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Training and supervision of disability support workers: Perspectives of NDIS participants using unregistered providers

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Abstract

Training and supervision of disability support workers (DSWs) has, in most developed countries, been the primary means of supporting quality of service, adequate worker skill and prevention of violence, abuse, neglect and exploitation of both service users and DSWs. However, in Australia, there is no requirement for DSWs to obtain a minimum level qualification. This paper examines service user perception and decision making in relation to training and supervision of their DSWs. We report findings from semi-structured interviews with 30 National Disability Insurance Scheme (NDIS) participants. These findings suggest that users of disability services do not universally prioritise formal DSW supervision and training. Many interviewees described that being able to train and supervise DSWs themselves achieved better support outcomes and reduced power differentials in receipt of services. We discuss the implications of these findings in the context of recent policy reviews and the need to refocus safeguarding schemes on providing people with disability with the tools they need to ensure the quality and safety of their services.

KEYWORDS

disability support workers, NDIS participants, supervision, training, unregistered providers

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1 | INTRODUCTION

Internationally, training and supervision of disability support workers (DSWs) in the social care sector has traditionally been a primary means of ensuring quality of services and guarding against violence, abuse, neglect and exploitation of service users (Allbutt et al., 2017; Cunningham et al., 2021; Dromey & Hochlaf, 2018; The Cavendish Review, 2013; Xerri et al., 2019). In Australia, policy has focussed on worker training (with scant attention to ongoing supervision) and on encouraging workers to obtain a minimum level qualification. Increased training of workers has also been seen as a way to professionalise the DSW workforce and move it beyond a lowly paid, feminised, care work role (Charlesworth, 2012; Cortis et al., 2013; MacDonald, 2021; MacDonald & Charlesworth, 2016).

In this paper, we report on research that explores the views of National Disability Insurance Scheme (NDIS) participants on the importance of formal DSW training and qualifications. Recent policy reviews (e.g., NDIS Review, 2023a) have recognised the crucial importance of co-design and participant voice in the design and implementation of reforms to the scheme. This means there is an ongoing need for an evidence base that foregrounds the voices and experiences of scheme participants. Research should examine ways the NDIS is working well for many participants and methods of participant-driven innovation and service improvement, as well as the more familiar research into scheme failures. Our paper therefore contributes to the evidence base on the innovation that people with disability and their families are able to achieve when afforded choice and control over their services.

The data we use in this paper were collected for a larger project that sought to explore why some NDIS participants choose to use service providers that are not registered with the NDIS regulator, known as the NDIS Quality and Safeguards Commission (QSC) (Dickinson et al., 2022). The project aimed to understand this somewhat counterintuitive service choice, and in so doing explore the capacity of people with disability and their families to make decisions to improve the quality and safety of their own services. Interviewees' decisions regarding the use of unregistered providers were overwhelmingly connected to a preference to increase choice and control over who delivered services and how they were delivered. In this context, we found that the ability to train workers themselves underpinned many interviewees' experiences of quality and safety under the scheme, for example, through supporting a more equal power dynamic and ensuring that worker skills met their needs.

The paper is structured as follows. We first provide an overview of the background and policy settings relating to training and supervision of DSWs in Australia, situating this policy context within the larger debate regarding autonomy and risk in personalisation schemes. We then move to the methods and findings of our research. Our main findings were that many interviewees did not place importance on engaging DSWs who had formal training or qualifications. Some spoke about actively seeking DSWs who did not have prior training, instead choosing to train and supervise their own workers. Interviewees had developed various tools and mechanisms of their own to help with DSW training, such as video guides, detailed lists, training from allied health professionals, buddy shifts and use of online tools. This paper therefore provides important new information on the experiences—and capabilities—of disability service users in relation to worker training. If some participants are able to achieve improvements in service quality through self-directed training and supervision, these strengths should be recognised and supported through scheme implementation. We discuss these findings in relation to policy-related questions such as broader capacity building of the DSW workforce, the role of Registered Training Organisations (RTOs), NDIS funding allocation for training and whether a mandatory minimum qualification should be introduced for DSWs in Australia.

2 | BACKGROUND

The introduction of the NDIS in 2013 aimed to give people with disability more “choice and control” in receipt of services by introducing a personalised model of social care. Australia ambitiously devolved all block funding of disability services into individualised budgets for eligible participants, to enable them to purchase services and equipment from a quasi-market. Individualised NDIS budgets (or plans) are determined by the National Disability Insurance Agency (NDIA) following a planning meeting. Plans are based on participant need, which is assessed according to the legal concept of “reasonable and necessary” and the supports required to achieve participant-identified goals (Cowden & McCullagh, 2021). According to the 2023 NDIS Review (p. 20), 630,000 Australians with significant and permanent disability now have an individualised funding package through the NDIS.

