



**Disability support work under the NDIS:
Initial analysis of workers' experiences**
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This working paper presents an initial analysis of some of the data collected for the *Day in the Life of a Care Worker* research project led by Fiona Macdonald and Sara Charlesworth and undertaken by Fiona Macdonald, Eleanor Bentham, Sara Charlesworth and Eleanor Bentham as part of three larger research projects that have received funding from the Australian Research Council: *From Margins to Mainstream: Gender Equality and Decent Work* (DP110102963), *Prospects for Quality Work and Gender Equality in Frontline Care Work* (FT120100346) and *Paid Work in Cash-for-Care: Australia in Comparative Perspective* (DE 160100543).

Overview of research and summary of findings

The research

This working paper explores some of the experiences of people employed to provide personal support and assistance to people with disability under the National Disability Insurance Scheme (NDIS). It presents a preliminary analysis of semi-structured interviews conducted in late 2016 and early 2017 with 12 Disability Support Workers (DSWs) for the Day in the Life of a Support and Care Worker research project.

Summary of findings

Workers were very positive about their roles supporting people with disability work. Nevertheless, six of the 12 workers were taking active steps to leave their jobs as disability support workers. This working paper examines what is behind this apparent contradiction. It reports on workers' experiences of disability support work under the NDIS and identifies that most of the negative aspects of work for these disability support workers are not inherent to the work but are the result of the ways in which the work is organised and the limited funding, training and support associated with their jobs. Workers experienced poor training and support, low earnings, excessive unpaid work time, and extended working days and weeks as significant negative aspects of their jobs.

The research and the research participants

The 12 disability support workers (DSWs) whose experiences are reported in this paper were among a larger group of workers who participated in two individual face-to-face semi-structured interviews with researchers in which they were asked about their jobs, and their employment and working time arrangements. In between the first and second interviews each of the research participants completed a 'diary' outlining their working time over three days. The analysis presented in this report is drawn primarily from the worker interviews.

Research participants were recruited for the research through advertisements in a local newspaper and also through snowballing, with some people passing on the invitation to participate in the research to their colleagues. Interviews were conducted in public locations offering privacy (e.g. in private rooms in community centres and public libraries) and with permission from participants were audio-taped.

The 12 research participants were women aged from early 20s to over 60 years. Nine of the 12 were aged over 40, most of them in their 50s or 60s. Five of the 12 DSWs were employed by two or more organisations to provide support to people with disability. Three workers held other jobs in addition to their disability support roles. Some also worked as homecare workers providing personal assistance to aged people in their homes (This work is not discussed in this analysis).

The women were employed by not-for-profit, for-profit and public sector organisations with several of these organisations providing a range of support, care and other services in addition to services provided to people with disability as part of individual support packages under the NDIS (for example home and community care to elderly people). Four workers were employed by more than one type of provider.

Almost all the disability support workers provided personal care and assistance to a number of NDIS participants, working with adults or children with physical and intellectual disability or cognitive impairment. Two provided support to people with mental health issues.

One worker was employed full-time on a fixed-term contract. Five others were permanent part-time employees (some working full-time hours) and six were casual employees, mostly working part-time hours.

Workers' years of experience in their current roles or in similar work ranged from five months to 30 years. Most of the workers were either the main or sole breadwinner in their household or were joint earners with a partner.

Preliminary findings

Disability Support Workers' skills and responsibilities

The disability support workers reported providing support to a variety of people including some with complex support needs. Most of their work involved providing support to people in their homes; typically the workers were working on their own, or with one other worker, and often without immediate access to a team leader or supervisor. Workers spoke of having to deploy a range of skills in the course of the working day, including the following examples:

- applying knowledge across a wide spectrum of advanced practical skills, such as: knowing how to do PEG feeding¹ or safely use a hoist to lift someone; knowing how to respond when someone has an epileptic seizure; and knowing what routine or intervention will prevent someone from self-harming or keep a client with challenging behaviours happy and calm;
- monitoring and assessing participants' wellbeing and health, and taking appropriate steps to address problems, for such things as a person not eating; having unexplained bruises; or having their health deteriorate requiring action;
- responding to urgent situations, such as medical emergencies or violence;
- using interpersonal skills to lift a depressed client's mood, provide an enjoyable experience for a child, calm a distressed client with dementia, or support a terminally ill client and their grieving family;
- working with people to help them achieve their short- and long-term goals;
- managing a demanding workload under time pressure, including frequently accommodating unforeseeable events within a tight schedule;
- understanding and working in compliance with requirements of the various legal, regulatory, funding and healthcare systems applying to their roles; and
- negotiating with their employers and other health and support agencies to achieve the best for their clients.

