Exploration of Workforce Reactions to the NDIS: A Mixed-Methods Study

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Declaration

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Disability Workforce Experiences of the National Disability Insurance Scheme: A Literature Review

Abstract

The National Disability Insurance Scheme (NDIS) is a new way of funding and delivering disability supports in Australia. The NDIS was developed to address inadequacies in the existing disability service system and has the potential to significantly improve independence and access to appropriate services for people living with disability. The NDIS has been available Australia wide since June 2019, following a three-year implementation period, and continues to grow. Despite the potential for improved outcomes for consumers of disability services, the changes introduced by the NDIS for providers of disability supports are significant. This review provides an overview of the NDIS and the changes for the disability workforce that have been introduced by the reforms. It then analyses the available research regarding workforce experiences of, and attitudes toward, the NDIS, and provides suggestions for further research to continue to improve the implementation of the scheme from a workforce perspective.

Background

      The National Disability Insurance Scheme (NDIS) is a new way of funding disability services in Australia. The NDIS is an individualised funding system, whereby eligible people are provided with personalised budgets to spend on disability services that meet their individual needs (May, Roberts, et al., 2018). The NDIS was introduced as a trial program in 2013 after a government inquiry highlighted the serious inadequacies of Australia's existing disability support system describing it as 'underfunded, unfair, fragmented and inefficient' (Australian Government Productivity Commission, 2011, p. 22). Through the NDIS, people with a disability will have significantly more choice and control over which services they access and from which providers, resulting in a more personalised and consumer-driven system. The aim of the NDIS is to maximise independence and support people to increase their social and economic participation (May, Roberts, et al., 2018; Walsh & Johnson, 2013). For example, it is anticipated that with NDIS funding, an additional 320,000 people with a disability will be supported to employment (May, Roberts, et al., 2018). The NDIS is an opportunity for real change to the way people with a disability are supported in Australia and has been designed to improve on the previous system (Reddihough, Meehan, Stott, & Delacy, 2016).

      The major difference between the NDIS and the previous disability support system is the way that disability service providers are paid for their services. In the previous system, governments would commission organisations (usually not-for-profit organisations) who would then provide specific services and supports to defined population groups (Australian Government Productivity Commission, 2011; Carey, Malbon, Olney, & Reeders, 2018). This approach, referred to as 'block-funding', has been criticised for restricting the diversity and availability of supports. It has been argued that setting boundaries on the types of services that could be offered and to whom, meant that people with a disability were having their support needs decided for them rather than having the freedom to choose their own services (Australian Government Productivity Commission, 2011; David & West, 2017). The NDIS has been designed to address this issue by providing funding directly to the person with a disability and giving them the autonomy to purchase their preferred supports directly (Reddihough et al., 2016). Average budgets range from 10,000 to 30,000 dollars per year but can be significantly higher for people with greater needs (National Disability Insurance Agency, 2019). Initially, the government has set price caps on the amount that organisations charge for services delivered to NDIS clients. However, it is anticipated that these limits will be removed once the market is 'mature' (Australian Government Productivity Commission, 2011). This shift to what has been termed a 'personalisation' or 'cash-for-care' approach has been a growing trend internationally within the

last 30 years in response to calls for change from disability advocates (Da Roit & Le Bihan, 2010). The NDIS is the first time that this type of system has been introduced in Australia.

Size and scope of the change

The government investment in the NDIS is $22 billion dollars per year which is twice the amount that has been previously allocated to disability services (Australian Government Productivity Commission, 2011). An independent statutory agency, the National Disability Insurance Agency (NDIA), has been established to run the NDIS but does not provide NDIS services. Their role includes making decisions on who meets the eligibility criteria and how much funding each person receives, and broader policy work such as workforce engagement, communication and education regarding the scheme (National Disability Insurance Agency, 2019). The NDIS is specifically targeted at high-needs populations, and not everyone with a disability will meet the eligibility criteria. The largest disability groups currently supported by the NDIS include people with autism (30%), intellectual disability (26%), and psychosocial disability (9%), as well as a broad range of physical disabilities (e.g., hearing and visual impairment, spinal cord injury, acquired brain injury, National Disability Insurance Agency, 2019). Other government funded services, like mainstream health, and a range of lower-intensity community support services continue to operate alongside the NDIS (Dickinson & Carey, 2017). This means that disability providers can operate across different funding systems including the NDIS, and services funded in a similar way to the previous system (e.g., advanced block funding).

The NDIS began to rollout geographically in 2016 following a three year trial in select regions of Australia (Mavromaras, Moskos, Mahuteau, & Isherwood, 2018). The rollout was designed to allow service providers the opportunity adapt to the new scheme and funding environment. The change has however been quite rapid, since the trial, the number of people with NDIS funding has increased significantly from just under 30,000 to 300,000 (National Disability Insurance Agency, 2019). Whilst the NDIS has been available nationally since June 2019, it will continue to grow and change over a number of years as the service systems mature (Australian Government Productivity Commission, 2011; Carey et al., 2018). The NDIS has been described as having a 'build while implement' approach, the advantage of this is that it can respond to challenges with implementation as they arise. However, it has also been criticised for being inconsistent and confusing for both people with a disability and the disability workforce (Carey et al., 2018).

The disability workforce

The range of supports that fit under the general banner of 'disability services' that can be purchased with NDIS funding is extensive. Organisations who can provide NDIS services include;

not-for-profit organisations, private businesses and community organisations, physical health, mental health and allied health providers, and sole traders (May, Roberts, et al., 2018). Furthermore, NDIS participants will have the option of using their funding to access support from people outside of the traditional disability workforce. For example with NDIS funding a person may choose to hire a gardener or cleaner, or to pay for a support worker to accompany them on social outings (David & West, 2017). The existing workforce may be therefore required to compete with 'non-traditional' providers for NDIS funding (Macdonald & Charlesworth, 2016). Given the broad range of possible NDIS service providers it is difficult to estimate the exact size of the NDIS workforce. The most recent quarterly report on the NDIS found that there are currently 21,510 providers (including sole-traders and organisations of varying size) who have registered to provide NDIS services (National Disability Insurance Agency, 2019). Thus, the size of the workforce impacted by a changing NDIS funding environment is significant.

In order for people who have NDIS funding to choose appropriate disability supports, it is imperative that there are a variety of service options for them to choose from (Malbon, Carey, & Meltzer, 2019). The success of the NDIS is therefore dependent on the development of a strong market of disability providers (Carey et al., 2018). Retention of existing providers and their staff is crucial, and governments have committed considerable funding to maintaining and growing the disability workforce primarily through extended block-funding to organisations, and other grant or tender schemes (Department of Health, 2019; Department of Social Services, 2016). The decision to provide services to NDIS participants, which services they provide and how they manage their staff and organisation is ultimately up to the individual providers (May, Roberts, et al., 2018). However, it is acknowledged that the NDIS will (or already has) replace a number of block-funded programs (Macdonald & Charlesworth, 2016). Organisations who were previously reliant on block-funding will need to either provide NDIS services, find new government funding streams, or both, in order to continue to operate (Dickinson & Carey, 2017).

There are a number of published commentaries regarding NDIS policy that discuss the implications of the NDIS for the workforce (Carey et al., 2018; David & West, 2017; Kendrick, Ward, & Chenoweth, 2017; Macdonald & Charlesworth, 2016; May, Forrester, et al., 2018; Reddihough et al., 2016). A common theme across all of these publications is that the NDIS will require organisations to change the way they operate, particularly those that were not used to working in a fee-for-service environment. Furthermore, they emphasise that the transition from the previous system to a fully established NDIS system will take many years during which time we can expect implementation challenges as well as successes (Reddihough et al., 2016). In a discussion of how cash-for-care policy changes *could* impact the NDIS workforce based on lessons learned from overseas, Macdonald and Charlesworth (2016) cautioned the potential for the NDIS

to reduce worker pay, result in poorer working conditions, decreased job security and skills shortages if the needs of the workforce are not considered during the change. Kendrick (2017) however, using lessons learned from past Australian disability reforms, speculated that organisations are likely to resist changes due to a preference for delivering services under a block-funding approach. Workforce resistance and/or negative experiences and attitudes toward the NDIS could have significant implications for the success of the scheme particularly if it results in services choosing not to provide NDIS services, or employees exiting the workforce (Carey, Malbon, Weier, Dickinson, & Duff, 2019; Oreg, Vakola, & Armenakis, 2011). The purpose of this review therefore was to summarise existing research on the actual workforce experiences of, and attitudes toward, the NDIS.

