



Zero-Sum Social Policy

Going Gig and the Australian National Disability Insurance Program

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Introduction

The disability rights movement views disability as socially constructed and has long sought full social inclusion through increased respect, autonomy and control for those with disabilities (Howard et al., 2015; Williams, 2014). Australia's newly introduced National Disability Insurance Scheme (NDIS) establishes a cash-for-care model which some see as a radical step towards social inclusion, though evidence from the early roll-out of the NDIS shows that many service users have serious concerns with the scheme and (Warr et al., 2017, p. 8) and workers are experiencing the privatization and marketization of their work (Cortis et al., 2017). Although Australia's policy context is unique, it joins other European and North American countries that have pursued individualised funding.

Prior to the NDIS, most workers in the Australian disability sector were employed in organisations and were protected by: a sector-wide industrial Award; a significant level of unionisation; and employers who paid, at least ideological, tribute to a non-profit ethos of social care and fairness. The NDIS model means that people with disabilities to use their individualized funding package to either work with a case manager to assemble services to meet their needs or hire their own staff and act as their own director of services. Either process recasts care workers as highly casualised and precarious, and increasingly working in gig market conditions.

Australia's industrial relations regime's enforcement pathways are increasingly convoluted as service users may be both client and employer, making it difficult to raise concerns about hours, wages or conditions. For the most part, small scale employers have little or no experience with, knowledge of, or capacity to enforce employment standards, health and safety legislation and other regulations offering protection to employees. This places workers in a murky grey zone where they seem to exist outside of regulatory protections within the context of marketised "social" care and fragmented, gig-like work places.

The paper contributes to our understanding of the drivers behind emerging gig labour markets by exploring the zero-sum game precipitated by social policy aimed at expanding human rights in the context of marketized care and individualisation of service users. The paper begins with a short discussion of the NDIS, human rights, the disability sector, the regulatory context, and changes in the sector under the new NDIS policy. The paper then outlines methods and is followed by a presentation of findings, discussion and conclusions.

The Disability Sector and the Regulatory Context (Disability Sector and the Workforce)

Similar to other wealthy countries, from the 1970s onwards, deinstitutionalisation resulted the closure of most public institutions intended for people with disabilities (Howard et al. 2015). Prior to the NDIS most disability



services were provided by non-profit organisations; most received 60–80% of their income from government in the form of block funding (Williams, 2014). Though under-funding plagued this arrangement, disability organisations provided a range of services including: recreation, everyday activities and employment; accommodation and community living; respite and family support; and advocacy, referral and public education.

The minimum pay and conditions for disability workers are set out in the Social, Community, Home Care and Disability Services Award. However, the Award differentiates between disability and other care workers in community services which has exerted a downward pressure on the Award. For example, under the Award, workers classified as 'home care' workers have a minimum engagement period of one hour compared to two hours for 'disability support' workers. This and consumer demand have resulted in employers calling for all shift minimums to be one hour and means that they prefer to hire into the category of home care worker (Macdonald and Charlesworth, 2016).

Union density in the disability services sector is relatively strong. However, due to underfunding, few organisations have had an enterprise agreement. Where there are agreements these do not often provide for above-award wages, rather they provide for improved conditions. In the new fragmented context of the NDIS, organisations are pushing for change in order to meet the demand for short shifts, short notice shifts, varied tasks, personal preferences and new risks and skills (Macdonald and Charlesworth, 2016).

Short Description of the NDIS

The NDIS is argued to be Australia's largest social reform since the introduction of universal national healthcare (Gilchrist, 2016). The NDIS introduces a national system of funding through a cash-for-care model for 'people with permanent and significant disability, their families and carers' (NDIS, 2013). Combined, funding for assistance with daily living and assistance with civic and social participation account for three quarters of NDIS funding to support individuals, with these two activities accounting for 76.5% of funding for people aged over 25 in 2018 (National Disability Insurance Agency [NDIA] 2018, p. 6). In other words, most NDIS funding pays for wages for frontline disability support workers to provide in-home, gig-like direct care.