Supporting people with disability: The positive aspect of the work

Disability support workers were overwhelmingly positive about the key aspect of their work: supporting people with disability. All the workers said they enjoyed working with people and making a difference in their lives.

There's certainly a bit of everything in this job. That's what I love about it. ...And I love that you build an attachment to people, although you're not supposed to. I shouldn't say an attachment; you

¹ PEG is an abbreviation for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach to enable feeding directly into the stomach.

build a friendship. You're not supposed to; it's a big no-no. But that's totally unrealistic. I mean, you're a carer, you're going to care. (DSW11)

(I)t's good to wake up every morning and think that you have the opportunity to influence somebody's life today and that you can choose to make that a positive influence, and help someone with their goals that otherwise without you they wouldn't have been able to do. (DSW22)

I love it. I'm really enjoying the experience, yes. I love it. ...Every day's different. ...Yeah, I'm enjoying it. Because it's still quite new, it's different and I'm enjoying it, the difference. But yeah, all my clients are just lovely. And sometimes I go into a home and I work with a person and they're just lovely. And I just go away thinking, oh, that was such a pleasure to do that job. (DSW04)

The difficulties of disability support work

While all 12 workers said they liked or loved their work, all also readily named aspects of their jobs they found very difficult. Workers talked about their work being physically, mentally and emotionally tiring or exhausting; and they spoke about the stress of trying to provide essential support without having enough time to do so. Some experienced verbal and physical abuse from people they supported. Many workers spoke about the stressful elements, and emotional strain of their work: some described experiencing distress working with people with degenerative diseases and about their grief when long-standing clients passed away, and others spoke of the difficulties they experienced supporting people who had limited social contact:

...when you go into someone's home, they may not have a support network around them. So I think it is a lot more emotional for me (than working in a group setting). Because I take on people and their worries and their problems.

You always have them in the back of your mind. It's that kind of industry. ...It's really hard not to think about your clients when you're not with them. (DSW04)

The negative aspects of disability support workers' jobs

While some of the difficult aspects workers identified were largely inherent to the work, disability support workers spoke to us about many more problems with their jobs that were not, and that multiplied the difficulties identified above. These were: inadequate training, inadequate supervision and organisational support, low pay, and working time problems associated with split shifts, unsocial working hours, extended work days and weeks, and casual conditions.

Inadequate training and support to do the job well

Despite not being explicitly asked in interviews about training and support, half of the workers raised lack of training and/or supervision and management support as serious problems, and only a few described good training and support.

Supports that workers wanted but reported not receiving included: ready access to supervisors who could be contacted in an emergency and who were familiar with the clients; regular meetings with supervisors and colleagues to develop improved support strategies for clients; timely provision of essential information about clients necessary to keep themselves and their clients safe; training and support to ensure workers' safety when working with potentially dangerous clients; supervisors and managers who would follow up on concerns about client wellbeing raised by workers; and the opportunity to gain familiarity with individual clients' needs, personalities and interests through regular consistent shifts with the same clients and on-the-job training.

