Preliminary results from the 2022

THE NDIS & HOSPITAL WORKFORCE (WIN) PROJECT

Executive Summary

The full-scale 'roll-out' of the National Disability Insurance Scheme (NDIS) represented the most significant social welfare reform since the introduction of Medicare. Hospital staff provide support and coordination for people with disabilities navigating the NDIS. This project explored how the changes related to the introduction of the NDIS impacted hospital staff at two major Melbourne hospitals – Melbourne Health and Northern Health.

What We Did?

To explore how the NDIS has impacted hospital staff we conducted a mixed methods study using semi-structured qualitative interviews and hospital wide surveys with hospital staff. This factsheets provides preliminary results from both methods explaining in more detail what we did and what we found.

What we found?

Preliminary results from interviews and surveys found that the study participants find navigating the NDIS extremely complex and inconsistent. The additional challenges and administrative burden associated with engaging with the NDIS led to the study participants feeling frustrated and, in some instances, burned out to the point that they have or are considering leaving their jobs. Overall, the study participants agreed that the NDIS - access - provides positive outcomes for their patients. But the process of getting their patients connected or plans updated is presenting significant challenges.

What We Did?

From Feb – Jun 2022, we conduced 32 online interviews with allied health professionals (84%), physicians (9%), nurses (3%) and management (3%) from Melbourne Health and Northern Health. We asked about what challenges they faced, how this impacted their work, how they were supported, and what support they might want in the future. We used thematic analysis to code the interviews.

81% study participants identified as **female**
59% study participants worked at **Northern Health**
41% study participants worked at **Melbourne Health**

What we found?

Preliminary analysis found three prevailing themes – navigating an inconsistent system, changing nature of role, and the importance of being in a supportive team.
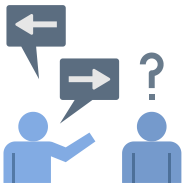
Navigating an inconsistent system: Nearly all of the study participants spoke about the challenges that the National Disability Insurance Agency (NDIA) accepts some NDIS applications and rejects others even when similarly written applications for patients with similar conditions are submitted. As one participant noted, it seems to be a '*lucky dip*'.

"You could have the exact same patient, you could be the exact same person writing the report, but depending on who you get in that planning meeting, one will hear you and one person won't. And that's frustrating."
PARTICIPANT 206

The inconsistency goes beyond the paperwork to interactions with NDIA staff and support coordinators. Support coordinators seem pivotal in liaising between the hospital, the patient and the NDIA. However, the study participants noted the variability among support coordinators was a major problem.

Variation among support coordinators

Inconsistent decisions

Lack of transparency

Changing nature of role: Many of the study participants, especially the social workers and occupational therapists (OTs), spoke about how much their role has changed since the introduction of the NDIS.

"So, I think that roles have changed over time, and that can be a source of dissatisfaction for teams. I think the skills that people need to do that job are very different,...."

STUDY PARTICIPANT 130

The study participants' noted that the primary role changes were less time with patients (in a therapeutic sense), an increased administrative burden and learning the NDIS language. For most of the study participants, this change had a negative impact ranging from frustrations to burnout. However, an exception was for the study participants where NDIS funding provided access to more sophisticated devices and equipment that would not otherwise be possible in a public hospital setting. Finally, many of the study participants noted that their role changed from clinical to more advocacy.

""So I quit on Monday. I genuinely quit my job because I really miss doing OT, and this is not OT anymore."

STUDY PARTICIPANT 212

So our workload had significantly changed with the rollout of NDIS, but then there hasn't been the resources built in to help accommodate that so that we can still provide the therapy that we were providing.

STUDY PARTICIPANT 103

Administrative Burden

Providing less hands-on treatment

Learning the NDIS language

Being in a supportive team: How the inconsistency of the system and the changing nature of role impacts staff seems to depend on the support of their team.

"And it's not only just the social workers, it's like the occupational therapists that I work with, we're all in it together."

STUDY PARTICIPANT 220

The study participants who had a go-to NDIS person in the hospital (an accidental NDIS leader) and navigated the NDIS process *with* team members seemed to express fewer negative emotions, e.g., frustration, than staff who did not have either of those supports, who used words like burnout. An exception was the accidental leaders themselves. The extra administrative burden and emotional demands left these study participants feeling burned out, disheartened, and not appreciated, with one study participant quitting their job. Accidental leaders leaving is a significant risk because considerable knowledge goes with them, and many staff rely on these leaders to complete NDIS related tasks. Based on the findings, the main ingredients for a supportive team include:

Accidental Leader

Streamlining processes

Enforcing work boundaries

Debriefing

What We Did?