Workforce perspectives on the NDIS

This review identified research that specifically examined workforce responses to the NDIS. Studies were included only when they analysed experiences of, or attitudes toward, the NDIS from workers, managers and organisational leaders involved in the NDIS implementation (e.g., as providers or potential providers of NDIS services). Given the relatively recent introduction of the NDIS the number of peer-reviewed and published research on workforce responses is quite small. Table 1 summarises the available research in terms of methodology, sample size and when the study was conducted in relation to the NDIS implementation.

Study approaches varied and ranged from small qualitative studies to large surveys, and also included more novel approaches such as analysis of work-day diaries (Macdonald, Bentham, & Malone, 2018) and a network analysis (Malbon, Alexander, et al., 2019). Some studies, for example Cortis (2017) and Cortis et al. (2017), and Green et al. (Green, Malbon, Carey, Dickinson, & Reeders, 2018) and Malbon et al. (2019), were different publications based on the same study/sample. Several of the qualitative studies (Cortis, 2017; Furst, Salinas-Perez, & Salvador-Carulla, 2018; Malbon, Alexander, et al., 2019) did not describe their approach to analysis (e.g., type of qualitative analysis,Taket, 2016). Others were quite difficult to assess based on the presentation of the data. For example an exploration of the policy implications of the NDIS by Macdonald and Charlesworth (2016) weaved the results of qualitative interviews through a critical analysis of policy change, which made it difficult to distinguish workforce response from observations of the policy literature made by the authors. A similar approach was used by Dickinson & Carey (2017) in their interview based research. Another key challenge in integrating the studies was the varying research focus of each study. Some examined workforce experiences of the NDIS (Cortis et al., 2017; Furst et al., 2018; Mavromaras et al., 2018), whereas others focused more specifically on the NDIS pricing model (Carey, Malbon, et al., 2019; Macdonald et al., 2018), or on how service providers can work with those in charge of NDIS implementation

(i.e., government agencies) to ensure the best outcomes for people with a disability (Dew et al., 2016). Despite considerable discussion of the extent to which the NDIS will result in organisational change (Carey et al., 2018; Kendrick et al., 2017; Macdonald & Charlesworth, 2016; May, Forrester, et al., 2018), none of the studies approached the NDIS and workforce experiences from a change management perspective.

Table 1. Employee responses to the NDIS, methodology, sample size and stage of research in relation to the NDIS roll out schedule

Authors	Methods, sample size, stage of NDIS implementation
Peer-reviewed publications	
Dew et al. (2016)	Focus groups and interviews with rural private therapists, N= 28 2013, pre-NDIS trial.
Macdonald (2018)	Working day diaries and semi-structured interviews with disability support workers, N= 10, 2016, first year of NDIS implementation.
Macdonald & Charlesworth (2016)	Semi-structured interviews with employers and trade union representatives. Integrated interviews with analysis of policy documents. N= 12, 2014, Early NDIS trial.
Furst, Salinas-Perez, & Salvador-Carulla (2018)	Interviews with managers of NDIS mental health provider organisations in the ACT, N= 33, year of study not stated.
Carey, Malbon, Weier, Dickinson, & Duff (2019)	Data from annual survey of disability sector representatives (CEOs and senior managers), Mixed methods (forced choice, open ended), N= 626 2018, mid NDIS implementation.
Malbon & Alexander, et al., (2019)	Network analysis and semi-structured interviews with service provider representatives (level not specified) in ACT and Victoria. N= 29, year of study not stated.
Dickinson & Carey (2017)	Semi-structured interviews, Commonwealth government policy makers. N= 26, 2016 first year of NDIS implementation
Non peer-reviewed (reports)	
Mavromaras et al., (2018) NDIS Trial Evaluation	Provider interviews N= 25 (repeated round 2), Survey of disability providers (round 1). Round 2 response rates not provided. N= 2,133 employees, N= 272 self-employed providers, N= 689 employer representatives Interviews and surveys with NDIA staff, NDIS participants and carers, also conducted. 2014 – 2017, pre and post NDIS trial.
Cortis (2017) Cortis, Macdonald, Davidson,& Bentham (2017)	Survey of disability workers (N= 1,477), Survey of disability employers (N= 135). Mixed methods (forced choice, open ended), 2016- 2017 early implementation.
Green,Malbon,Carey, Dickinson, & Reeders (Green et al., 2018)	Semi-structured interviews with service provider representatives (level not specified) in ACT and Victoria, N= 29, 2014 – 2016. End of trial to early implementation

The majority of published research was conducted either before the NDIS began, or in the trial and early implementation phases. During this time the NDIS was only available in some parts of Australia and people were still becoming familiar with the scheme, its rules and regulations. Consequently, studies focused more on what *could* happen as a result of the NDIS, rather than what has happened. For example in one study (Cortis, 2017), participants were asked

about their attitudes toward various aspects of the NDIS however only half of the respondents had actually worked in an area where the NDIS was available.

Two of the largest studies of workforce responses to the NDIS were not published in the peer-reviewed literature, these include a workforce survey (Cortis, 2017) and the evaluation of the NDIS trial (Mavromaras et al., 2018). With the exception of a small qualitative study by Macdonald (2018), these were the only two studies to include *employees* of NDIS provider organisations rather than employers. Therefore, whilst the Cortis (2017) and Mavromaras et al. (2018) studies were not peer-reviewed, their unique contribution warranted their inclusion. It is noted that the NDIS trial evaluation was subject to significant government review prior to publication and provided considerable detail about the research processes. The workforce survey by Cortis (2017) does not provide detailed information about research methods nor does it mention whether ethics approval was obtained for the study.

Organisational changes as a result of the NDIS

The NDIS is essentially a policy reform that has implications for many organisations within the health and disability sector. The government and NDIA are responsible for the broader NDIS operations and policy decisions which in turn require changes at the organisational level (Carey et al., 2018). The way that individual organisations respond to the changing environment can vary. For example, providers who are used to operating in a fee-for-service environment, such as allied health professionals, may need to make fewer changes than providers who were block-funded and therefore used to being paid in advance for their services. In their evaluation of the NDIS trial, Mavromaras et al., (2018) asked organisations what changes they had made in response to the NDIS before the trial began, and again after the trial was completed. In the first round of data collection only 20% of organisations had made any changes to their operations to accommodate the NDIS. When the trial was complete, 100% of organisations had made changes including; calculating support charges on a per-client basis, recruiting new staff to meet demand, changing job roles, engaging with the NDIA and helping their existing clients to prepare for the NDIS. Providers also believed that they would need to continue making changes as the NDIS grows. These data suggest a lack of readiness from some organisations to change in response to the NDIS, or that some were waiting to experience the NDIS before determining what changes to make.

Studies by Dew (2016) and Malbon et al., (2019) focused on how organisations will need educate themselves (their employees and their organisational leaders) to operate in the NDIS environment, and how organisations can in turn educate the government for improvements to the NDIS. Providers of private therapy services in Dew's (2016) focus groups reported the need for flexibility on the part of providers to change in response to the NDIS, the importance of

ongoing education and professional development to understand the NDIS, and the role of providers in educating the NDIA and government about challenges during implementation. The importance of collaboration with the NDIA, and for providers to engage with and seek information about the NDIS, was also emphasised by Malbon et al (2019). Their research found that most providers rely on the NDIS website and sector peak body organisations for information about the NDIS, but also that providers were working together to understand the scheme and share their experiences. Both papers acknowledged the importance of providers understanding the NDIS and training their staff, which was also mentioned in qualitative interviews during the NDIS trial (Mavromaras et al., 2018).

