and standards changing, and new approaches and practices emerging. Participants shared that having knowledgeable workers who stay up to date with these developments and adapt their practices are able to provide the most current and effective service. Additionally, workers who are well versed in the sector were often better equipped to advocate for their needs and rights. This provided a greater level of trust and confidence in empowering a participant to navigate the NDIS. Participants value workers who are well connected within the sector, as this allows them to link participants with the most relevant resources and local services:

“They do their research – tell you what’s available in the community.”

Participants shared that having culturally responsive workers was fundamental to quality support. Finding and engaging workers who speak the participant’s language and are culturally aware, appropriate, and safe was often difficult. This relied on an investment from organisations. Workers who engaged in continuous learning and reflection were more aware of their own biases and able to eliminate them. Participants shared that when workers actively embraced and celebrated cultural

differences as strengths, it created a culturally safe environment where participants did not feel fear or judgement. Participants were more likely to feel understood and valued, leading to greater trust:

“When I’m with my support worker I can take a deep breath, I am getting support - we have built up the trust - I feel confident and safe with her - she doesn’t cross professional boundaries or cultural boundaries, I feel relaxed.”

Getting the right fit with a worker is essential

Participants highlighted the importance of worker’s attitudes in ensuring the right fit. Cultural and capability play a critical role in getting the right fit and establishing a participant-centred, ethical, and empathetic approach to service delivery. Workers with the right behaviours can help in the delivery of transformational benefits in the lives of participants. Continuous learning, reflection and training are important for ensuring the development and refinement of many of these capabilities and attributes. The following behaviours attributes were most commonly identified as being important to participants:



Caring and respectful

Participants shared that good workers who care go beyond mere duty; embody empathy, compassion, and genuine concern for the well-being of participants. Workers who care foster an environment in which participants felt emotionally supported, understood and valued. As one participant put it, they:

“Did not want to feel that the support worker was only there for the money.”

Participants told us respect means recognising a participant for their uniqueness, remaining open, and taking a non-judgemental approach. This meant valuing their perspectives, identities, and diverse backgrounds. Participants shared the importance of workers recognising that it can be a frightening process for participants to open up their lives and homes to complete strangers, so it was important to not only respect a person but their space as well:

“Treat my home as my home and not their workplace.”

Efficient and reliable

Participants highlighted that workers are paid to deliver a service and therefore should ensure that resources, including time and funding, are used optimally. Demonstrating this behaviour helps maximise the impacts of support, allowing participants to receive timely and relevant services without waste or delays. As one participant stated, they expect:

“Things get done professionally.”

Participants shared how much they rely on a worker providing support and so it is essential for workers to turn up when they say they will. Reliable behaviour ensures that participants consistently

receive the support they require, which participants expressed was fundamental for their stability, security, and peace of mind:

“They turn up when they are supposed to and do not try to shuffle schedules. When they are sick or unable to make it, they tell us in advance.”

Empowering and rights focused

Participants stressed it was important for workers to recognise their capacity to make decisions about their own lives. They shared that providing information, offering choices, and enabling them to set their own goals helps participants regain a sense of agency and control. This included supporting them to make informed decisions about risk taking activities, thereby moving away from preventing or restricting someone, to contingency planning, explaining options, and being there to deescalate or make suggestions. One participant expressed that it was important:

“When they don’t understand I understand my disability best and if something needs to be done a certain way, it needs to. To not take over thinking they know best and potentially put me and them in danger.”

Participants shared that workers need a rights based approach to service delivery and have a commitment to protecting and upholding the rights of participants. Respecting a participant’s autonomy, dignity, and freedom of choice. Participants expressed this included the right to privacy and maintaining confidentiality. This is especially important in regional areas where people may be known to others and choices of providers and support workers are limited. Participants found quality workers were able to explain to the participants and/or their family their rights and how they are protected. Participants also told us that quality workers supported them to form connections with other members of their community so they did not feel isolated and supported them to live independently. One participant shared a negative experience where they felt their workers would:

“Treat me as an object rather than a human being”

Build trusted relationships and communicate effectively

Participants told us that they highly value the quality of their relationships with workers. It was essential for participants to feel confident in their support workers, to foster a sense of security and emotional well-being. Building trust is a dynamic behaviour that requires time, consistency, and authenticity:

“They blame my communication needs as a behavioural issue, when they have not taken the time to find out what it is that I need.”