In June 2022, we surveyed 154 allied health professionals, nurses, and physicians from Melbourne Health and Northern Health. We asked about their interaction with the NDIS, questions about their work and experiences of burnout and wellbeing.
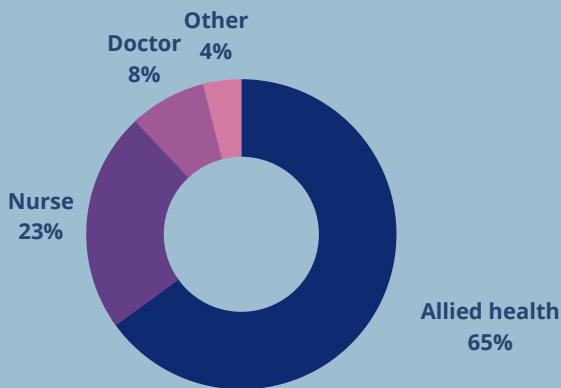
47% study participants worked at Melbourne Health

53% study participants worked at Northern Health

Who Participated

Who did we hear from:

85% study participants were **women**

72% study participants were born in **Australia**

47% study participants worked **full-time**

Other
4%

Doctor
8%

Nurse
23%

Allied health
65%

Engagement with NDIS

The majority of the study participants said they engaged with the NDIS in some capacity (72%) with 10% saying they engaged everyday or nearly everyday, 13% two or three times per week, and 12% once a week.
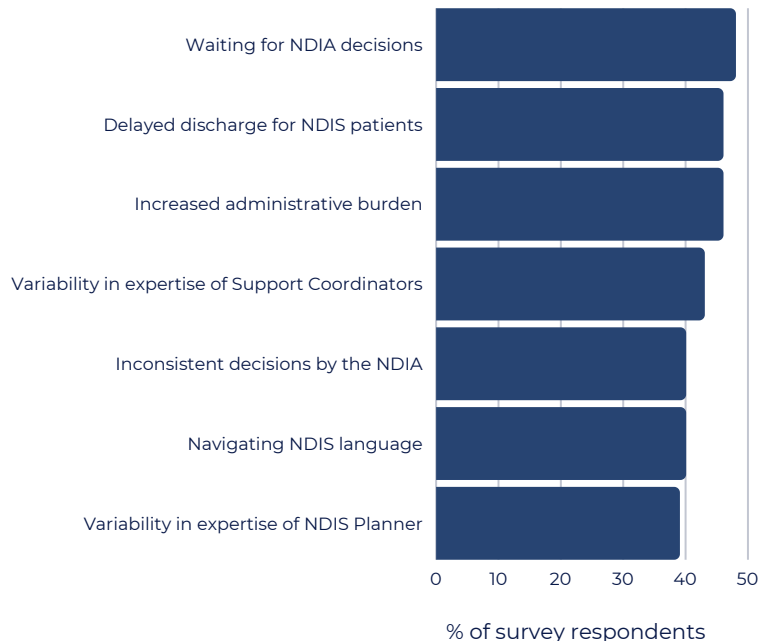
Of those that were engaging with the NDIS (72%):

- 18% said their role had changed "Very much" because of the introduction of the NDIS
- When asked if the NDIS created an administrative burden 31% said "Very much"

Challenges interacting with the NDIS:

The study participants were asked about any challenges they faced when interacting with the NDIS, with the highest proportion reporting challenges with: "Waiting for National Disability Insurance Agency (NDIA) decisions" (39%).

Waiting for NDIA decisions

Delayed discharge for NDIS patients

Increased administrative burden

Variability in expertise of Support Coordinators

Inconsistent decisions by the NDIA

Navigating NDIS language

Variability in expertise of NDIS Planner
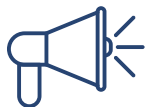
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% of survey respondents

Training and Support:

The majority of the study participants that engaged with the NDIS said they had received some form of training (85%).

When asked about the kinds of support the hospital could offer them, this group reported:

52% Formal 'in-house NDIS support at the hospital

49% Increased staff positions to help with advocating for the patient and navigating the NDIS systems

40% Increased staff positions to help with paperwork

38% Direct lines of communication with the NDIA

Team Support:

With regards to team support, the most common kinds of support received were:

- **39%** Created templates to complete NDIS paperwork
- **33%** Provided formal or informal debrief opportunities
- **27%** NDIS Champion or expert on the team

"Social Work seem to be the leaders in this space (I am grateful for that)"

\- Survey participant

Support from the NDIA:

We asked the study participants about the kinds of support they would like to receive from the NDIA.