There was little to no attention paid to how organisational leaders are managing the changes within their organisations in the research (e.g., how they are communicating about the NDIS and the changes, how they are restructuring their businesses). However, some did identify the potential for organisational leaders to lack the business knowledge required to successfully operate in a fee-for-service environment (Carey, Malbon, et al., 2019; Macdonald & Charlesworth, 2016). Carey's (2019) survey of organisational leaders found that they were concerned that organisations had dedicated considerable resources to understanding the new NDIS processes, but had not spent enough time understanding and knowing how to operate as a for-profit organisation. This was considered problematic from a change management perspective, as it meant organisational leaders may be ill-equipped to lead their staff through the change and sustain their business. A subsequent report on the same sample (National Disability Services, 2018), reported that employers were identified the following priorities for their organisation moving forward in the NDIS; improved communications and technology strategies, costing and pricing and HR strategy, and workforce planning. These studies suggest that there will be ongoing organisational change as a result of the NDIS, and highlight the need for dedicated change strategies at the organisational level to manage these.

Anticipated negative impacts for the workforce

A strong theme throughout the research was fear of negative consequences for the workforce as a result of the NDIS. It is important to note that most of these were *anticipated* negative consequences because studies were conducted in the early stages of NDIS implementation and the full consequences of the changed funding environment are not known (Carey et al., 2018; Mavromaras et al., 2018). The gradual rollout of the NDIS means that providers around Australia were exposed to the NDIS at different times. In some instances, for example in Western Australia, the NDIS was not available state-wide until mid-2019. Furthermore, because the government has continued to provide funding directly to organisations while the NDIS grows, many have been working across the old system and the NDIS system at the same time (May,

Forrester, et al., 2018). Essentially organisations have been operating in a state of constant change, with various funding streams currently available, but the shift to a mostly fee-for-service environment on the horizon (May, Forrester, et al., 2018).

Concerns about the pricing set by the NDIA and its potential impact on pay and working conditions appears to be a major source of negativity for the workforce (Carey, Malbon, et al., 2019; Cortis et al., 2017; Macdonald & Charlesworth, 2016; Mavromaras et al., 2018). In the NDIS, providers can charge an hourly rate for services, similar to how private psychologists would charge a client for an appointment. Hourly support charges were developed to include the cost of service delivery and business on-costs such as administration and staff training (NDIA, 2019). Providers make the decision about how much to pay their staff within these pricing limits. An independent pricing review was conducted by McKinsey and Company (2018) in response to negative feedback about pricing, since the review a number of changes have been made to increase pricing limits (NDIA, 2019). However, notably most of the research on provider attitudes was conducted before these changes.

Disability providers who were being block-funded to provide supports would not have previously had to bill for services by the hour, the NDIS is therefore quite a big change in this regard (Macdonald & Charlesworth, 2016). All the studies included in this review reported concerns from either employees (Cortis, 2017; Macdonald et al., 2018; Mavromaras et al., 2018) and/or employers (Carey, Malbon, et al., 2019; Furst et al., 2018) that the NDIS pricing structure and hourly billing system would result in employees being paid less, or that organisations would start to recruit less skilled staff. In most instances the responsibility for managing these concerns is directed at the government (e.g., to increase pricing) than at the individual organisations (e.g., to change their service models). In their employee survey, Cortis et al. (2017) reported only 11% agreement that 'the NDIS allows organisations to pay rates necessary to attract and retain quality workers'. It should be noted that employees are not likely to be aware of the complexities of managing wages and business operating costs, so it is unclear where these assumptions come from. Similar observations have however also been found amongst employers. For example, Carey et al. (2019) surveyed 626 employers and found that 46% of them ranked 'addressing pricing' as the top action for governments to take in relation to the NDIS. These concerns were also identified by employers in the NDIS trial evaluations in qualitative interviews (Mavromaras et al., 2018).

Lacking from all the research documenting pricing concerns is any information about how organisations are paying their staff or managing workloads to fit the pricing model. For example, Macdonald's (2018) analysis of work-day diaries of staff delivering NDIS services reported significant unpaid activities (e.g., traveling between clients, working overtime on request of the

client, killing time between client appointments) when delivering NDIS support which resulted in less pay for more work. This unpaid time was attributed to the NDIS hourly billing system (e.g. cannot charge for time in between client appointments), but also to the employment conditions. Participants in this study described a fear of 'rocking the boat' with their employer, and job insecurity as a reason for accepting the casual conditions and not charging for their overtime. Whilst considerable amounts of time participating in unpaid activities is certainly a concern that should be considered when reviewing NDIS policy, the decision about how to pay staff and structure work days (e.g., to reduce the amount of unpaid activities) is an individual business decision (McKinsey & Company, 2018). Further research with larger samples would be required to determine if these conditions are being experienced elsewhere in the sector, particularly after the numerous changes to pricing and provider education that has occurred since this initial research.

In addition to concerns over pay were concerns that training, supervision and professional development would not be funded in the future as a consequence of the NDIS. These were consistently documented across the studies particularly the qualitative research (Cortis, 2017; Furst et al., 2018; Macdonald & Charlesworth, 2016; Mavromaras et al., 2018). Whilst the NDIS does not allow for these activities to be charged to clients, they are technically factored into the 'overhead' component of the hourly rate (McKinsey & Company, 2018). Interestingly, data from the trial sites (Mavromaras et al., 2018) revealed that the type and frequency of training provided to staff did not change from before the NDIS trial to after the trial. It may therefore be an employee *perception* that training will decrease based on a lack of understanding about how an organisation will manage their funding in a fee-for-service environment.

Often linked to the concerns about pay were concerns about job security and the belief that organisations will start to hire casual as opposed to permanent staff (Carey, Malbon, et al., 2019; Cortis, 2017; Mavromaras et al., 2018). Cortis (2017) reported that 72.2% of respondents agreed with the statement 'under the NDIS I worry about the future of my job' and only 51% agreed that they intended to be working in the disability sector in 5 years. These concerns are also documented in the qualitative interviews in the NDIS trial evaluation (Mavromaras et al., 2018). Again, because the NDIS is still relatively new, the extent that organisations will actually hire more casual staff remains unknown. The trial evaluation did report that the number of casual employees across all organisations and professions increased from 29% at the beginning of the trial to 40% at the end of the trial but that organisations had also hired more staff to match demand (Mavromaras et al., 2018). Whilst these figures do indicate a trend toward a more casual workforce, it is difficult to determine whether increases in casual roles are likely across all roles

or just new roles. The extent to which previously permanent staff are impacted by the changes is not known.

Generally, results from qualitative analyses that focused on workforce impacts (Cortis, 2017; Furst et al., 2018; Macdonald et al., 2018; Macdonald & Charlesworth, 2016; Mavromaras et al., 2018) and the Carey et al. (2019) survey, show that the workforce anticipate negative business and workforce impacts as a result of the NDIS. However, it should be noted that these studies did specifically ask their participants about the workforce impacts and may therefore encourage greater negativity. For example, Carey et al. (2019) acknowledges that providers in their survey may have viewed their participation in the study as an opportunity to advocate for changes. The NDIS trial evaluation asked providers about their thoughts about how the NDIS would impact their businesses at the beginning and end of the trial. At the beginning, 38% reported that they believed it would have a generally positive impact, and 22% thought it would have a generally negative impact. At the end of the trial, those believing it would have a positive impact increased to 42%, although there was also an increase to 39% who thought it would have a negative impact (Mavromaras et al., 2018). Interviews with staff from the government agency involved in implementing the NDIS during the trial also suggested that some of the negativity to the NDIS amongst disability organisation could be contributed to negative media coverage, rumour spreading and misinformation amongst providers (Mavromaras et al., 2018). These studies highlight that while there is certainly negativity present, there may be variability in how different workers and organisations feel about the changes.

Participant outcomes and quality of care

The research indicates that the workforce were also concerned about the impact of the NDIS on client care. Several studies (Cortis, 2017; Furst et al., 2018; Macdonald & Charlesworth, 2016; Mavromaras et al., 2018) found that existing disability providers (who were mostly not-for-profit organisations) were concerned about new 'for-profit' providers competing with them for clients and offering what they believed would be an inferior service. These studies also found that the workforce were concerned about increased competition between disability providers which was problematic because providers are often required to work collaboratively with the same client (Green et al., 2018; Macdonald & Charlesworth, 2016; Malbon, Alexander, et al., 2019). However, in a network analysis and associated provider survey Green (2018) and Malbon (2019) found that providers continued to work together collaboratively during the NDIS trial. These results suggest that providers are fearful of the impact of the fee-for-service funding model on their industry that has historically been quite collaborative and client-focused. Given the importance that providers place on the collaborative values (Green et al., 2018) it will be necessary for these to be maintained as the NDIS grows.