Several workers contrasted their current negative experiences of work with the good-quality training and support they had received previously, either with government providers or prior to the NDIS. For example, one worker spoke highly of the training and support offered by her government employer, compared with the lack of support she received from the not-for-profit she now also worked for:

we have one-on-one meetings every six weeks. ...They are for any grievances you might have – if your roster's too full, if you're not getting enough hours, if you want to change something around, if you have a problem with a particular client – just whatever's going on with you workwise. And we also have team meetings every four weeks, which is great, and then for an hour and a half we often have guest speakers. And we just finished a workshop on (a specialist topic), which was really interesting. And again, you can bring something up that's relevant to everybody else in the room, and we can kind of brainstorm: 'Well this is how I chose to deal with it, I don't know if that's always going to work,' ...and they offer counselling services and physio services. (DSW11)

By comparison, she said of her not-for-profit employer:

you don't have anything to do with them. ...I know one new girl who buddied up with me once, she said, (the employer) gave me a box of gloves and said, off you go. (DSW11)

Many workers said that the lack of training and support meant that their ability to deliver quality, safe support to clients was compromised, or that their own health and safety was compromised. Many also reported having inadequate information about the people they were supporting; for example another woman said:

... she was the most complex client I have ever been sent to ...there were no written notes. ...I wasn't told that she self-harms, but she does self-harm. So the most crucial information wasn't provided. (DSW07)

This woman also said that the strict routine required by this client to manage their behaviour required '[dozens of] different steps in a one hour (shift). ...And I was expected to know this routine after maybe two shifts.' (DSW07)

Workers said they highly valued staff meetings, as these were important opportunities for workers to share information and ideas to improve support strategies for individual clients. However, several reported that their organisations did not have meetings for support workers at all. One worker said that support staff had asked for meetings but had been told the organisation didn't have funding for staff meetings. Some workers felt so strongly that meetings were essential, they held them in their own unpaid time:

Usually when something arises in the team – because you put it to the office (that we should have a staff meeting), 'Oh, no, we can never find time,' or 'it doesn't allow for that in their NDIS package' or something – so we'll just meet for coffee. Probably every two-three months, or if someone new comes onto the team, we'll sort of have a get-together with coffee and sort of discuss some of the behaviours, and strategies we use and things like that ...because as I said before, for a team to work, you all have to be on the same wavelength. (DSW01)

We did mention yesterday that we need to maybe meet out in the community sometimes once a fortnight or something like that. (We would) just organise it ourselves, because (Not-for-profit Provider) is not interested in doing it. It feels like they're just interested in getting the hours paid for, getting the numbers and getting the hours paid for. (DSW20)

A worker, employed by a large not-for-profit provider, said that team meetings were 'non-existent'. (DSW07)

Another said that she had had little contact with colleagues since 'my induction, that was when I first started. And so I've barely seen people at (not-for-profit provider) after that'. (DSW04)

One support worker who was working with clients who had very complex conditions connected the lack of support and supervision she was receiving with the move to the NDIS:

when I now say a 'team leader', look, really there is no team. They say that there's a team, we're in the complex team, ...program, but we never get together. Like there's no meetings, there's no supervision. ... Previously was just that sense of you were a part of a team, and a team that cared about those people, the clients within that team. At the moment it's so scattered that we're all fragmented, it doesn't feel like a team at all. (Previously) you run past things with people, you get other ideas. It's like, you know, a whiteboard and you've got all these different ideas coming at you and you're going, 'Oh yeah, look, I didn't think of that.' You know, like it's reflection, it's feedback, it's all those things that, (now) who are you going to talk to? I'm not going to go home and talk to my husband and say, 'Hey listen, what do you think of this?' You need that, you do, you need that sense of support around you as a worker. And, I don't know, I guess it's a feeling of belonging, of belonging to an

organisation that really cares and nurtures and all that sort of thing. Had that before; don't have that now.' (DSW20)

One worker employed by a small organisation said that her supervisor, was 'very hard to contact'. She went on to say:

Yeah, so you kind of pick and choose what you ring her for, because it's like she's not going to answer anyway. One time ...they hadn't covered (a) shift for the night. So, there's meant to be two people and there was only me, and I tried ringing her like x amount of times. She didn't answer. So I started ringing the other workers, and asking if anyone can come help, because the boss isn't answering and it's like a normal thing for us. So that happens quite a bit. (DSW22)

One worker said that employees with her employer had expressed a desire for more training, but had not received it. She said she was willing to offer her time unpaid to receive training, including some 'basic' information about the organisation's directions and the NDIS:

I think it'd make a great difference if staff were included and ...even training sessions, perhaps more refresher training sessions that could be held at the office, where there's a big conference room there. So staff could be invited in there, I'm not saying necessarily to be paid to be there, but as a choice for them, perhaps, to go in and maybe the supervisors could say, explain to us how the systems work, how the communication moves around ..with the NDIS as well as them. And also give us the heads up about any new things that maybe going to be implemented, like different programs, give us some options too. (DSW08)

This worker also reported that her employer did not give them support to identify community activities to take clients to; the service provider was instead relying on individual workers to use their own, unpaid time to find out about suitable activities:

If we have ...a client who we're with and we have to structure their day, (I'd like my employer to) give us some guidance as to what's available within the community. At the moment I have to find those things out myself. And I really don't have the time. (DSW08)

Several workers reported they had not received adequate support from supervisors when experiencing difficulties with clients. One worker said she had been verbally abused by a client and the client's family, but had had little support from the manager. She said:

(I)t makes me unhappy going there because I never know how he's going to treat me when I walk in the door. I'll be dreading going there in case his (relative) is there. (DSW22)

Another worker described how under the NDIS funding model, allocation of case management support had become less personalised, meaning that some clients with complex needs had inadequate levels of case management support:

I find a lot of the client's case managers are too busy and like especially since NDIS have come in, like they're only allotted, I think it's like an hour a week, to do everything per client. (If you get a difficult client an hour a week would be one phone call with some of their issues, whereas they don't sort of see each client as an individual and like some of them would probably need five hours a week and some wouldn't even need that hour. So yeah they don't see them as individuals. (DSW01)

Fragmented working time: very short shifts and extended working weeks

Many workers spoke of working regular shifts of less than the two hours' minimum engagement period in the SCHCDS Award, and some spoke of working shifts of less than the one hour minimum engagement for homecare workers. In addition, almost all workers complained that they had long periods of empty time between (often short) paid shifts. This fragmented working schedule resulted in workers having to work very long days, across six or seven days a week (sometimes in multiple jobs), to earn an adequate income. A significant number were underemployed, despite being available for more work and sometimes or always working extended weeks of six or seven days.

One woman reported that her shortest shift was 30 minutes and another said she had refused to 'do shifts less than 45 minutes' (DSW13). Another worker said she had regularly been working 14 one-hour shifts a week, along with 14 two-hour shifts, working from breakfast through to the bed-time shift. Others said:

The shortest (shift) I do is half an hour. ...I've got one this week. It's a 9:30 to 10:00 shift at night. And it's ...about 25 minutes (from my home). And it's only a half hour shift, and then 25 minutes home again. ... You're taking all day to make up three or four hours. It's quite time consuming. I don't mind the travel where a lot of people don't like the travel. But it is a big day for very little benefit, financial benefit. (DSW04)

I can start at quarter to eight in the morning and I can finish at four o'clock at night and I only have done five hours. That's the worst part – any carer will tell you that's the worst part of this job. (DSW11)

Yeah I love it. But the hours are really hard. We've got to sort of keep ourselves open for a 13-hour day ...and we only work five hours of that. (DSW19)

Many said that they would prefer to work full days – even long days – without multiple breaks:

I'd much rather have full days. All the days that I'm working I'd rather them all be full (DSW04)

One woman was new to direct support work and said she was prepared to accept short shifts and long days in the short term. However, she was also planning to leave this provider in search of longer shifts.

It's a big day, and at the end of the day I could have been doing a lot more stuff than spending all that time to get an hour's work. But I'm still new, I'm still putting my foot in the water, still testing the water, and slowly I'm picking up other shifts, getting more. But even though it's only an hour it's still an hour's pay, it's still money in my pocket. And it's, I'm learning, I'm meeting people. (DSW04)

Some workers were working extended weeks or days because employers could not find other workers to take shifts. One DSW reported that she had just completed three weeks without a break, doing days that started around 8am and finished around 11 or 11:30pm, after which she sometimes had to complete notes.

We asked DSWs what their ideal working week would look like. Almost all of them said that they would prefer to work weekdays during the day, except for those who said that they wanted to work weekends because of the extra pay they received, or who said they would continue to do a single weekend or evening shift just to support a particular client.