Over a third of the sample said the NDIA could support them in the following ways:

- More training for NDIS Planners
- More training for Support Coordinators
- More transparency on the NDIS process
- NDIA accepting clinical advice provided
- Online portal to check participants' status in process
- Providing direct lines of communication (e.g., direct email or phone number of staff)

53%

The highest reported NDIA support request was for "More transparency on the NDIS process"

Staff Burnout

The study participants were asked about their experiences of burnout across three areas: personal burnout, work burnout, and client burnout (2). The following reports only on staff engaging with the NDIS.

The study participants reported moderate or higher 'personal' (60%), 'work' burnout (63%) and 'client' burnout (40%).

% Moderate and higher burnout
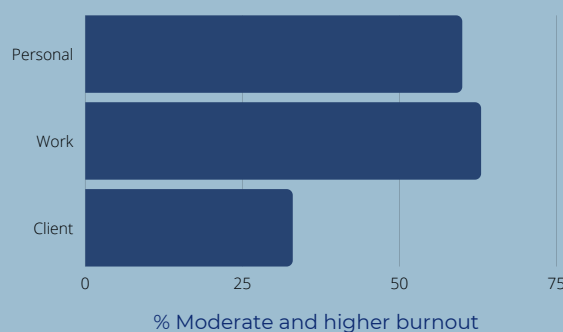
NDIS can have great outcomes for patients and I have to remind myself of the wins on a daily basis to not get burnt out in trying to balance clinical care and then supporting NDIS process to ensure patients can get out of the subacute ward and be supported.

-Survey participant

NDIS has provided opportunity for participants to access more appropriate prostheses however the administrative burden for staff and participants can be challenging and draining.

-Survey participant

Staff Wellbeing

The study participants shared their experiences of depressive and anxiety symptoms using the Kessler-6 scale (1). We found that the majority of the study participants were experiencing high distress (60%).

If you need support or to talk to someone, please contact:

Beyondblue 1300 22 4636
Lifeline 13 11 14

Recommendations

The WIN project highlighted the workforce challenges that can often arise when two large service systems, in this case – hospitals designed to provide acute and subacute medical care and the NDIS, which provides community disability services – are failing to always put people with disability and their needs first. Addressing these challenges requires systemic and cultural change led by the Commonwealth and the State Governments, and action by the health system and the NDIA. COVID-19 illustrated how different service systems could interact and work together. We can learn from the flexible pandemic response and apply some of the lessons to make the NDIS and hospital interface more citizen-centred and effective. In addition to systemic and cultural changes, the following recommendations could help reduce the impact on staff and improve outcomes for patients with disabilities.

Recommendations for the NDIA

- Develop digital ways to link NDIS hospital workers to the NDIA and clients, e.g., status of application or requirements, billing-related, effective decision-making, and micro training for specific situations.

- More rapid decision-making for people in hospital applying for or accessing the NDIS.

- More HLOs ensuring that all hospital interacting with the NDIS have access to one.

- Provide training and transparency on the NDIA decision process.

Recommendations for the hospitals

- Provide better in-house NDIS expert resources (e.g., dedicated hospital staff positions to help navigate the NDIS). This would be in addition to Hospital Liaison Officers (HLOs).

- Training and support to ensure that staff engaging with the NDIS are working in supportive teams, e.g., access to report writing templates, expert resources including in-house expertise, debriefing.

PROJECT TEAM

Dr Ashley McAllister, University of Melbourne (Lead Investigator)

Professor Anne Kavanagh, University of Melbourne   Professor Peter Brooks, Northern Health

Professor Kwang Lim, Royal Melbourne Hospital   Professor Bruce Bonyhady, Melbourne Disability Institute

Dr Tania King, University of Melbourne   Ms Stefanie Dimov, University of Melbourne

Ms Kara Dickson, University of Melbourne

(1) Kessler, R. C. et al (2003). Screening for serious mental illness in the general population. Arch Gen Psychiatry, 60(2), 184-9.
(2) To measure burnout, we used the Copenhagen Burnout Inventory (Kristensen, T. S. et al (2005). Copenhagen Burnout Inventory (CBI). APA PsycTests) which measured burnout on a 5-point scale. All scores were compiled to create mean (or average) scores for each domains and we used a cut-off score of 50 to indicate moderate or higher levels of burnout.

Northern Health   **The Royal Melbourne Hospital**

For more contact: Dr Ash McAllister
(ashley.mcallister@unimelb.edu.au)