2.1 | NDIS budget management and provider regulation

The NDIS Quality and Safeguards Commission is a regulatory agency established to work with NDIS participants, DSWs and service providers to improve the quality and safety of services. It operates as a separate entity alongside the NDIA. Registration with the NDIS Commission is voluntary for service providers, excepting those that deliver behavioural supports, restrictive practices and Specialist Disability Accommodation (group homes), who must be registered (NDIS Commission, 2023a). Service providers who choose to be registered undergo compliance, audit and registration process with the NDIS Commission, with the implication that those who are registered provide services to a higher standard and with better quality due to the oversight and compliance processes of registration. Registration also requires larger organisations to undergo annual auditing. At present, approximately 16,000 registered providers and 154,000 unregistered service providers across all service types are operating in the NDIS market (NDIS Review, 2023a, p. 207).

All registered service providers must comply with incident reporting structures to the NDIS Commission. Workers must undertake training and professional development relevant to the NDIS Practice Standards, which specify the quality standards to be met in providing supports and services to NDIS participants. DSWs must also undergo NDIS worker screening and NDIS worker training modules in line with the NDIS Code of Conduct, which sets out expectations for the behaviour of NDIS providers and workers (NDIS Commission, 2023b, 2023c). The NDIS Commission role for oversight of DSWs is mainly this worker screening process, which involves reviewing police checks and ensuring DSWs are not on existing state worker exclusion lists (NDIS Commission, 2023c).

Unregistered DSWs are still regulated by the NDIS Commission. Regardless of registration status, all DSWs must comply with the NDIS Code of Conduct. The NDIS Commission can receive and investigate complaints regarding unregistered providers, and it offers support to NDIS participants in making complaints about unregistered service providers or particular DSWs (Dickinson et al., 2022; NDIS Commission, 2023d). The NDIS Commission has the power to sanction and ban an unregistered provider from providing NDIS services (NDIS Commission, 2023a).

Only some participants can use unregistered providers. The NDIS offers three options for managing individual budgets—“Agency-managed,” “Plan-managed” and “Self-managed” (David & West, 2017). If a participant is agency-managed, they must use only NDIS-registered service providers. Plan-managed and self-managed participants have the option of purchasing supports from non-registered providers. Self-managed participants have the further choice of directly employing support workers (David & West, 2017). Participants may also choose a combination of options, for example, some of their funding can be plan-managed and some self-managed.

2.2 | Worker training and the NDIS

There is an increasing need for support workers in the Australian disability sectors. In June 2021, the federal Department of Social Services (DSS) released the *NDIS National Workforce Plan: 2021 to 2025*. It predicted that “by 2024, around 500,000 participants will require support from almost 353,000 workers,” with 90 per cent of these being DSWs (Department of Social Services, 2021, p. 8). The Plan’s vision includes supporting and retaining the existing DSW workforce; growing the workforce; maintaining quality of supports provided to participants; and supporting sector innovation and efficiency related to the DSW workforce (Department of Social Services, 2021, p. 5).

Overall, Australia’s current policy and regulatory settings associated with DSW training and supervision are quite light touch. Unlike the UK and many other European states (Allbutt et al., 2017; Cunningham et al., 2021; Dromey & Hochlaf, 2018; The Cavendish Review, 2013; Xerri et al., 2019), DSWs in Australia are not required to have a mandatory minimum qualification and there is no ongoing supervision of DSWs (although in some cases, supervision may be supplied in-house by service providers). The only mandatory requirements for a DSW to work in Australia are first aid and CPR certificates. NDIS participants are not required to use DSWs with qualifications.

Evidence on quality of DSW training suggests there are significant gaps within Australia’s DSW training framework. Traditionally in Australia, formal training in the disability industry has been provided by Registered Training Organisations (RTOs). Generalised training includes qualifications such as Certificate III and IV in Community Services or Individual Support. Many researchers and activists have highlighted the shortcomings of these formal training pathways from the perspectives of both workers and clients (Hurley & Hutchinson, 2022; Jenkinson, 2021; Leahy, 2022; Ryan & Stanford, 2018). Leahy (2022) notes that Vocational Education and Training courses for disability and aged care in Australia are narrow, instrumental and underpinned by a transactional approach that does not support the development of respectful relationships. Training systems have also under-emphasised the experiences of people with lived experience in course design. The Australian vocational education and training industry as a whole has been dogged by scandal and, in particular, compromised by a minority of “recalcitrant providers” who “drag down” the reputation of the industry (Braithwaite, 2018). A consequence of this is that some DSWs enter the workforce with certificate level qualifications but without appropriate skills to meet the needs of NDIS participants.