I would also like the weekends off because I work most weekends, the majority of the weekend, and I don't really get to socialise or see my family or my partner as much as I would like to. (DSW22)

Working time: Short notice, unpredictability and one-way flexibility

All of the DSWs said that they regularly received messages asking them to do extra shifts. It was not unusual for this to be at extremely late notice. One woman said 'I could get a ten-minute notice.' She also said this had occurred, 'In the last two months, probably about five times.' (DSW08). Another woman said that every week she had been taking two or three extra shifts at one or two days' notice to fill weekend shifts.

DSWs found it difficult to assert their rights to say no to last-minute shifts. Most of the workers reported feeling pressure to work when they didn't want to, either because they feared losing work altogether, or because they felt responsible for clients' wellbeing. Some felt their supervisors exploited their vulnerability:

...like often (the supervisor's) said to me, 'Well, I'll have to tell (the client) that nobody's coming then...'. (DSW22)

When you cross (my employer), he punishes you by taking shifts away. ...the guilt trips, especially if it's after hours, and you say no. 'Oh, but what will the client do without you? How will they cope?' ...(The) guilt trips are horrific. (DSW01)

Workers often experienced flexibility to be only one-way. If a client cancelled at a day's notice workers would not get paid :

...under our policies at (not-for-profit provider), a client can cancel the day before and not be liable for any fee. Right. But a support worker probably has to give

something like six weeks' notice to get out of a shift. Because even though that shift won't be allocated probably until the day or two before, we're still told you're not allowed to do it, which is really extremely difficult to know six weeks in advance. (DSW07)

One worker said she felt angry that the NDIS system did not provide incentives for service providers or participants to consider workers' needs in relation to scheduling. She said her employer accepted that participants could change their support times for what she considered to be trivial reasons. However the worker received no compensation for the loss or change of shift at short notice and the employer would not ask the participant to consider the worker's interests:

(The participant) can ring, maybe I'm due there in an hour and a half, and he can ring and say 'Oh no, tell (me) to come an hour later'. I get the call 'Go an hour later'. ... 'Well hang on, that's going to make me an hour later finishing'. 'Oh well this is what the client has requested and he is your client, he's on your roster. That's what we have to do'. ...

It's not so much the money part of it, it's the assumption being that my time is so flexible that I can change it within an hour, an hour and a half ...I don't get an explanation as to why, but generally ...it'll come up in conversation (with the participant): 'I was out having lunch with friends and we were having such a good time, didn't realise the time', that sort of thing. And I don't think that's terribly fair.' (DSW08)

When workers received their rosters with very little notice—a common occurrence—they found it extremely difficult to either schedule shifts for their second jobs or to plan their own lives. For example, one DSW said she usually received her roster for the week beginning Monday:

...(i)n between Friday and Sunday; sometimes it could be 8 pm on Sunday night. It just depends what my boss is up to. ...it's hard to organise anything else during the week until I know when I'm working, and I can't accept shifts with (another provider) until I know when I'm working with that agency, so to find out so late just puts everything else on hold. (DSW22)

Other workers spoke of late changes to their rosters and the expectation they would work with little notice as making it very difficult to plan their lives:

I'm sick of making (personal health-related) appointments thinking I'm free, and then something crops up and you've got to cancel your own personal stuff to fit in with work. (DSW01)

...quite often I have my medical appointments in the spaces in between and I need to maintain a regular gym routine as well because I've got (a health condition) and I find that that's the only way I can really keep on. And also for my mental health that's really my outlet. And it is quite difficult to organise it all.' (DSW07)

Fluctuating incomes and low wages

A number of workers reported that they found it difficult to plan financially, due to substantial fluctuations in the hours they were allocated. Several workers employed on a casual basis said they would prefer to have certainty of income if they could get permanent part-time work and have guaranteed minimum hours even though it would mean working for a lower hourly rate.

However, even workers employed on a permanent part-time basis were not protected from dramatic fluctuations in weekly hours and earnings; some had minimum guaranteed hours of only one or two hours' work per week. Five of the 12 workers said they worked in second jobs because of insufficient hours and pay in their main disability support work jobs. Workers' earnings also varied due to work hours being cut with very little notice.