Finally, the research also found that the workforce were worried that their clients will be worse off under the NDIS than in the previous disability system (Cortis, 2017; Furst et al., 2018; Macdonald & Charlesworth, 2016; Mavromaras et al., 2018). In particular, there were concerns that people with mental health conditions would find the NDIS more challenging to access and navigate than people with physical disability (Cortis, 2017; Furst et al., 2018; Mavromaras et al., 2018). In their interviews with mental health providers, Furst et al. (2018), found that participants viewed the NDIS eligibility criteria (that a person must have substantial impairments) as being incompatible with the values of the mental health sector who have historically used a strengths based 'recovery approach' (Leamy, Bird, Boutillier, Williams, & Slade, 2011). Interviews from the NDIS trials also revealed that the workforce believed the NDIA employees required more training to understand the impact of mental health conditions (Mavromaras et al., 2018). These findings suggest a potential values clash between certain parts of the disability sector, and the NDIS. Furthermore, there were broader concerns (beyond mental health providers) that organisations would not be able to offer the same quality of support that they had previously (due to hourly billing and price constraints) and that people who do not meet the eligibility criteria for the NDIS, would be left without support (Cortis, 2017; Furst et al., 2018; Macdonald & Charlesworth, 2016; Mavromaras et al., 2018).

It is certainly very important that the impact of the NDIS on people with a disability is closely monitored and changes are made where policies disadvantage the people that they are trying to help (Malbon, Carey, et al., 2019). However, it is also possible that there is a relationship between provider's concerns about their own working conditions and their concerns about client outcomes. The only study to conduct any inferential analyses of NDIS attitudes was Cortis (2017). In this study, they found that 75% of employees surveyed felt that the NDIS would not benefit their clients. In a subsequent regression analysis, they found that participants who also believed that they did not get paid enough, and who were concerned about their job security, were more likely to believe their clients were worse off under the NDIS. These results may indicative of a generally negative attitude toward the NDIS, or suggest a relationship between how people feel about their work and their beliefs about what this means for their clients. It was beyond the scope of this review to address the experiences of people with a disability in the NDIS. However, it was discussed in the NDIS trial evaluation. Their survey of 2,139 people with a disability covered a number of different aspects of the NDIS, participant outcomes and satisfaction (Mavromaras et al., 2018). At the end of the trial only 6% of participants had concerns that the quality of their care was worse under the NDIS. Qualitative interviews with different subgroups did however indicate that people with mental health conditions did find the NDIS more challenging to navigate effectively. A more comprehensive review is required to do the participant survey justice. It does

however suggest that the participant experience, and providers *perceptions* of participant experiences, may vary.

Recommendations for future research

To date there are only a few peer-reviewed studies that seek to understand provider experiences with, and attitudes toward, the NDIS. Given the clear need for a strong disability workforce to ensure the success of the NDIS (Malbon, Alexander, et al., 2019; May, Forrester, et al., 2018) it is important that workforce attitudes are understood so that negativity or challenges with implementation can be addressed. Much of the currently available research was conducted during the trial and early implementation of the NDIS and therefore reflects early attitudes to the scheme. In such a continually changing environment (May, Forrester, et al., 2018) an important ongoing research priority is to build on these earlier studies to understand workforce responses to the scheme now that it is more established.

This review found considerable negativity toward the NDIS from the disability workforce. Much of this evidence came from in-depth qualitative studies (Furst et al., 2018; Macdonald et al., 2018; Mavromaras et al., 2018) and a smaller number of descriptive quantitative studies (Carey, Malbon, et al., 2019; Cortis et al., 2017). The research highlights that there is certainly a need for close government involvement in the implementation of the NDIS, and awareness of how its policies could impact the working conditions of the sector (Macdonald & Charlesworth, 2016). A number of government initiatives including; NDIS pricing reviews and changes (McKinsey & Company, 2018), a jobs and market fund that organisations can access for assistance with business and workforce challenges (Department of Social Services, 2019), and extended block-funding during transition so that organisations have time to adjust to the changes (Department of Health, 2019) have become available at various stages of the rollout. The extent to which these were available, or that organisations were aware of them, at the time of the studies is not discussed in any of the research. There has however been very little examination of how other factors (e.g. individual or organisational factors), in addition to the broader policy changes, may be impacting the attitudes of staff.

Decades of change management research consistently states that staff resistance (negative behaviours, thoughts or feelings about organisational changes) is a natural employee response to change, and should be anticipated from the outset of any change initiative (Erwin & Garman, 2010). In the context of the NDIS, there are a number of important concerns about how the reforms may negatively influence the workforce and people with a disability (Carey et al., 2018). Referring to negativity resulting from these concerns as 'resistance' is not to undermine the legitimate concerns of staff experiencing these changes. Rather, as more contemporary change management literature points out, resistance is a broad term that can be used to capture

the varying complex attitudes, feelings and behaviours that employees experience during times of change (Oreg, 2006). Change leaders at both the government and organisational level should seek to understand these experiences, particularly negative ones, so that they can be addressed for the benefit of employees experiencing the change and for the success of the NDIS as a whole (Erwin & Garman, 2010). Reviews of studies of employee resistance in varying contexts have found that a number of individual factors (e.g., job satisfaction) and organisational factors (e.g,. communication about the changes, support during change) can moderate employee resistance (Oreg et al., 2011). For example, studies have found that people are less resistant to a change when they feel like their organisation has communicated with them appropriately about the changes (Erwin & Garman, 2010; Oreg et al., 2011). Therefore, a more detailed understanding of staff experiences, and what factors might lead to more or less resistance, can help both the government and organisational leaders to respond to concerns about the NDIS.

The NDIS is a particularly complex type of organisational change. At the higher level it is a public reform of health and social services which requires careful and considered implementation from government (Carey et al., 2018). At the organisational level, there is a need for each organisation to adapt and manage their businesses in response to the broader reforms (Kuipers et al., 2014; May, Forrester, et al., 2018). Leaders at the government level and at the organisational level have a responsibility for managing change, and for working cooperatively to ensure change success (Carey et al., 2018). However, research conducted so far has given little attention to understanding how individual organisations are managing the changes and how they are supporting their staff (e.g., training, communication about the change). In their literature review of change management strategies and challenges in public organisations, Kuipers et al. (2014) recommended that future studies explore the different ways that organisations manage changes brought about by systems reform to further understand the most beneficial way to manage changes at the organisational level. The NDIS presents a good opportunity to do this.

Finally, the NDIS has been designed to overcome a number of challenges and criticisms from both people with a disability, and the workforce, regarding the previous approach to disability services in Australia (May, Forrester, et al., 2018). Given the number of changes and considerable disruption caused by the NDIS implementation over the past few years (Carey et al., 2018) it is unsurprising that there is workforce resistance. However, future research into how the NDIS could benefit the workforce, for example through increased flexibility in terms of service delivery (Dew et al., 2016), should also be explored.

Conclusion

The NDIS is a major reform that has, and will continue to, resulted in changes for disability service providers. A review of workforce responses to the NDIS revealed several gaps in the

literature that warrant further investigation. Firstly, research has been conducted only in the early stages of scheme implementation. There have been a number of changes (e,g., pricing reviews, increased communication and engagement activities) since the NDIS began rolling out and it is recommended that future research examine workforce attitudes now that the NDIS is available Australia wide. Secondly, the majority of published research focuses on employer responses to the changes, rather than employee responses. Given the changes are likely to impact staff across all levels of an organisation, particularly those who are working directly with NDIS clients, further understanding of employee reactions will be necessary for effective change management (Matos Marques Simoes & Esposito, 2014). Finally, all the available research has been exploratory and descriptive. Current research suggests that the workforce are generally resistant to the NDIS. From qualitative research it appears that the negativity relates to NDIS policies and fears about negative changes to working conditions and client care. However, change research shows that resistance can come from a number of factors, including a person's organisational environment, their belief in the need for change, and their current working conditions (Oreg et al., 2011). Future research that seeks to further understand resistance, and which factors contribute to more or less resistance in the NDIS context, is recommended .