According to job ad data cited in the DSS Workforce Plan, only 50 per cent of providers required a certificate qualification (Department of Social Services, 2021, p. 17). Crucially, the Plan notes that workers are increasingly disinterested in traditional qualifications, in part due to the preference among participants for workers who have skills that respond to their unique requirements. Consequently, it argues that workers are turning to relevant training developed in-house by service providers, but these tend to have limited recognition across the broader sector (p. 17). While NDIS providers are responsible for ensuring adequate worker training, many service providers feel that they are struggling to provide necessary training and supervision for their DSW staff due to lack of time and resources. Concerningly, it is common for DSWs to sacrifice time earning wages to do training (Department of Social Services, 2021, p. 17).

For example, Cortis and Van Toorn (2020, p. 9) surveyed 2341 DSWs during March 2020. They noted that “many workers report a lack of access to training” and that “a quarter of respondents (26 per cent) received less than one day of training in the last 12 months”. As noted by the DSS Workforce Plan, 20 per cent of workers across all DSW service settings reported not being paid for all their hours of training, with the proportion being higher in some settings (p. 9). DSWs highlighted feeling “under-supported through supervision and training, with many left to make decisions on their own about client care and support” (p. 10). There are

increasingly high levels of casualisation in the industry and DSWs (especially those with more years of experience) perceive a level of deterioration in working conditions, elements that are contributing to high turnover of DSWs across the industry (Cortis & Van Toorn, 2020).

2.3 | Mandatory training?

Despite problems with current training options, there have long been calls for a minimum entry-level qualification to be introduced for DSWs (see e.g., Baines et al., 2019; MacDonald, 2023). However, regulators have resisted implementing any minimum entry-level qualification due to chronic labour shortages across the industry. Some advocates argue that establishing minimum entry-level qualifications would create barriers to employment for new workers seeking to enter the industry or that mandating training would constrain service user choice and prevent some people with disability from working with their preferred DSWs (Taleporos, 2023). In contrast, others in the sector claim that a minimum entry-level qualification would at least provide a worker new to the industry some broad-based understanding of human rights and discrimination frameworks (such as the Convention of Rights of Persons with Disability [2006] and the Disability Discrimination Act [1992]). In addition, it may provide some understanding of social exclusion and inclusion informed by various models of disability; basic occupational health and safety guidelines; and regulatory and reporting requirements for serious incidents and mechanisms of prevention of violence, abuse, neglect and exploitation of both workers and service users. It must also be noted that workers and providers may desire formal training, to help providers mitigate risk and improve worker confidence and career prospects.

2.4 | The gig economy and direct employment of DSWs

The debate about minimum entry-level qualifications and training frameworks is now being further galvanised within the NDIS with the gradual shift of service management away from agency-managed to plan-managed participants (NDIS Review, 2023b, p. 717) and the growth of the platform workforce (NDIS Review, 2023a, p. 192). As mentioned above, plan-managed and self-managed participants are permitted to hire sole trader support workers, and self-managers can directly employ workers. As the NDIS was developed, there was considerable debate on what individualised budgets might mean for DSW working conditions, wages, training and supervision (Dickinson et al., 2014). In particular, debate centred on ways the gig economy and direct employment might evolve within the NDIS such as a race to the bottom with wages and lack of external training, supervision, oversight and support structures for DSWs (MacDonald, 2021). In the context of personalisation initiatives in the UK, Pile (2014) notes there are potential issues with DSW isolation, ignorance of work entitlements, lack of resources for training, precarious rostering and lack of support in resolving low-level conflict where DSWs are directly employed. There is also a requirement for both DSWs and participants to negotiate safeguarding and risk within the support interaction, a highly charged element of support given the power dynamic between the support worker and a client, particularly in the setting of the client's home (Carr, 2011; Manthorpe, 2014).

This debate about worker training, regulation and the gig economy can be placed within the broader context of ongoing and unresolved tensions between autonomy and risk in personalisation schemes (Glasby, 2011). Since the principles of choice and control in a market-based system have strongly underpinned NDIS development to date, direct employment and online gig economy platforms have been allowed to evolve within the NDIS despite the risks identified above. However, personalisation and safeguarding have often been treated as separate issues, while some argue they should be viewed as “two sides of the same coin” (Glasby, 2011;

Manthorpe, 2014). Safeguarding, in the NDIS context, is defined as “the actions and measures designed to respond to risk and protect people from violence, abuse, neglect, and exploitation” (NDIS, 2023, p. 9). Glasby (2011) argues that true personalisation can free up resources for safeguarding those who need it most, while scaffolding the remainder to exercise greater autonomy. We will explore these issues further in the remainder of the paper.