After receiving their assessment and funding package, people with disabilities can opt to: i) employ and supervise their own employees in which case the employees do not need to be registered with the National Disability Insurance Agency; ii) work with a third party plan management provider registered with the NDIA in which case only the plan management provider needs to be registered with NDIA; or iii) have their plan managed by NDIA in which case all service providers need to be registered (NDIS Registered Providers of Supports Rules, 2013). Until the recent introduction of a Code of Conduct for all workers providing NDIS-funded



supports only employees of registered service providers were subject to any regulatory oversight by the NDIA. The Code of Conduct sets out obligations for workers does nothing to diminish the clear incentive for informal, low wage and unregulated work under two of the three options outlined above, as self-managed individual service users and non-NDIA care managers seek to extend funding packages as far as possible (though even so, this may or may not be adequate to individual needs and wants).

A further way that employment rights are undermined involves the fragmented and unregulated worksites. Rather than being organisation- and group-based, most of the work under the NDIS is located in people's private homes. Feminist scholars have long identified that care work in the private sphere is largely invisible, keeping wages low or non-existent and making it difficult to assess or regulate (Folbre 2009; Meagher, 2003). Evidence from European countries further confirms that cash-for-care policies introduce new demands for flexibility, travel between multiple work locations, very short working hours, and may be a cover for deepening austerity policies (Cunningham and Nickson, 2010; Glendinning, 2012; Christensen, 2012).

Short notice shifts, multiple job holding, dispersed work sites and short-term work assignments (less than an hour) signal an important shift from a largely, publicly funded, nonprofit delivered, organisation-based employer to a quasi-gig or on-demand economy (van Doorn, 2017; Friedman, 2014). Gig work has thus far been mostly found in the arts, entertainment, delivery and private domestic work. However, it is increasingly seen in care work in various forms and acts as a mechanism for reproducing gender and racial inequities (Aliosi, 2015; van Doorn, 2017).

While there is no debate as to whether a new service model was essential for people with disabilities, the pro-market, cash-for-care that characterizes the NDIS interprets the achievement of these goals exclusively through a market lens. As with individualised and marketised care systems, under the NDIS individual care users are constructed as consumers empowered through the exercise of consumer choice to buy care (Brennan et al., 2012, p. 378; Productivity Commission, 2017, 2011).

Methods

Qualitative, in-depth, semi-structured, audio-taped interviews, using an interview guide, were undertaken with 39 disability sector workers in one of the early-roll-out regions. The sample was 70% female which is slightly lower than the sector (80%; Martin and Healy, 2010) and all had higher education and/or training. They ranged in length of employment from 1.5 to 30 years, with majority having 8+ years of experience in the sector.



Findings

Drawing on the words of the workers, this section will address the strongest themes in the data, namely: increased precarity and a gig economy-like working conditions; less training and skill in the labour force; and working short shifts in private homes.

Increased Precarity and Gig Economy Working Conditions

In contrast with the workforce prior to the NDIS, all research participants reported that employment had become increasingly temporary with undependable hours, lowered earnings and conditions, and increased overall precarity. As one long term disability worker observed, “They don’t want full time workers. What they say is we need to have flexibility ...because clients could come and go now with their choice.” Another worker added, “Every single person working at my agency is casual ...no permanent. In my old agency, almost everyone was permanent.” Organisations exclusively employing casual staff can save costs in terms of sick leave and can dismiss staff more easily to cut costs. Casualisation also makes it more possible for employers to schedule work around shorter periods of service provision and more variability in the timing of services (early morning and late night), and location (private homes).

Characteristic of gig economies, short notice of shifts and short shifts were particularly disruptive. As one long time worker noted, “My stress and fatigue are both way up. I’ve been living on the phone for shifts, some of which I get less than two hours’ notice for.” Other workers noted that apps notifying workers of their constantly changing shifts and hours were a commonplace aspect of their employment, suggesting a further shift to on-demand work, platform labour market. As one long-term worker noted, “all our rosters are electronic” and constantly changing meaning that worker never “know exactly what shifts you’re gonna have that week because something will just randomly change”.

The data show that costs were shifted to workers in a number of ways including travel costs between multiple and widely dispersed job sites (service users’ homes). After her employer refused her travel claim, one worker was told that she should consider each private home to be her worksite, regardless of how much distance or travel time was between them, “we don’t pay kilometres. That’s deemed your workplace”. Travel time is also usually unpaid, with workers expected to use their own cars and claim mileage as a reduction on their income tax return.