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Exploration of Workforce Reactions to the NDIS: A Mixed-Methods Study

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Exploration of Workforce Reactions to the NDIS: A Mixed-Methods Study

Background: The National Disability Insurance Scheme (NDIS) is a significant change for disability service providers. Early research has documented resistance to the NDIS amongst the disability workforce, particularly in relation to its potentially negative impact on working conditions and client care. From a change management perspective, understanding resistance and how it can be overcome is important for the success of change initiatives. This study builds on earlier research to further understand workforce resistance to the NDIS now that it is available nationwide. Specifically, it aimed to determine the extent to which resistance was present in the workforce, and which organisational and individual factors were associated with increased resistance.

Method: This study employed a concurrent, mixed methods approach. A purposive sample of 275 mental health service providers completed an online survey about their attitudes toward, and experiences working in, the NDIS. The survey measured resistance to the NDIS and individual and organisational factors likely to predict resistance. Predictors of resistance to the NDIS were determined using multiple regression models. Thematic analysis of open-ended survey responses enabled further exploration of workforce reactions to the NDIS in terms of challenges and opportunities.

Results: Participants who believed the NDIS would benefit their clients, believed there was a need for change to disability services, had worked in the NDIS for more than a year, were more satisfied in their roles and thought that their colleagues and managers were positive about the NDIS were less resistant to the NDIS. Qualitative analyses identified predominantly negative attitudes and challenges associated with working in the NDIS including; increased administrative burden, fear of future negative impacts on working conditions and difficulty keeping up with the changes.

Conclusions: Governments and organisational leaders have a responsibility for managing change in the context of the NDIS. This research found that resistance to the scheme is present but that certain organisational and individual factors can reduce resistance. Suggestions for improved change management as the NDIS progresses are provided.

Making a Difference Statement

This article aims to Make a Difference (MAD) to understanding the various factors at both the individual and organisational level that influence change resistance in the context of a large-scale sector reform. Rather than focus on the impact of change in a single organisation, this study surveyed staff from multiple organisations to identify factors that could be targeted by change leaders to address employee concerns across the sector as the reforms continue.

Australia's National Disability Insurance Scheme (NDIS) is the largest reform to health and social services since Medicare (Walsh & Johnson, 2013). It was introduced in 2013 after an inquiry found that most Australians with a disability were living below the poverty line, the worst outcome of any developed nation. This inquiry highlighted serious inadequacies in the existing system describing it as 'underfunded, unfair, fragmented and inefficient' (Australian Government Productivity Commission, 2011, p. 2). The NDIS has, and will continue to, change the way disability services are delivered in Australia. The government investment in the NDIS is $22 billion dollars per year which is double the amount of funding previously provided to disability supports (Carey et al., 2018). The increased investment and personalised funding approach can significantly improve outcomes for people with a disability (Reddihough et al., 2016). It also significantly changes the way that disability providers work with people with a disability to deliver supports (Macdonald & Charlesworth, 2016).

The key difference between the NDIS and previous disability system is that funding is provided directly to the person with a disability to purchase their own supports (Macdonald & Charlesworth, 2016). Prior to the NDIS, most disability services were funded by the government who would commission organisations to provide services, usually through a tender process. Essentially, in the past, organisations were given funding in advance for their services (i.e., block-funding), and in the NDIS they are paid by the participant *after* the service is provided (i.e., fee-for-service). The aim is to increase the independence of people with a disability by giving them the freedom to choose their own services rather than having providers decide their needs for them (Carey et al., 2018; Da Roit & Le Bihan, 2010). The NDIS funding model, often described as a 'cash-for-care' approach , exists in various forms overseas for example in

the UK, France and Italy, however it is the first of its kind in Australia (Da Roit & Le Bihan, 2010; Malbon, Carey, et al., 2019).

The national rollout of the NDIS began in 2016 after a three-year trial period in selected regions of Australia, it has been available nationally since June 2019. The growth of the NDIS over the last three years has been rapid (Carey et al., 2018). The number of people receiving NDIS funding in June 2019 was 300,000, compared to just 30,000 in 2016 (National Disability Insurance Agency, 2019). The government adopted a 'build while implementing' approach and have made many changes to processes and policies since implementation began (Carey et al., 2018). Eventually the NDIS will replace the previous system of block-funding for most services. However during the rollout the government have continued to block-fund organisations to allow them time to adapt to the new system (Department of Health, 2019; Department of Social Services, 2019). The government have also introduced a number of new block-funded programs for people who don't meet the NDIS eligibility criteria (Australian Government Department of Health). The reforms introduced by the NDIS are complex and will take many years to stabilise (Carey et al., 2018). Detailed analyses of the NDIS reforms and how they are intertwined with various aspects of the health and social services systems is discussed elsewhere (Carey, Kay, & Nevile, 2019). In short, the disability workforce is in a state of ongoing change as the NDIS continues to grow.

The central aim of the NDIS is improved choice and access to disability supports. For these aims to be met there needs to be a strong market of disability services for people to choose from (Carey, Malbon, et al., 2019; Malbon, Carey, et al., 2019). Organisations who can offer NDIS supports range from allied health providers to not-for-profit and community organisations. The decision to become a provider of NDIS supports is up to each organisation, although those that will be losing (or have

lost) their government funding as a consequence of the NDIS will need to either become NDIS providers or find other government funding if they want to continue to operate (Macdonald & Charlesworth, 2016). Currently, the price that that can be charged for NDIS services is set by the government but it is anticipated that these price caps will be lifted once the market has stabilised (Australian Government Productivity Commission, 2011). During this time of change it is vital that the existing disability workforce is maintained and that more people are attracted to working in the sector to accommodate the increased demand of the NDIS (Carey, Malbon, et al., 2019). The government have provided funding through grants programs for organisations to develop their businesses and grow their workforce in response to the change (Department of Social Services, 2019).

The NDIS is a sector level reform (Kuipers et al., 2014) which then changes the operating environment for providers in a number of ways, chiefly through the change to a fee-for-service system but also through the introduction of new NDIS policies and procedures (May, Forrester, et al., 2018). How the different organisations who can provide NDIS supports adapt to accommodate the NDIS will vary (May, Forrester, et al., 2018). Examples of how organisations have changed to date include; hiring new staff, redefining job roles, helping clients to prepare for the NDIS, engaging with NDIA workforce, and calculating support charges on a per-user basis (Mavromaras et al., 2018). Whilst the government certainly have a critical role to play in leading the change at the sector level, organisational leaders also need to develop their own strategies to manage changes and support their staff during this time (Kuipers et al., 2014; May, Forrester, et al., 2018).

Despite a number of policy analyses that discuss the potential impact of the NDIS on the workforce (Carey et al., 2018; Macdonald & Charlesworth, 2016) there are

only a few studies have examined workforce attitudes toward and experiences with the NDIS. Two of the most comprehensive studies include a workforce survey (Cortis, 2017), and an evaluation of the NDIS trial (Mavromaras et al., 2018) neither of which are published in the peer-reviewed literature. There are also a small number of peer-reviewed studies that have explored staff responses and difficulties with the change from the perspectives of employers (Furst et al., 2018), CEOs (Carey, Malbon, et al.) and policy makers (Dickinson & Carey, 2017), as well as some small qualitative studies with employees (Dew et al., 2016; Macdonald et al., 2018). Broadly, the research documents resistance toward the NDIS. Studies have found that staff are concerned about the impact of the NDIS on their job conditions and job security (Carey et al., 2018; Cortis, 2017), and also about the potential impact of the NDIS for the clients that they work with (Furst et al., 2018; Mavromaras et al., 2018). Of note is that most of the research has been conducted in the early years of the NDIS implementation and therefore reflects early experiences with the scheme. In some studies, for example Cortis (2017), only half of the sample had any experience working in the NDIS environment and were therefore basing their attitudes on their *perceptions* of the NDIS rather than on actual experience.