3 | METHODS

This project draws on the principles of inclusive research in that a researcher with lived experience of disability contributed to all stages of the project; the research explores issues that are important to people with disability and draws on their experiences to do so; and project outputs have provided information that people with disability can use to campaign for change (Strnadová et al., 2020). The project received approval from the UNSW Human Research Ethics Committee (HC220514). We recruited 30 adult NDIS participants or plan nominees (plan nominees implement NDIS plans on behalf of a participant) through social media advertising on Twitter and Facebook between June and August 2022. Disability advocates and disability community organisations assisted with recruitment. The advertisement explained the purpose of the study and asked potential participants to contact the second author via email or phone. The second author determined whether they met the inclusion criteria (aged 18 or over, NDIS participant or plan nominee, purchased one or more unregistered supports at the time of interview), provided them with more information on the study, and explored what accessibility requirements they may need to participate in an online interview. We received a large initial response and interviewed the first 30 people who responded and met our inclusion criteria. Participants received a \$50 pre-paid Mastercard to acknowledge their time and expertise.

We conducted interviews over Microsoft Teams. Participants provided consent either through a written consent form (available in standard and easy read formats) or through a verbal consent script at the start of the interview. Interviews were conducted in a semi-structured format, meaning that we had a pre-determined list of questions but did not necessarily ask them all in the same order, and we were able to ask follow-up questions or pursue new lines of questioning as appropriate. We provide a sample interview schedule at Appendix 1. DSW training was not the original or the overall focus of the study; however, during the first two interviews, it became obvious that these issues were important to participants in the context of their choice to use unregistered providers. Therefore, we began increasingly focussing on training in follow-up questions throughout the course of data collection. Interviews were audio-recorded and fully transcribed, using pseudonyms to replace the names of participants. The transcripts were thematically analysed utilising the NVivo data management software. In line with principles of inclusive research and co-production, we tested early findings with a small subset of participants to ensure their relevance and usefulness, and incorporated their feedback into the open access report (Dickinson et al., 2022).

3.1 | Participant demographics

Participants ranged in age from 20s to 60s. Eight were male, 20 female and two non-binary. They were located in all Australian states and territories except for the Northern Territory. Eighteen lived in urban areas, 11 lived in regional or outer urban areas and one was rural.

Regarding NDIS involvement, 22 interviewees were NDIS participants, six were plan nominees, and two were both NDIS participants and plan nominees (the eight plan nominees represented 10 NDIS participants between them). Two-thirds self-managed their funding and one-third were plan-managed, with two participants having a combination of plan-managed

and either self-managed or agency-managed funding. As the focus was on participant choice across a range of disabilities, we did not systematically collect information about each participant's impairments. However, in describing their disability service experiences, participants often described their impairments or those of the NDIS participants they represented. Participants had a wide range of disabilities, including physical, psychosocial, neurological, intellectual/cognitive, sensory and energy impairments.

In interpreting our findings, it is important to acknowledge that due to our recruitment method, our sample consisted largely of people who were independent, had strong cognitive capacity and decision-making ability and were active on social media. There were a disproportionately high number of self-managed participants in the sample. Therefore, we spoke to vocal, politically active people who were not necessarily representative of NDIS participants as a whole. NDIS participants with lower capabilities and weaker family support networks may place a higher priority on externally-provided training and supervision. However, the innovation that can be achieved by people in this cohort brings valuable new insights into self-directed training and supervision, and the outcomes people can achieve when given choice and control over their services.

4 | FINDINGS

In setting out our findings, we first discuss the fact that many participants did not place a high value on DSW training, and why some participants prefer to hire DSWs with no formal training. We then outline how some interviewees instead preferred to train DSWs themselves and discuss examples of the training and supervision mechanisms they had implemented.

4.1 | Many participants did not place importance on training or preferred workers with no training

Because training was not the overall focus of the study and did not form part of the core interview questions, we did not explicitly ask each participant about training. However, about half of the interviewees made comments that indicated they did not place much value on DSW training—for example, Khin Yi said “I don't really care about qualifications,” and Yasmin said “I also don't put a lot of emphasis on, like, qualifications.” Rita mentioned that in her area “if you were long term unemployed, they shoved you through the Cert III, and those people had no idea what they're doing. Hated it, you know.” Similarly, Caleb commented from his experience working in an RTO that “no Einstein required to pass that course.”