One worker who said she was guaranteed 2.5 hours per week as a casual also said:

I'd prefer the permanent part-time because ...I need to basically know what kind of money's coming in so I can go 'Right, I can afford to pay my gas bill this week or I can afford to put some extra money on the mortgage because I know what money's coming in'. (DSW04)

Unpaid work: travel time

Like most workers, DSWs are not paid, or reimbursed, for travel time and costs between home and work. However, many DSWs providing direct support services are doing very short shifts, of as little as one hour then having to return home again:

oftentimes I will have just that one shift that's half an hour away and I won't have anything for another hour or two which means that I don't get paid to go there or back, and essentially it's like the money that I get paid for the shift is covering the petrol to get there and back and it's probably like \$5 left over for the actual work once you take that into account. (DSW22)

The one that I was doing in (another suburb) it's half an hour drive, half an hour work, half an hour drive home. So there's an hour and a half to earn half an hour, plus costing in your petrol. (DSW04)

Most of the workers we spoke to were not paid at all for the time they spent travelling; most were merely reimbursed a per-kilometre rate for the costs they incurred using their own cars. One worker who was not reimbursed was told by her employer to claim the expense on tax. Workers described regularly travelling 20- to 45-minute journeys four or five times in a day, often to do short shifts of less than one hour up to two hours. For example, one DSW said that on several days a week, she drove four return journeys from her home to a client who lived 20 minutes away. As a result (excluding her first and last trips to/from home) she drove at least 100km each day, spending a total of one hour and 45 minutes' unpaid travel time to undertake 5-6 hours' paid work.

Another DSW said, 'I can remember one weekend with (Provider E) I did a hundred and eighty-nine kilometres' (DSW11)

The long distances workers travelled resulted in some being paid for less than half of the time they spent at work. For example, one worker said that her employer would sometimes ask her to do a 45-minute weekday evening shift that required a total of 80 minutes' driving:

And it's like, I'm driving forty minutes out there for a forty-five minute job; I'm getting paid like seventeen, eighteen dollars– and that sounds really cold and callous, because it's not all about the money – but in the end, nah, doesn't make sense.'
(DSW11)

Disability support work case study: Short shifts and unpaid travel

Marlene is a disability support worker with around ten years' experience, a Certificate IV in disability support and an additional diploma-level specialist qualification. She works for two service providers, casually in one job and as a permanent part-time worker in the other. Marlene works extended days and weeks providing support to people in their homes.

Although she usually works only 30 paid hours a week Marlene works on most days and has only one weekend off a fortnight. Due to her work being organised in multiple short shifts she has many days in which she has periods of one to two hours or more between work shifts and she spends a lot of time travelling to and from home to work for which she receives no pay.

Three days a week Marlene works for a non-profit service provider, starting around 9am and finishing 13 hours later at around 10pm. Marlene is paid only for the time she spends working directly with clients, which consists of between 4 and 6 separate shifts. Usually, these shifts amount to between 5 and 6.5 hours of paid time.

In addition, Marlene usually spends about 1.5 hours each day travelling back and forth from her home to work between shifts. She travels around 100 km per day excluding her first and last trips. She is not paid for any of this travel time nor does her employer reimburse her for costs associated with the use of her own car to undertake the travel. Marlene must also complete administration for her work that is unpaid.

Unpaid work comprises a very substantial proportion of Marlene's work time. The first day of Marlene's work diary shows that she is not paid for 21% of her work time. On the second day she is not paid for 24% of her time.

Marlene says she is 'tired' and feels that she doesn't 'have a life' because she is always working or waiting between shifts:

You can't go out for dinner, you can't do this, you can't do that, cos it's time to go back to work.

My ideal would be 9-5 so I could have a life, like any normal working person.