Resistance, in the form of negative attitudes towards organisational changes, is not uncommon in the context of radical change initiatives (Erwin & Garman, 2010), has been documented in a number of other public sector reforms (Kuipers et al., 2014) and in decades of research on change management in various contexts (Oreg et al., 2011). In fact, most change management theories recommend anticipating employee resistance from the outset of any change process (Decker et al., 2012). Understanding resistance is important because it can provide change leaders with information about how to address negative attitudes and encourage staff buy-in for increased change

success (Decker et al., 2012) . Furthermore, staff who are more resistant to the change

may also impede change efforts (e.g., refuse to comply with changes, spread negative

rumours about the change), be more inclined to leave the organisation or experience

greater stress and burnout during the change (Oreg et al., 2011; Todnem By, 2005). To

date, negativity regarding the NDIS appears to be focused on the NDIS policies and

processes (e.g, pricing limits, complexities in scheme implementation) and how these in

turn impact working conditions (Carey et al., 2018). For those in charge of managing

the NDIS implementation (e.g., government agencies and the NDIA) understanding

workforce negativity is important for the ongoing development of the NDIS and

retention of the workforce. For example, the NDIA recently made a number of

significant changes to price limits and charging principles in response to concerns about

pricing (McKinsey & Company, 2018).

There is also a need for organisational leaders to understand and address

employee resistance to the NDIS. In a comprehensive review summarising change

resistance in various contexts, Oreg (2011) found that negativity toward a specific

change can be influenced by various individual and organisational factors including; the

internal organisational context (e.g., culture, management support), individual employee

characteristics (e.g., demographics and coping styles), change processes (e.g.,

communication about the change), and the type of change (e.g., restructure). There

would be benefit therefore in understanding if organisational or individual variables can

mediate some of the negativity toward the scheme overall (Kuipers et al., 2014).

Understanding staff attitudes to the introduction of the NDIS is important for

ensuring the successful integration of the new approach whilst maintaining and growing

the disability workforce. Early research has documented resistance toward the NDIS in

the early stages of scheme rollout. This study will build on these earlier studies to

explore workforce reactions to the NDIS now that it is more established and by seeking to further understand the various factors that contribute to negative attitudes. Specifically this study will aim to:

(1) Determine if there is workforce resistance to the NDIS now that it is available Australia wide

(2) Identify individual and organisational variables associated with resistance to the NDIS

(3) Determine if resistance to the NDIS predicts intention to leave the disability sector

(4) Explore the challenges and opportunities for staff working in the NDIS environment.

Method

Study Population

Participants were 275 employees who worked for organisations providing NDIS services at the time of completing the survey. Inclusion criteria were; currently working for an organisation that provides NDIS services and access to the internet to complete an online survey. Exclusion criteria were; being a sole trader or individual provider of NDIS services. Staff at any level and within any role for NDIS provider organisations were able to complete the survey.

Participants were recruited via purposive and snowball sampling techniques (Liamputtong, 2010). Email invitations were sent to people from within the researcher's networks who worked for organisations known to be providing community mental health supports. At the time of the survey (June to August 2019), many of these organisations were operating with a combination of NDIS and government funding, however the amount of commonwealth funding and length of contracts varied between

organisations (Department of Health, 2019). The invitation included a brief summary of the study, eligibility criteria and link to the online survey. Participants were encouraged to share the email with colleagues who also met the eligibility criteria. Participants could enter a draw to win a $100 dollar voucher upon completion. Human Research Ethics Committee approval was obtained from the University of Adelaide, School of Psychology Subcommittee.

NDIS Provider Survey

The provider survey was designed for this study using a combination of existing and purpose-designed measures to capture demographic, individual and organisational factors likely to be associated with resistance to the NDIS (Macdonald & Charlesworth, 2016; Mavromaras et al., 2018; Oreg et al., 2011). Specifically, this study focused on measuring individual and organisational factors that could be targeted by change management practitioners (e.g., job satisfaction, change communication) and would therefore be useful to organisations and policy makers during NDIS implementation. The survey included forced choice and open-ended questions. Unless otherwise indicated questions were measured on a 5-point Likert Scale from strongly disagree to strongly agree and included positively and negatively worded items.

NDIS resistance

Resistance to the NDIS was measured using scales developed by Oreg (2006) and included items to measure both the cognitive response to the NDIS (example item: "I believe that the NDIS will make my job harder") and affective responses (example item: I am quite excited about the NDIS") to the NDIS. Contemporary change resistance research recommends measuring employee resistance in terms of three separate components; affective responses, cognitive responses and behavioural responses, because employees may operate separately on all three dimensions (Piderit, 2000). Behavioural resistance describes the actions people take to resist or support a

change such as not cooperating with management directives during change and it was not considered to be feasible to accurately measure these in a self-report survey (Erwin & Garman, 2010). Overall scale scores for affective (3 items, Cronbach's $\alpha = 0.84$) and cognitive resistance (4 items, Cronbach's $\alpha = 0.85$) were created by summing the individual items.

Intention to leave the sector was measured using a single item, "Do you expect that you will be working in the disability sector one year from now?" with response options of yes, no and unsure.

Individual factors

Individual factors likely to impact resistance to the NDIS are described in Table 1. Items included measures of; role ambiguity (Bowling et al., 2017), general workplace satisfaction and workloads (Judge, Piccolo, Podsakoff, Shaw, & Rich, 2010), pay justice (Cortis, 2017), perceived need for change to the existing disability system (Oreg, 2006) and perceived impact of the NDIS for people with a disability.

Table 1. Individual factors, reliability statistics and example items.

Variable	Example item	Cronbach's α
Pay justice	I am paid fairly for the work that I do	0.85 (2 items)
Workload	I often feel under time pressure at work	0.73 (3 items)
Role ambiguity	I often don't know what is expected of me at work	0.76 (3 items)
Overall satisfaction	Overall, I enjoy my job	0.82 (3 items)
Need for the change	There was a need for changes to the way disability supports are provided	0.71 (2 items)
Impact on participants	The people that my organisation supports will benefit from the NDIS	n.a single item

Organisational factors

Trust in management competency was measured using five items adapted from Oreg (2006) (example item "top management is very capable of performing its job" Cronbach's $\alpha = 0.91$). Two variables were included to capture different aspects of

organisational culture. These included three items to measure the extent that people felt that their organisation had a generally positive or supportive culture (example item, "my organisation is a good place to work", Cronbach's α = 0.67) and three items about the extent they agreed that their colleagues, immediate supervisor and top management were positive about the NDIS (colleague influence, Cronbach's α = 0.83).

The extent that people felt that their organisation had appropriately communicated with employees about NDIS related changes was measured using six items capturing both the delivery of the information (example item, "I was told how my organisation would change to provide NDIS services") and the organisation's willingness to listen and respond to feedback (example item, "I have had the opportunity to talk about any concerns regarding the NDIS with my employer", Cronbach's α = 0.90) (Matos Marques Simoes & Esposito, 2014) . Given the critical role of the government in initiating the change, an additional single item measured perceived government capacity to manage the change, adapted from Oreg (2006) ("There is a feeling that the government know what they are doing in relation to the NDIS").

Open ended questions

Throughout the survey respondents could comment on their experiences working in the NDIS. All open-ended questions were voluntary and encouraged participants to consider both the challenges and benefits of working in the NDIS environment.

Demographic variables and job characteristics

Demographic variables were age, gender and education. Also collected was information regarding the person's role (e.g., management responsibilities yes/no), their organisation (e.g., organisation size, main client group) and how long the NDIS had been available for in their region.

Analyses

Data were analysed using a concurrent, mixed methods approach to enable both a focused and in-depth exploration of the data (Grbich, 2016).

Quantitative analyses

Two multivariate regression models were developed to determine the predictors of affective and cognitive resistance to the NDIS. Individual, organisational and demographic predictors were first analysed for their univariate associations with each dependent variable. Variables associated with the change resistance at a conservative significance level of p<0.2 were then selected for inclusion in multivariate regression models. Data were assessed prior to analyses to ensure suitability for modelling (Hair, et al., 1998).

To determine whether higher levels of NDIS resistance were in turn associated with less commitment the disability sector, both resistance measures were analysed for their association with sector commitment in separate logistic regression models. A Bonferroni adjustment was applied to control for multiple comparisons (significance level 0.05/4 = 0.0125, Field, 2013).