For those few who did mention training in a way that implied a more positive opinion (e.g., commenting that they would had workers with not enough training), none said that hiring someone with training was important in their decision making, and only one thought support workers should be required to have training:

Ben: I'm starting to be one of the believers that I think that a support worker should have a level of training.

In fact, it was more common for interviewees to explicitly note that they did not like employing DSWs with formal training or qualifications. For example, Andy told us “that's something I actively avoid,” Kim said “I do like getting people that haven't worked in disability before,” and Ash commented “We generally don't like people with qualifications either ... because then we just have to retrain them.”

Some felt that training and professional development provided by RTOs and service providers is not adequate and does not provide the DSW with skills relevant to the reality of disability service provision. For example, Claire had trained as a DSW and found there was nothing in her training about how to support clients with low vision (which was her own specific requirement): “So no, it would surprise me very much if there were training specific to blindness in any of these organisations.” Fern, who worked in the area of disability advocacy and directly employed support workers for her son, also criticised the “extremely introductory and general” Certificate III. She had completed Certificate IV herself and also found it “too generalised.” She felt these courses did not provide what she needed to support her son:

[Certificate IV] doesn't teach the principles, it doesn't teach empathy, it doesn't teach how to be empowering, how to support without taking over. ...So when we're employing a support worker for our eldest, for example, one of the things that I look for is a lot of people talk to me rather than to him. So, if we're interviewing a support worker and they come in and they sit with him and start talking to him, that's a big tick in my book. And the Cert III in Individualised Support doesn't teach that. It doesn't teach to build capacity rather than to help, kind of thing.¹

Participants often considered other factors than formal disability training to be more important. As Yasmin explained, she needed to know:

...like, do they have Communities Cert IV versus actually, are they really good at understanding body language and knowing when to step in and when to not step in. You know, those are, for my son, more important than whether the person has had a qualification through a TAFE.

Lyra noted that she found broader life experience much more useful than formal disability training, and while she did not want to “discredit everyone who's had some training”:

I actually find that I prefer people who have a broader life experience ...if you're only getting people that have done that sort of Cert IV, you're ruling out all the people who have multiple degrees and multiple life experiences who would never consider going and doing a Cert IV.

Similarly, Khin Yi reported looking for something other than formal disability training:

I guess with my background, rather than looking for, like, disability, aged care people, I might look for someone with a bit of a nursing background or allied health background because I feel like that would be more helpful for what I need, if I look for anything at all, rather than disability specific.

Another interviewee noted that staff training is often about making sure staff conform to the organisation's way of working: “...oh, they've learned how to type stuff into CTARS [online incident reporting system], not up-skilling them” (Violet).

As mentioned above, a small number of participants did prefer to completely avoid DSWs with formal training and qualifications. However, in general, interviewees tended to express that previous training and qualifications were not important in their decision making, not sufficient for workers to meet their needs, and could sometimes be unhelpful.

4.2 | Training and qualifications can underpin a harmful power dynamic

Some participants felt that harmful power dynamics could develop within the support interaction where the DSW had undergone training. This was because a DSW with training could feel that a qualification provided them with a better knowledge of the needs of the participant than the NDIS participant themselves. Interviewees described this as manifesting in DSWs bringing a paternalistic attitude onto their shifts. For example, Anh told us:

Once they're like, "oh I'm studying and I'm studying a Cert whatever in Disability", it kind of makes them feel ...I don't know what they teach in those courses because they just feel like they know everything about disability by the end of it ...I feel like they then get the sort of experience that- or the notion that they're the ones with a bit more power or authority.

One participant had accessed training materials and found them unhelpful and offensive, which had further soured them on the notion of formal DSW training:

Ash: Yeah, I did buy a support worker training book and the very first page I read was so incredibly offensive, I was like just, no. It was something about telling your client how to eat healthy, like, you must tell your client to eat healthy and I'm like, if I want a pizza, I want a pizza, man, like... no wonder they're coming out the way they are.

Interviewees reported that sometimes DSWs with provider professional development training felt the need to adhere to an "agency rule book" while providing support in the home, such as documenting everything extensively and refusing to complete things out of their scope of practice, such as house cleaning. For example, Caleb recounted:

And when you have a have a meet and greet, it's a case of some of them are kind of "oh no, I've done a course and someone like you, I'd have to use a hoist". And I go no, you're not for me.

