

Stream proposal for 2018 AIRAANZ Annual Conference.

“Individualised funding and the paid care workforce”.

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The Australian National Disability Insurance Scheme (NDIS) has been heralded as the most significant social policy reform of recent times. It is a new scheme designed to change the way that support and care is provided to people with significant or severe permanent disability. It is intended to give people with disabilities, their families and carers, opportunities for a more fully integrated participation in Australian society and the economy, facilitated by greater choice and control to meet NDIS participant’s aspirations as well as support needs. It adopts a person-centred model of care and support with funding determined by an assessment of individual needs rather than a fixed budget.

The introduction of the NDIS follows similar moves towards individualised funding in the aged care sector. Consumer Directed Care (CDC) is a model of service delivery designed to give more choice and flexibility to consumers. Home care packages are now required to be delivered on a CDC basis. This will enable older Australians to have more control over the types of care and services they access and the delivery of those services, including who delivers the services and when.

While both schemes vary in design, they both involve the allocation of funding to individual care users or family carers to choose care and support services to meet their particular needs and preferences. International evidence provides examples of individualised funding changing working conditions and skills sets for support workers (Cunningham and Nickson 2010), however little attention has been paid to how the shift to individualised funding will impact on the aged and disability care workforce in Australia (MacDonald and Charlesworth 2016).

The shift to individualised care will profoundly affect the disability and aged care sector workforces. Expectations among current and future users of the NDIS and consumer directed aged care are for

different, more flexible services (Warr, Dickinson, Olney et al. 2017). Service providers are beginning to modify or develop their supports, while new care services are expected to enter local provider markets (Mavromaras, Moskos and Mahuteau 2016). Issues of up-skilling, re-training and motivating the workforce will become increasingly important, as will shortages of skilled workers (Green and Mears 2014). Our stream will call for papers seeking to understand the impacts of individualised funding for the aged and disability care workforce. Some areas that may be of interest to potential contributors are:

- Has the shift to individualised funding changed the types of skills and competencies required by the care workforce?
- Has it impacted on the training provider sector?
- How ready are service providers for the shift from block-funding to fee-for-service?
- Has it impacted on skills profiles, roles and working conditions in the disability and aged care sectors?
- What are the barriers to entry for new service providers, how significant are they, and what can be done about them?
- How will the changed market design affect the degree of collaboration or co-operation between service providers?
- How will the change affect volunteering activities?

References:

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Mavromaras, K., Moskos, M. and Mahuteau, S. (2016). *Evaluation of the NDIS: Intermediate Report*. Adelaide: National Institute of Labour Studies, Flinders University.

Warr, D., Dickinson, H. and Olney, S. et al. (2017). *Choice, Control and the NDIS*. Melbourne: University of Melbourne.