Qualitative analyses

This study aimed to explore the challenges and barriers associated with the NDIS as identified by the workforce and therefore choose an inductive approach to data analysis. This approach enables a rich exploration of the overall data set without being confined by pre-existing themes or frameworks (Pope, Ziebland, & Mays, 2000). Data were analysed in accordance with the six phases of thematic analysis as outlined by Braun and Clarke (2006). These steps involved: reading and re-reading the qualitative responses for familiarisation with the data, coding the data, collating codes into potentional themes, reviewing the themes and creating an overall thematic map of the

data, defining and naming the themes, and finally, describing the themes in relation to the research question.

Responses were initially coded for as many potential ideas and patterns as possible, and were refined using an iterative process whereby initial codes were reviewed as coding progressed (Braun & Clarke, 2006). Using a hierarchical approach, sub-themes were identified and then organised into higher-level themes to describe the data set and capture relationships between sub-themes. Finally, the themes were organised according to whether they reflected a positive attitude to the NDIS (e.g., an opportunity) or a negative attitude to the NDIS (a challenge). In determining what constitutes a theme the analysis was driven by the research question (Braun & Clarke, 2006) which was to explore the range of challenges and opportunities working in the NDIS context. Generally, themes were created to capture ideas that occurred with the greatest frequency in the data set. However, where ideas were discussed less frequently but presented an interesting contribution to the analysis they were also included. This was particularly relevant for the discussion of NDIS opportunities which occurred less frequently than NDIS challenges.

Results

Respondents

Respondents were aged between 21 and 74 (M= 42.06, SD = 12.33) and the majority (72.4%) were women. Most (72.2%) respondents had been working in the NDIS environment for over a year. Demographic and job characteristic variables are reported in Table 2. Consistent with the recruitment approach, the majority of respondents worked with adult participants (94.1%), with mental health conditions (87.2%), and for organisations that provide (or provided) disability supports under a block-funded government model (91.1%). There were also a considerable number whose organisations provided services to other disability groups including; intellectual

disability (41.8%) and physical disabilities (36.5%). Roles varied from direct support workers, allied health, intake officers, administration and business roles. Given the various job titles used in the sector, it was considered more useful to ask respondents to indicate if they had direct contact with NDIS participants as part of their role, and whether they had managerial responsibilities to allow for more accurate comparisons based on role responsibilities.

Insert Table 2. Demographic and job characteristics.

Resistance to the NDIS

The range for affective resistance scores was 3 – 15, with a mean of 9.75 (SD = 2.97), for cognitive resistance the range was 4 – 20 with a mean of 13.46 (SD = 13.46). There are no normative or comparative scores for resistance as it is context specific (Oreg et al., 2011), however both measures were normally distributed suggesting that overall, resistance to the NDIS was evident, but varied across the population sampled.

Predictors of resistance to the NDIS

Table 3 shows the significant univariate predictors of resistance to the NDIS. Variables that were significantly associated with either outcome are marked with asterisks and were included in the multivariable models. There was a significant association between all individual and organisational predictors and the two resistance measures suggesting that participant's varying role and organisational experiences, as well as their personal feelings about NDIS and the need for change to the disability sector, contributed to different levels of resistance.

Insert Table 3. Significant univariate predictors of cognitive and affective resistance.

Table 4 presents the regression models for the outcomes of cognitive and affective resistance. The model predicting cognitive resistance was significant, $F_{(16,213)}= 17.86$, $p<0.001$, and accounted for 57.3% of the variance. The strongest

contributors were belief that the NDIS will benefit clients (β= -.369, t(229)=-6.67, p<0.001) and perception that colleagues and management are generally positive about the NDIS (β= -.368, t(229)=-6.22, p<001). Both were associated with lower cognitive resistance. Agreement that there was a need for change to the way disability supports were provided (β= -.234, t(229)=-2.78, p=.006) and being a full-time employee (β= -.113, t(229)=-2.43, p=.016) was also significantly associated with lower cognitive resistance.

The model predicting affective resistance was also significant, $F(15,224)$= 17.46, p<0.001, and accounted for 53.9% of the variance. Similar to the cognitive resistance model, perception that colleagues and management are positive about the NDIS (β=-.396, t(229)=-6.58, p<.001), agreement that there was a need for changes to disability supports (β= -.309, t(229)=-3.62, p<.001) and belief that the NDIS will benefit clients (β= -.233, t(229)=-4.19, p<.001) were all associated with lower affective resistance. Higher scores on general satisfaction at work were also significantly associated with lower affective resistance (β= -.220, t(229)=-3.72, p<.001), whilst having worked in an NDIS region for less than a year (β= .129, t(229)=2.51, p=.013), was associated with higher resistance compared to those who have worked in the NDIS for longer.

Intention to leave the disability sector

Of the 275 respondents, 100 (37.5%) did not expect to be or were unsure if they will be working in the disability sector one year from now. Both affective resistance (χ^2 (1) = 18.89, p<.001) and cognitive resistance (χ^2 (1)= 21.619 , p<.001) predicted intention to leave. For every unit increase in affective resistance, the likelihood of leaving the sector increased by 21% (Exp(B)= 1.21, 95% CI= 1.11-1.33). Similarly,

every unit increase in cognitive resistance increased the likelihood of leaving the sector

by 18% (Exp(B)= 1.18, 95% CI= 1.10 -1.27).

Table 4. Results of multivariate linear regression models predicting cognitive and

affective resistance.

Variable	Cognitive Resistance			Affective Resistance		
	b	SE b	β	b	SE b	β
Constant	23.207***	1.807		17.993***	1.456	
University degree	.275	.369	.036	.382	.292	.063
Full-time employee	-.996**	.409	-.113			
Direct client contact				.511	.369	.069
Time in the sector[a]	-.452	.458	-.055			
- < 3 years						
- Between 3 & 10 years	.151	.408	.020			
Time in the NDIS[c]						
- Less than 1 year				.888**	.354	.129
- 1 to 2 years				.473	.319	.078
Need for change	-.521**	.188	-.234	-.545***	.151	-.309
Benefit to participants	-1.159***	.174	-.369	-.583	.139	-.233
Trust in government	.277	.297	.074	.080	.048	.130
Role ambiguity	.013	.079	.009	-.001	.062	-.001
Pay justice	.051	.075	.036	-.052	.059	-.046
Workload	.095	.072	.070	-.005	.057	-.005
Satisfaction	-.064	.092	-.041	-.275***	.074	-.220
Trust in management	.003	.059	.004	.080	.048	.130
Colleagues positive about NDIS	-.504***	.081	-.368	-.426***	.065	-.396
Communication	.004	.048	.005	-.010	.038	-.018
Culture	-.003	.099	-.002	.082	.079	.070
R^2	.573***			0.539***		

*p<.05, **p<.01, ***p<.001
[a]reference category is > 10 years, [b] reference category is >100 employees, [c] reference category is > 2years

Qualitative analysis, challenges and opportunities

Thematic analysis of the open-ended responses identified a number of themes

that described participant's attitudes towards, and beliefs about, the NDIS. Challenges

were discussed more frequently than opportunities and themes in this area related

primarily to the impact of the NDIS on the workforce and for people with a disability as

well as on the implementation of the scheme. A summary of the themes and sub-themes

are provided in table 5.

Table 5. NDIS challenges and opportunities, themes and sub-themes.

Challenges/negatives	Opportunities/positives
Loss (theme) subthemes • Conditions and job security • Skills and qualifications • Providers and jobs Values misalignment (theme) subthemes • Role changes and client care • Profits focused • Mental health and recovery Implementation and daily struggles (theme) subthemes • Workloads, stress and burnout • Confusion and inconsistencies • Change management Poor client outcomes (theme) Subthemes • Gaps in care • Decreased quality of care	Support for the principles of the NDIS (theme) Benefits to specific client groups (theme) Growth and potential (theme)

Loss

Frequently, participants described the consequences of the NDIS in terms of

what would be lost as a result of the change. Most references were to future loss to the

workforce or roles despite the fact that most people in this study had been working in

the NDIS for over a year. Responses suggest that participants *anticipate* negative

impacts but that these have yet to be seen in practice.

Conditions and job security. There was considerable concern that conditions

such as pre-NDIS pay levels, job security and access to professional development or

supervision could not be sustained under a fee-for-service model. These fundamental

changes to the job conditions for disability workers were mentioned frequently and

were discussed in terms of their individual impact and impact on the broader sector.