4.3 | Some participants prefer to train DSWs

Many interviewees described that they preferred to undertake training of their DSWs. This way, DSWs could learn on the job the skills that they specifically needed, and workers were more likely to see them as an individual disabled person with unique needs:

Anh: I really don't care about any of that [training] because these are skills they will learn on the job ...I will teach them, and it's more about how well they listen and understand instructions and are flexible like ...it is not necessarily models or things and frameworks you need to know about disability ...some people might be like "oh, well, I know everything about disability", and just be like, "well, I don't really need to know that person because I already learned stuff about your disability".

Andy: I'd prefer a clean slate. And for them to just, you know, learn what it takes to support me and not tell me what they think.

Ben: ...you're going to have to train them anyway to meet your individual needs, so I would rather someone who's got just the right attitude and then train them up to what we need. That's more important.

In contrast to the unequal power relationship noted with pre-trained DSWs, interviewees who had trained DSWs themselves often felt they had a better, more equal relationship through this process. They valued being able to design and control the support routine and make changes where required, as Yasmin noted with regard to her son's team of directly employed support workers. She also spoke of feeling empowered in training workers for the specific needs of her son:

Yasmin: It does feel empowered to be able to train people according to my son's support needs and it makes me feel confident that they can do their job well.

One participant felt that public discourse about training underestimated the capacity of people with disability to undertake their own DSW training:

Lyra: ...every now and again I see on Facebook debates, usually providers talking about how people are hiring people that don't have any training and that's not fair for participants. And every time that pops up, I jump in and say, well I'm a participant. I can train people myself for my needs.

While participants valued the option to train workers and felt they could achieve good outcomes this way, some acknowledged this was most appropriate for NDIS participants or plan nominees who were confident and articulate:

Neil: ...like I'm coming from a position of privilege in that I'm pretty well versed in training support workers and managing any conflicts and all of that stuff. And I do see that other people might not be able to do that as well as me, and they may require more oversight and things like that, but for people who are confident to manage that themselves, I think it's a good thing because it gives you the most amount of control over your supports and over your funding in your plan.

4.4 | Interviewee-led training and supervision mechanisms

Interviewees used various mechanisms to induct, train and supervise their DSWs. First, this included determining the initial suitability of the DSW to work with them and their family, which could involve doing one or more meet-and-greets, reviewing CVs, verifying certificates and qualifications, and getting references checks from previous clients. As Yasmin commented:

So, there's all the safety that goes around employing somebody. You don't just forget that because they're not registered. You still need to do all those checks.

This process could include identifying any gaps in the candidate's work history and whether they needed any external units of training to do the role, or whether initial supervision might be required for the worker to understand and complete tasks.

Interviewees spoke of using the meet-and-greet to communicate expectations and boundaries to a new DSW:

Owen: [I] sit down and explain to them how my life works- what I expect and what my life involves ...what my goals are, what I try to do, what my day looks like while they're here, what my expectations are and what they can expect from me. It's a respect thing as well ...I always try to show people what I need done, what I want done. We have lists that have been done by occupational therapists and by

speech therapist too that helps with my planning and sequencing. And so, it's not that difficult to follow.

Some interviewees mentioned that the meet-and-greet was a paid hour so DSWs were paid for this time in addition to training time:

Claire: I would pay for their time. I would probably create a small little shift, you know, go and pick up a few things from the supermarket, go for a small walk and possibly end at a coffee shop and sit and have a coffee and ask a few questions about them and the way that they worked, and just get a gauge on the language they're using when they're talking.

Other training mechanisms included using allied health staff to train DSWs, using online collaboration tools as resources, and developing their own videos to upskill DSWs on tasks and expectations, which meant they did not have to rely purely on conversation and verbal direction. Some interviewees detailed how they developed their own training tools, such as typing up lists, giving first more broad and then more detailed directions during the first few shifts and having both overview and detailed support plans. This took account of the reality that DSWs may only be able to take in a certain amount of information at the start, prioritising the most important things first and adding more detail later.

Several interviewees described utilising trial shifts or buddy/observation shifts with family members or more experienced DSWs so that the new DSW could see for themselves and understand routines and how to use hoists and do transfers.

Mike: ...there's been times when I've had, you know, like buddy shifts where someone has come in just to watch – but that's really more about them understanding my routines.

Violet: ...any new support worker, they come and watch me work with [my brother] ...then, if they're both comfortable, away you guys go. And then I just say to them, you know, “it's a working relationship between the two of you”.

Another element of self-training and managing DSWs was how to respond when there were issues with the DSW's work or something did not feel right. Participants emphasised having the confidence to speak up and trust their intuition:

Yasmin: So, there's a whole range of ways of knowing. And then it also depends on how my son reacts with that person. You know, if he's excited to see them then that's always a big plus. If he's resisting seeing them ...you can learn a lot about how they respond when they were in the room with the person.