Other unpaid work

Many support workers reported spending considerable time, unpaid, at the end of the day completing notes on clients or completing required paperwork. While some workers had been told by employers they should finish ten minutes early to write up notes or to contact the supervisor with any issues or concerns, they also said this was difficult or just not possible. Some said it was clients' expectation that the worker would use the full hour supporting them. Others said it was just not possible to complete their work in less than an hour:

Because you don't get time - like, in the perfect world, they tell you to do (the paperwork) at the end of each shift, but you don't get time, because you're running off to the (next) client. You're supposed to take off from your client, say, 10 minutes earlier and just go sit in your car and do them. But some clients you can't leave early. ... Because their needs haven't been met. So you know, they allow you an hour, (leaving early could mean) maybe not, you know, giving them a proper breakfast maybe, if it's a morning. Yeah. Just not doing what you get paid to do. (DSW01)

...it's all your own time, ...you can't do a monitoring form while you're on shift. (DSW07)

Some workers said that a lack of support from their employers forced them to spend additional unpaid time to ensure that their clients received support they felt was essential:

'Usually with progress notes, with (provider), you just hand them in with your timesheets once a fortnight. But I don't think that's good enough. To me, if there's a concern that needs immediate help, I will ring them up as soon as I finish the shift and tell them. But then, also when I get home, I will put it in an email as well, because sometimes when you ring you get the impression that their mind's concentrating on 20 million things and sometimes you don't get a response. ...And I always ask for a read receipt too, so I know when they've read it. And if they haven't got back to me within, say, half a day, I'll ring up and nag. (DSW01)

One worker listed the tasks she had to complete in extra unpaid time at the end of a shift or week. These included: recording any extra shifts in her diary; printing up her roster; fill out a claim form for her client's travel kilometres; making notes about any issues with clients; going into the office to deliver paperwork; discussing issues regarding clients with managers; discussing new clients with managers; correcting errors in rosters; and making appointments for clients. (DSW08)

Many said that they did not claim overtime when they were kept late for some reason, because the provider's processes made it so difficult to do so. One worker said a client's informal carer was late back from work on a fairly regular basis:

'But I would have to ring the office and ask them for approval to stay. I simply cannot stay without their approval. And I can't leave. ... (T) here is an after-hours call centre, but it is an appalling situation there. Because they use an agency so they

screen, this after calls service screens the calls that come in and then they decide where the call has to go, whether it's going to go to a supervisor who may be doing the after-hours shift. The process that that involves, giving your name, where you are, the client you're with, and it's all done in (the city), so they don't know the areas. ...That could take up to five to eight minutes.' (DSW08)

One worker with a large organisation said, 'We get paid for half an hour of work to do admin kind of thing.' However, she said she usually spends an additional 40 minutes or more on top of that 30 minutes per week, despite working less than 20 hours per week. (DSW13)

Casuals can spend a considerable time sorting out problems with rosters, completing and submitting timesheets (some agencies require that they be submitted in person) and responding to requests to take or cancel shifts. 'So (from) 9:50 to 10:06, (I) answered texts about shifts' (DSW13, reading from her time-use diary)

Completing the paperwork required to be paid wages, or reimbursed for travel, could take considerable amounts of time. One worker said she regularly took around 90 minutes a week on this:

'(M)y regular hours are printed out and then it might take me 20 minutes to half an hour to add in all my extras, all the ones that I've picked up, so I fill in a (time)sheet for them. ... It could take me maybe an hour (per week) to fill in my petrol allowance travel claim form, and then I've got to drop those two bits of paperwork in at the office. ...They said to me that I don't need to claim my petrol because they know what petrol I'm doing, but when I have a client, two of my clients I transport them but we do stuff together. (The administrative staff) don't know how far I've driven with (that client).' (DSW04)

Risks to clients' health and safety

Many workers expressed unhappiness with impacts on their clients' quality of care. Some reported that their providers forced working practices on them that put their clients' health and safety at risk. For example, more than one worker reported being asked to, or having to, use a hoist alone, despite regulations requiring that two workers always undertake hoisting, for the safety of both clients and workers.

One reported being pressured to go to work even when ill, due to understaffing, despite the risks to clients.

Disability support work case study: Understaffing leading to health and safety risks to workers and participants

Jane, a disability support worker we interviewed, described health and safety problems that placed both workers and participants at risk. Due to understaffing Jane has been required to use a hoist to lift a person on her own, rather than with a co-worker, despite this being unsafe for her and or the person she is supporting:

Every single person that works there has had to hoist him by themselves, one time or another because of (understaffing)...