Participants told us that effective communication is the key to a positive participant-worker relationship. It was important to participants that workers have a clear understanding of a participant’s needs, preferences, and goals. Participants expressed workers should be creating a collaborative atmosphere and partnership approach. This meant that participants should be actively engaged in all decision-making. This includes addressing differences in opinion and conflict constructively and in a timely manner, mediating differences, and knowing when to escalate if required:

“Setting a good foundation includes having an open channel of communication and not being afraid to express what is working and not working to find the right worker is very important.”



Parents of children with disability expressed it was particularly important for them to have a genuine connection with the workers. It was important for a worker to understand the impact of service delivery would not only be to the individual participant but to the whole family. Participants told us that relationships are more easily built when they shared similar views, values, and interests with workers. Participants told us that high turnover of staff and investing in establishing new relationships constantly was difficult:

“It is emotionally draining to find a carer and having to re-go through the process over and over again.”

Understand professional boundaries and have self-awareness

Participants told us that it is important to have trust and respect between participants and their support workers. To ensure that participants' best interests are safeguarded and that there is no undue influence or conflicts of interest, workers must maintain professional boundaries. This meant knowing the line between a professional relationship and a friendship. Participants felt workers demonstrated this when they were prepared before a shift, confident in what they can do and knew clearly where the boundaries of their role, responsibility and competence lie. Participants shared a number of unprofessional behaviours that they had experienced, including workers being on their phones for social reasons, driving unsafe, stealing items, taking things personally, and oversharing their personal stories. One participant stated:

“If they are unloading or if it is becoming one sided then that is a problem.”

Participants also told us they expect workers to have a responsibility to manage themselves and present confidently and competently. Self-awareness involved engaging in an ongoing process of recognising their own biases and cultural perspectives. Participants want to be treated with sensitivity and respect, regardless of their backgrounds. This behaviour is crucial for providing culturally responsive care. Participants expressed workers must acknowledge and be responsive to the needs of participant cohorts who identify as belonging to specific cultural or preference groups, or who find themselves in socially complex and marginalised circumstances. Participants shared that good workers engage in reflective practice and think about their values and beliefs and their interactions with others. This is particularly relevant to people with disability as participants told us it was common practice to be infantilised and viewed through a charitable model of disability instead of the social model:

“Not have ‘saviour’ complexes where they think they know what is best for a person or where they act as if they are doing a person a favour helping them.”

Participant focused and responsive

Participants told us that participant-centred services, tailored to the specific needs and preferences of participants, is a significant core principle of the NDIS. It was important to participants that the supports they receive are not one-size-fits-all but personalised to align with their individual aspirations and circumstances:

“Just because you meet one person with a specific kind of disability or condition you know, doesn't mean that the same approach would work for other people”

Participants further stressed the importance of open-mindedness and curiosity from workers. Participants value workers who continually evolve their way of working, reflect on their practice, review new evidence/research and adapt to a participant's needs and goals. This means workers

need to move away from having a fixed view on how to best support someone solely based on their experience with another participant. As one participant shared:

“There is nothing worse than a formally trained know-it-all support worker who insists on knowing what is best; they are insufferable and potentially dangerous.”

Participants shared that good workers need to be present, observant, and responsive to participant needs. For harm prevention, and the realisation of goals, this requires effective preparation and working with a participant about their strengths, goals and needs. Participants valued workers who promptly addressed their needs and concerns, allowing for a dynamic and agile response to evolving circumstances:

“They listen to my concerns and actively try to resolve this.”

Collaborative

Participants highlighted that parties from different avenues of support and care need to come together to achieve the best outcome for the participant. Collaboration with participants and between support workers ensured that all aspects of care were addressed comprehensively. Participants said this was important for preventing gaps or overlaps in services. Participants outlined this may involve developing and maintaining constructive working relationships with participant support networks, colleagues, professional services, and wider community networks. In particular, participants noted that service delivery needed to move away from a ‘protecting business’ attitude at the expense of quality services for the participant. Participants highlighted the importance of recognising the role of family and community in the support of participants. They also shared that there is a need to support participants to engage with their own support networks throughout all stages of service delivery. A parent of a participant stated there must be a:

“Willingness to work with other support providers, family, school etc. if needed as often the child needs a team approach. A provider that is not willing to do that raises red flags for me.”