Caleb: It's a case of, as such, you've got to engender mutual respect by saying, you know, this is what I expect. And for you to deliver. And if you don't deliver it, then we'll have to reassess the situation. It can be just cutting back their hours and keeping them to the hours that I can't fill with another support worker. But quite often, that just kind of, that resolves itself. But if it doesn't resolve itself, then it's just a case of goodbye.

As Caleb mentioned, part of having this control over the employment of workers was also knowing how to cut ties when differences became irreconcilable.

Finally, interviewees spoke of the time and effort involved to train a new DSW, when they are ‘spending more time explaining it [tasks] than actually being able to just get on with it’ (Eugenie). However, this was generally considered preferable to needing to ‘untrain’ DSWs with unhelpful prior training and experience (as noted by Andy and Ash).

5 | DISCUSSION

The tension between autonomy and risk in personalisation schemes has long been acknowledged (Glasby, 2011; Needham & Glasby, 2014) and has underpinned many debates in the design and implementation of these schemes. Implementing governments have struggled with how to manage risk and protect the safety and rights of socially marginalised people while allowing them the maximum freedom and autonomy to determine their lives—especially in the context of a market-based system with large corporate interests at stake. The recent NDIS Review (2023a) has rekindled many of these debates through its controversial recommendation to require all providers to register (or “enrol” for providers deemed the lowest risk) (see e.g., Ison, 2024). This “graduated risk-proportionate regulatory model” is intended to deliver more safeguards for activities deemed higher risk (such as intimate care), while being “light touch” for those deemed lower risk (such as cleaning or supplying consumables). In this way, it aims to direct safeguarding resources where they are most needed. While we agree a one size fits all safeguarding approach would be contrary to the purposes of the scheme, we are concerned about the recommendation's focus on the *activities* to be provided rather than the *capacities* of participants receiving the service to be supported to manage their own level of risk (see e.g., Glasby, 2011). As Davy et al. (2024) argue, current regulatory settings skew too far in the direction of compliance-based mechanisms directed at service providers, while not paying enough attention to promoting and supporting the autonomy of people with disability: “effective safeguarding approaches would provide people with disability with the resources *they need* to maintain autonomy and safety” (p. 17, emphasis added).

Our findings demonstrate that participant-directed training activities can produce outcomes valued by those participants, including retention of high-quality DSWs, and perceptions of increased quality and safety. In training a DSW, interviewees reported that they were able to build better, more balanced support interactions and establish a more equal power dynamic. They noted a number of strategies they used in order to keep themselves safe, such as multiple meet-and-greets, reference checks, police checks and utilisation of worker screening. In the context of a transactional approach to both disability funding and disability training (as noted by Leahy, 2022), participants valued being able to support the development of a more relational approach through their own training activities. They constantly emphasised the importance of building relationships with workers over time, and how relationship building was much more feasible when they were able to hire and train their own workers—rather than engaging large registered providers where they had little control over worker choice, training and supervision. Interviewees also demonstrated that they were conscious of their safety and risk.

Another major issue in the disability support sector is that of worker churn. Our evidence seems to suggest that training and ongoing supervision undertaken by interviewees themselves can reduce turnover of DSWs because (a) the interviewees felt more comfortable in their support interaction on an ongoing basis, and (b) the DSWs had a better understanding of what was required in the role and were thus prepared to stay in the role for a longer period of time. This led to good working conditions where both the worker and the participant felt happier and more respected in the relationship.

While the NDIS Review stopped short of requiring mandatory minimum qualifications for DSWs, the controversy over NDIS worker training continues. Further, it seems likely that many DSWs will be required to undergo further training modules to bring them into compliance with increased regulatory requirements under the proposed risk-proportionate regulatory model (NDIS Review, 2023a, p. 214). The basis for the argument to implement mandatory training is that lack of training constitutes an unacceptable risk for both participants and workers. While this may be true for many participants, our findings show that for others, the ability to train participants to their own particular way of working (as

opposed to relying on the generic training currently offered by Certificates III and IV) in fact constitutes a “safeguard”: actions that protect people from violence, abuse, neglect and exploitation (NDIS, 2023). Removing the option to hire untrained workers would therefore decrease autonomy and personalisation while not improving service safety and quality for all participants.