This was, she said, 'a very stressful situation to be in.'

Lack of enough staff in the organisation has meant Jane and her colleagues work shifts when they are unwell, even when there may be health risks for themselves and a risk of exposing participants with weak immune systems to illness:

Say that a carer got sick and they rang up to say, 'We can't go to this client's house today because I'm sick,' then oftentimes, like often she's said to me, 'Well, I'll have to tell him that nobody's coming then,' because they rang everybody else and because there's so little of us if everybody else said no there's not really much you can do.' And sending us in is not a good idea because you don't want the client to get sick, so yeah...

[S]ometimes we still go to work even if we really shouldn't. There's a [co-worker] that was told not to go to work for a month because she hurt her knee, and they didn't want her to be walking on it or hoisting on it or doing anything, but she still had to go to work because there's so little of us that there's nobody else to cover her shift.
(DSW22)

Risks to workers' health and safety

Some workers had injuries from their work. Many others spoke of being exhausted by their work, citing long days, extended working weeks and not having full days off to rest as well as coping with the physical and emotional intensity of the work.

I was really stressed, really stressed all the time; I was tired all the time, my back was hurting all the time, ... And I was just running myself ragged. I didn't know how to say no, and these people, like I used to think, but if I don't go, maybe they can't find someone else to do it – as if they can't – like I thought I was quite indispensable. No, I didn't think that; I just thought, well I don't want to let anybody down. And so I put my own health at risk, and would do everything that was asked

of me, and get paid peanuts, and come home buggered. Pay the bills, and off I'd go again the next day. (DSW11)

Several workers also reported musculoskeletal injuries serious enough to require treatment and surgery, which they attributed to the physical aspects of the work such as moving clients, and long hours of repetitive movement required with house cleaning, particularly vacuuming and mopping of floors. (DSW01; DSW11; DSW19)

Work/life problems

Many DSWs described the conflicts with their personal and family life, caused by the extended and unsocial hours they worked:

I know I've got to cut back, because some fortnights you work 14 days straight, and I know, my partner's complaining as it is, we never sort of have days anymore to go do our own stuff, and the kids are complaining, 'Oh, you don't see the grandkids much or anything. (DSW1)

I didn't have a life. Even my friends would come around and say, you're never home – no, I'm working. And I'd say, I've got Friday and Saturday off, and they'd go, all day Friday and Saturday? Oh no, well I'm working Friday night and Saturday, and they'd go, well then you haven't got it off, and it was just silly.'(DSW11)

I've got friends ... that I quite often go up and visit and I'll go up and stay the night, so it means that if I go to visit them it's a short trip up and a short trip back, because I can't stay the night because I might have a shift the next morning. And if I want to go and have a social drink with them I'm not going to have a social drink because I'm working the next morning. So, yeah, it does affect my social life a little bit.

...most of my friends have weekends off. They work weekdays and have weekends off. (DSW04)

'...because I work a morning shift and come home for one hour, and then go back to work for another three hours, and come home for one hour, it's like you can't really fit social things into those one hour slots in between shifts. So it's always a struggle to have a social life while working my job.' (DSW22)

Intentions to leave

Our interviews did not canvass DSWs' intentions to stay in or leave disability support work. However, a surprising number offered, unprompted, the information that they were planning to leave the industry.

None of our interviewees said that they were planning to leave because they didn't enjoy the work. On the contrary, all expressed very positive feelings about the work itself. However, as one DSW put it, while the work was great, the job itself was not.

One young worker found the stress of working unsupported in physically and emotionally difficult conditions so great, she was actively taking steps to find work in another field. Others spoke of leaving because of emotional and physical exhaustion exacerbated by excessively long days and weeks, despite only having part-time hours and part-time (low) pay::

... apparently, there's jobs out there that you can earn money the same as what I'm earning while I'm working days and nights. (I am) applying for jobs left right and centre.' (DSW11)

I do enjoy (disability support work), but it's more just, because of the time gap, so like today, I've got 11:30, then a gap until 3:30, then a gap from 4:30 to 8:00.
(DSW13)

An additional reason for leaving offered by three workers was feeling they could not provide good-quality support under the NDIS