Workers were also expected to cover the cost of meals and other activities accompanying service users, and to, as one worker put it “model appropriate behaviour” for the service users, while shouldering their own costs. Summing it up for a number of the research participants, one worker noted, “We as workers are



expected to pay for ourselves so out of my day, I might earn \$250.00 but \$50.00 of my pay needs to go on being able to support that person in the NDIS to those activities." These additional costs are, in effect, a cut to wages and a subsidy to the employer.

Though much of the disability sector has tried and tries to operate on an ethos of care and equity, the research participants were disturbed by new trends emphasizing profit over support for service users and generating divisions between staff and management. In a number of instances, employers made it explicit to frontline workers that the culture of the workplace had changed to one of ensuring that every interaction with clients was charged and chargeable, otherwise it had to be eliminated. One worker received the following instructions from her manager regarding billing service users for phone calls - - even when no one answers, "you call them, you charge 'em. If they don't answer, you write it down and you charge 'em. And you charge 15 mins because that's the minimum you can charge."

Despite a significant level of alienation and instability, many workers continued to find satisfaction in working with people with intellectual and other cognitive disabilities and to try to make the NDIS system work. Though two workers told us that they felt it was likely that they would soon be fired because they refused to abandon the principles of equity and support, other workers told us that the job still held meaning because, "You can put things in place for people that can give them hope". Despite the challenges posed by inadequate funding and short notice shifts, most workers found rewards in, as one worker put it, "Watching [] the participants reach their goals." Another long-time frontline worker summed up the feelings of most research participants thusly, "I love working with the people. I love making their lives... as high quality as we can".

However, it was notable how many workers were thinking of leaving the sector entirely: some planned early retirement, others sought a career change, while others had no definite plans other than to seek a job they could like. Part of this intention to leave was based on working conditions, but for most workers it was also based on no longer feeling part of a job where one feels appreciated and where one could find meaning. In the words of another long-time worker, "It is chaos. It's awful. We really tried to raise all these issues that we could foresee was gonna happen and it seemed to fall on deaf ears of the state and government and now we're seeing all those things that we feared."

The revolving door of casual staff, a lack of training and supervision, and increased distance between management and workers exacerbated the stressed and sometimes dangerous situations noted above, putting workers in a position where they felt replaceable and disposable. A senior worker summed it up for the bulk of the research participants by observing, "morale has never been lower".



Less Training and Skill in the Labour Force

Prior to the NDIS, there was time and funding for training and upgrading as well as supervision and meetings, “we would have regular staff meetings, training days, staff development days...That’s gone. We get told there’s no money for it”. Participants noted that their employers now have very limited requirements for hiring new staff, whereas previously skills, formal education and experience were definite prerequisites. The lack of training and experience presented risks for the new labour force, service users and existing staff. As one long time worker observed, “Because I have more experience than most of the staff, I get all the hard guys. They are all one-on-ones (one staff to one client) because they need that much support. They have complex needs and the work is always hard work. No down time or variety.” This makes the work more draining and adds to workplace stress and unsafe conditions. However, temporary and casual staff are less likely to complain as they need to position themselves positively in order to be assigned to future shifts.

Private Working in Private Homes

Though an increasing portion of the disability labour force works in service users’ homes, there is no way to assess whether private homes are safe or appropriate worksites. The constantly shifting pool of on-demand workers made for a more hazardous work environment as casual staff cannot possibly know the service users, their preferences or triggers. Workers reported knowing little or nothing beyond the service user’s name and address when they showed up for a shift. Noting an overall increase in workplace injuries, one worker quipped, “Nothing major, just black eyes, broken noses, the normal sort of things with people just being out their routine, not knowing the support workers and the support workers not knowing clients.”

One research participant noted a lowered likelihood of accurate reporting because workers all needed more shifts and feared reprisals if they reported incidents, “Some workers are scared to complain about challenging behaviours from the clients, to the client or the family or the agency. The workers don’t want to upset anyone, or they might not get more shifts.”