Terms and Definitions

Agency-managed participant: A participant whose NDIS funding is managed by the NDIA. Participants who choose to be Agency-Managed can only access supports and services from registered NDIS providers.

CALD: Refers to any person or group of people that are culturally and linguistically diverse.

Choice and control: A participant has the right to make their own decisions about what is important to them and to decide how they would like to receive their supports and who from.

Complaint: telling the NDIS Commission if you are unhappy with or have a concern about your current NDIS supports or services.

Confidence: a high level of trust. For example, you are confident your provider gives you correct information.

Consumer: see “participant”

Demographic information: Data about the features or characteristics that define an individual or group. For the purpose of the Own Motion Inquiry, this includes data such as location, age and disability type.

Dignity of Risk: is the right to make decisions about yourself and your supports including choosing to take risks.

Empowered: people having power and control over their own lives and confidence to make a decision.

Information: Knowledge provided to you or that you look for in relation to NDIS Supports.

Informed decision-making: have all the information and facts available related to the decision topic

Knowledge: Facts, truths, information provided to you or that you look for.

LGBTQIA+: Refers to a person’s sexual orientation and/or gender identity and is an abbreviation for lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies), and more.

Market: A collection of providers offering products and services to NDIS participants. Also known as NDIS Market.

Misinformation: False or wrong information about the NDIS or NDIS services that is spread by accident or on purpose.

NDIS Market: The NDIS Market is the collective term for all Providers and Services available to NDIS Participants to purchase using their NDIS Plan funding.

NDIS participants: People with disability who receive NDIS funding to access services and supports from registered and unregistered NDIS providers.

Participant: A person who meets the NDIS access requirements.

Peak body: An organisation which represents organisations and members of the community in the disability sector.

Plan-managed participant: A participant whose NDIS Plan is managed by a provider who is registered with the NDIS Commission to deliver Plan Management. Participants who choose a plan management provider can access supports and services from both registered and non-registered providers for most supports.

Registered NDIS provider: A registered NDIS provider is a person or organisation that is registered with the NDIS Commission in accordance with section 73E of the National Disability Insurance Scheme Act 2013. NDIS providers must be registered to deliver some kinds of supports (e.g. implementing regulated restrictive practices in a behaviour support plan). NDIS Providers must be registered to deliver NDIS funded supports and services to participants in the NDIS whose NDIS plan is managed by the National Disability Insurance Agency (NDIA), See “Agency-Managed Participants”.

Registration Process: Registration of NDIS providers is a process that aims to ensure the provision of safe and quality services by requiring providers meet quality and competency standards and engage in additional safeguarding practices such as reportable incidents. These standards are proportionate to the risk associated with the type of service delivery and the scale of the provider.

Registration status: Indicates if an NDIS provider is registered or unregistered. See also: ‘Registered NDIS provider’ and ‘Unregistered NDIS provider’.

Safeguards: An appropriate measure or measures taken to protect participants from unnecessary risks or harm.

Self-managed participant: A participant that manages their own NDIS funding either fully or in part. Participants who choose self-management can access supports and services from both registered and non-registered providers for most supports.

Service types: Refers to groupings by type of services and supports delivered to participants. These are:

- Support at home: such as personal care, meal preparation assistance, medication and/or skill development to increase independence with daily life activities
- Household tasks: such as lawn/yard maintenance, gardening and/or cleaning
- Community access activities: such as travel/transport, appointments, shopping, social activities
- Therapeutic support: such as Occupational Therapy, Speech Therapy, Psychology etc.
- Behaviour Support: such as implementing behaviour support strategies"

Sharp practices: a range of practices involving unfair treatment or taking advantage of people.

Unregistered NDIS provider: A provider of NDIS supports and services that has not been registered with the NDIS Quality and Safeguards Commission.

Worker screening: The NDIS Worker Screening Check is an assessment of whether a person who works, or seeks to work, with people with disability poses a risk to them.

Worker/Support Worker: An individual who deliver’s NDIS funded supports or services to an NDIS participant. A worker may be a NDIS Provider or employed or engaged by a NDIS Provider (registered or unregistered). ‘Workers’ includes but is not limited to employees, sub-contractors, independent contractors and sole traders.