5.1 | Implications

For participants in our study, there was a significant disconnect between the expectation of service users and the actual skills that trained DSWs brought to the job, which should be of concern for those responsible for building workforce capacity. Like Leahy (2022) and Cortis and Van Toorn (2020), our research indicates that current DSW workforce training frameworks may not be fit for purpose. We have demonstrated that some NDIS participants have already sidestepped existing formal workforce training frameworks, and with the flexibility enabled by the option to use unregistered providers, are constructing training and supervision mechanisms to meet their own service needs.

The implications of our findings are twofold. First, if RTO and professional development training is not meeting the needs of service users, there may need to be a review of training frameworks and modules within training programs—with more lived experience input into the design of such programs. This is necessary for the cohort of service users who are not in a position to train workers. But ultimately, if RTO training is not relevant enough to participants' needs, it is not a good use of time and resources to require those certificates as a minimum standard sector wide.

The second dimension concerns participants who are interested in training their workers, or already do so. For this cohort, we recommend capacity building of NDIS participants in the form of interventions to more systematically equip participants and plan nominees to train and supervise DSWs. In undertaking training and ongoing supervision, it was clear that interviewees required a level of confidence and capacity in understanding and communicating their own needs, giving directions, and establishing clear and safe parameters around the work interaction. These are all capabilities that can be enhanced through capacity building interventions. This dovetails with other insights from the study, which found that NDIS participants require more capacity building interventions to support their choice and control within the scheme—rather than a narrow focus on provider regulation, which might unnecessarily constrain participant choice and control (Dickinson et al., 2022; 2024; see also Davy et al., 2024). There are also implications for the place of training within NDIS plans. The current unit costs for Supported Independent Living (which provides daily support for people to live at home) have virtually no allocation for training in the hourly rate. If NDIS participants are coordinating training, funding and hours should be allocated for this.

Regarding limitations, it is worth noting that this was a small exploratory study of reasons for using unregistered NDIS providers, and therefore, we only spoke with people who engaged one or more unregistered providers. It is likely that those who prefer trained workers will prefer to engage registered agencies (whose workers are more likely to have training due to regulatory requirements associated with the registration process)—whereas in our interview sample, there was clearly more of a preference for directly employed or sole trader workers. As discussed above, interviewees in this research constituted a cohort of service users with high organisational capacity who were deeply involved in designing and implementing their own services. Further, we only captured the perspectives of service users and not DSWs. Despite these limitations, the themes and findings of the research are useful in understanding how current NDIS workforce training is perceived by end users, and in considering future directions for training and workforce

development. Further scaled-up research is required to gain a more systematic understanding of how service users train their workers, and in particular the tools and frameworks that service users are developing themselves to train DSWs for their unique needs.

6 | CONCLUSION

Much has been written about problems with scheme implementation in the first decade of the NDIS (Dickinson & Yates, 2023). However, evidence also shows that when given choice and control over their services, NDIS participants can achieve positive outcomes, which in some cases transform their lives and allow them to participate much more fully in society (Dickinson et al., 2022; Fisher et al., 2023). To understand the potential of individualised funding schemes, it is important to highlight the strengths and achievements of people with disability in self-directing their services.

In our research examining why NDIS participants choose to use non-registered service providers, we found that one reason for this service choice was the option for participants to train and supervise their own disability support workers. While quality and safety were very important to interviewees, formal training and professional development tended not to be important to them in achieving these standards. Interviewees detailed the mechanisms they used to undertake this training and supervision, including processes to co-produce their own safety (Yates et al., 2024). These findings thus have broad implications related to future capacity building of the DSW workforce and the effectiveness of the role of current RTOs, certificates and professional development courses. In particular, the introduction of mandatory minimum standards for DSW training may not best support the choice and control of all NDIS participants. While some NDIS participants will expect and prefer their workers to have formal training, our research shows that others do not—and they have the competence and capacity to train their own workers. Removing the choice to hire untrained support workers will have a negative effect on their NDIS experience.

AUTHOR CONTRIBUTIONS

Raelene West: Conceptualization; investigation; writing – original draft; methodology; validation; writing – review and editing; formal analysis; project administration; data curation; resources. **Sophie Yates:** Conceptualization; investigation; writing – original draft; methodology; validation; writing – review and editing; formal analysis; project administration; data curation; resources. **Helen Dickinson:** Conceptualization; investigation; funding acquisition; methodology; validation; writing – review and editing; formal analysis; project administration; data curation; supervision; resources.

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CONFLICT OF INTEREST STATEMENT

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ENDNOTE

¹ While the 20 week, 15-unit Certificate III in Individual Support does include a core unit titled “Facilitate the empowerment of people receiving support” ([Training.gov.au](https://www.training.gov.au/), nd); in Fern's experience, this was not sufficient to teach capacity building across a range of disabilities.

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