Discussion and Conclusions

Some characteristics of the former disability sector remain constant in the new NDIS context: particularly the commitment of workers to the service users and/or social equity and justice; the gendering of the workforce; and the increasingly poor wages and conditions. Most of these constants remain because, ironically, social justice, gender, unpaid work and poor wages were seen as unimportant to a piece of legislation addressing the human rights of a very marginalised population that had long been treated inequitably. As a result, the work force and many disability service providers have lost out in a zero-sum game in which some people



with disabilities experience increased autonomy and self-determination while others experience diminished life choices and reduced quality of service. This is largely because the NDIS was conceived of narrowly as an exclusively market solution to a complex and pressing human rights issue.

A truncated, marketized version of human rights played an ideological role in convincing service users, the public and workers that management and the state need to drive down workplace protections and weaken employment regulations in order to meet the commercialised needs of vulnerable populations. By embracing a pro-market ideology, the NDIS sets the terms for a zero-sum game involving the emergence of a precarious labour market with significant gig-like, on-demand economy aspects and a temporary workforce that lacks the constancy, supervision or training to properly support the autonomy and self-determination of all people with disabilities. Current employment regulation seems ill-equipped to defend disability workers and governments are more interested in containing costs and fostering private markets than in protecting a highly gendered, increasingly precarious labour force. Though our conclusion is tentative, based on just this example, the evidence suggests that zero-sum games, in which a few wins and many lose, may be a feature of social policy change in market-driven contexts, such as the NDIS, and that current workplace protections mean little in the context of restructuring and marketisation.



References

- Aloisi, A (2015) Commoditized workers: Case study research on labor law issues arising from a set of on-demand/gig economy platforms. *Comparative Labour Law & Policy Journal* 37: 653.
- Brennan, D, Cass B, Himmelweit S & Szebehely M (2012) The marketisation of care: Rationales and consequences in Nordic and liberal care regimes. *Journal of European Social Policy* 22(4); 377-391.
- Cortis N, Macdonald, F, Davidson B & Bentham E (2017) *Reasonable, necessary and valued: Pricing disability services for quality support and decent jobs*. Sydney: Social Policy Research Centre, University of New South Wales.
- Howard A, Blakemore T, Johnston L, Taylor D & Dibley R (2015) 'I'm not really sure but I hope it's better': early thoughts of parents and carers in a regional trial site for the Australian National Disability Insurance Scheme. *Disability & Society* 30(9): 1365-1381.
- Martin B & Healy J (2010) *Who works in Community Services? A profile of Australian workforces in Child Protection, Juvenile Justice, Disability Services and General Community Services*. National Institute of Labour Studies, Adelaide.
- Macdonald, F., & Charlesworth, S. (2016). Cash for care under the NDIS: Shaping care workers' working conditions?. *Journal of Industrial Relations*, 58(5), 627-646.
- NDIA (2018) 4th Quarterly Report: 2017-18, National Public Dashboard. <https://www.ndis.gov.au/medias/documents/national-dashboard-aug18/National-Dashboard.pdf>. Accessed 13 November 2018.
- Productivity Commission (2017). National Disability Insurance Scheme (NDIS) – Costs. <https://www.pc.gov.au/inquiries/completed/ndis-costs/report>. Accessed October 25, 2018.
- Productivity Commission (2011) *Disability care and support: Productivity Commission inquiry report*, volumes 1 & 2. Report no. 54. Melbourne: Productivity Commission.
- Thill, C. (2015). Listening for policy change: how the voices of disabled people shaped Australia's National Disability Insurance Scheme. *Disability & Society*, 30(1), 15-28.
- van Doorn, N (2017) Platform labor: on the gendered and racialized exploitation of low-income service work in the 'on-demand' economy. *Information, Communication & Society*, 20(6): 898-914.
- Warr D, Dickinson H, Olney S, Hargrave J, Karanikolas A, Kasidis V, Katsikis G, Ozge J, Peters D, Wheeler M & Wilcox M (2017) *Choice, Control and the NDIS. Service users' perspectives on having choice and control in the new National Disability*



Insurance Scheme. Melbourne: Social Equity Institute, University of Melbourne.

Williams T (2014) The NDIS: What can Australia learn from other countries. *New Paradigm*. (1)12: 30-33.