> *To make margin and cover costs of support co-ordination [specific NDIS funded support] there is no career or remuneration progression for support coordinators. This means that due to basic pay there are limited qualifications and the sector will suffer. There are no payments for clinical supervision or training (especially the opportunity cost) within the price guide.*

Furthermore, there was concern that changes to pay conditions, particularly the removal

of block-funding, would result in a more 'casualised' workforce.

> *Industry as a whole feels very unstable since the introduction of the NDIS. Block funding gave workers job security and career prospects. A 'casualised' workforce will breed mediocrity - people looking for a career will look elsewhere.*

Skills and qualifications. An anticipated flow-on effect of the changes to job

conditions was that changes would negatively impact the quality of the services offered.

It was frequently discussed that the pay scale necessitated by the NDIS 'undervalued'

the skills and qualifications required to provide quality supports resulting in; qualified

and skilled workers leaving the sector, workers remaining but being underpaid for their

skills, or organisations seeking to employ 'cheaper' and less qualified employees.

> *I believe that qualified mental health workers will be replaced for a cheaper less skilled worker.*

Not only were these concerns considered problematic for the sector, but also for the

people with a disability who would – by extension- receive poorer quality supports.

> *I also believe that the NDIS will provide more employment opportunities, but I feel most people will not be adequately qualified as the pay rate doesn't match the skills set required to deliver the quality service the participants deserve.*

Providers and jobs. A further concern given the changes to the way disability

services are funded was whether existing providers would be able to survive the change.

A previous reliance on block-funding led respondents to question whether their managers had the skills to make the required changes. The discontinuation of block-funding was also frequently cited as a reason for wanting to leave the sector or fear that there would not be jobs available in the future.

> *Future viability of service delivery is questionable due to removal of funding and being reliant on NDIS. Whilst my organisation is currently a registered NDIS provider they are not certain about whether this will continue long term as it is dependent on the financial viability of the service delivery.*

Values misalignment

Another key theme when discussing NDIS challenges was the notion that the values of the NDIS clash with those of existing providers. Furthermore, there were concerns about what would happen to the values of the sector when forced to operate in a for-profit environment.

Profit focused. For many, the need for disability support services to focus on billable hours and profitability was a 'fundamental shift' from a previous approach which had a greater focus on client care. This shift represents a considerable values misalignment for people that started working in the sector for altruistic reasons.

> *Community mental health sector now feels like a business trying to get people to attend who have big NDIS packages. We are planning on having our service operating longer hours to charge more money to our consumers.*

It was acknowledged that the NDIS had the potential to create new jobs and grow the disability sector. However, many were concerned about how the growth could lead to competition between service providers, thus impacting client care. There were also concerns that 'shonky' providers, who do not share the values of the sector, will compete for business in the new and emerging NDIS market.

> *Sector growth is great but we need to be aware that this means not-so-great providers will pop up to make a dollar*

Role change and client care. As a consequence of providers needing to become more profits focused, respondents also reported changes to important components of their roles. Specifically, many lamented they could no longer spend time on face-to-face client related activities, or no longer had the flexibility to 'do whatever is required' to support their clients. Many reported a significant increase in the administrative components of their role, which they did not value to the same extent.

> *As a current support worker who is lucky enough to continue recovery work with consumers alongside the NDIS. I am still able to focus on their needs/goals. Workers who I work along with who rely entirely on NDIS funding are less goal driven for the consumer and attempt to balance being paid by the NDIS pay scheme/hours with the nature of working with people who have psychosocial disabilities.*

Mental health and recovery. Many of the respondents were from a community mental health background which places a strong emphasis on recovery-oriented approaches (Leamy et al., 2011) to service delivery. A perceived clash between the strengths focused recovery approach and a 'deficit focused' NDIS was a very prominent theme. It was frequently mentioned that mental health 'didn't belong' in the NDIS, and should be funded separately, this also led to a resistance to accept the NDIS as an appropriate support option for their clients.

> *When looking at psychosocial support, the NDIS model (that you have to be permanently unwell) doesn't fit with the Recovery model so I feel a lot of people needing support may slip through the cracks.*

Implementation and day-to-day struggles.

Confusion and inconsistencies. Responses indicate that there is still considerable uncertainty and confusion with regards to the NDIS. Respondents commented that the overall implementation of the program has been problematic from the beginning and frequently referred to perceived 'inconsistencies' with regards to decision making. For

many, this was a frustration leading to difficulties in navigating the new program, stress, and losing faith in the possibilities of the scheme.

> *Although I am a supporter of the principles on which the NDIS is founded, I feel the instigation of the program has been naïve and clumsy.*

Others however were more optimistic, acknowledging that they were working in a frequently changing landscape, with potential for the scheme to have real benefits when properly established and that the scheme has potential when it is more mature.

> *The NDIS is very young and it will take many years to mature. The NDIS is ever evolving and listens to feedback and uses this to improve its processes.*

Change management. There was considerable negativity toward the government in relation to their capacity to run the NDIS. This was often linked to the perception that the NDIS was not designed for mental health clients. There were frequent reference to the lack of qualifications, experience and knowledge of National Disability Insurance Agency (NDIA) staff in relation to the complexities and needs of people with mental illness. There were also concerns that the scheme has been understaffed, that it focused on 'reducing costs' as much as possible, and that communications from the government misrepresented the true experience of providers.

> *NDIA/NDIS do not have a good understanding of Psychosocial Disability. NDIS staff are generally under educated in the field of disability which reflects on outcomes for people.*

As mentioned previously there were some concerns that organisational leaders may not have the capacity to manage in the changing business environment causing some to question their organisation's commitment and support during the change. There were a number of participants who mentioned the need for their organisational leaders to be more positive about the NDIS, and to provide more training.

> *Additional training, especially for senior management. They sometimes speak negatively about the NDIS to the staff that need to deliver these services and this creates a toxic environment. Staff as a whole have a can-do attitude, but are lacking understanding in operational procedures that need to shift because of NDIS and would benefit from more training in this space.*

However, others also used the challenges with the scheme implementation to deflect blame away from their organisation and toward the NDIA.

> *I don't think the responsibility lies with the organisation. They've done their best, but are constantly undermined by the inconsistencies and poor administration of the scheme.*

Workloads, stress and burnout. Learning to work in the new program necessitated that staff develop an understanding of the new policies (e.g., how to support people to access the scheme) and learn new skills (e.g., how to manage a business sustainably). These in addition to the aforementioned administrative focus contributed to increased workloads, and for some, increased stress and pressure at work.

> *It is very stressful meeting demands of participants, handling emotions of those not deemed eligible, balancing all that is expected in the role and completing data and other admin tasks in the hours available.*

Poor client outcomes.

The potential for the NDIS to negatively impact people with a disability was a common thread running through many of the themes. As discussed above, potential negative workforce impacts and implementation challenges with the scheme were often postulated to result in impacts on the quality of client care. Further to this, there were concerns that the NDIS (and the decision to stop funding some existing services) would contribute to widening service gaps, particularly for those with mental health conditions, or those who do not qualify for NDIS funding. Despite the NDIS being designed to complement existing services, services outside of the NDIS were not frequently mentioned, or were viewed as inadequate/unclear as to who they would support. Many viewed the NDIS as the only option for their client group.

> *I am concerned that many people will be left without support services as the funding for many programs has been rolled over into NDIS funding but many people are being declined NDIS funding.*

Benefits and opportunities.

Positive responses to the NDIS were less frequent than negative responses and mostly related to the benefits that the NDIS would have for clients, rather than the workforce.

NDIS principles

Many respondents were supportive of the NDIS principles. Respondents liked that the NDIS enabled people to have more autonomy and was 'goal oriented', flexible and personalised. There were also a few comments that the NDIS was a 'fairer' way of allocating funds, compared to previous approaches. Belief in the principles of the NDIS and the benefits to participants was one of the most prominent NDIS opportunities. Of note is that respondents rarely (if at all) described a connection between the NDIS principles and recovery practice despite many similarities between the two.

> *It is more customer focused and the funding is tailored to the customer's needs so in my opinion, it is allocated to the people who need it more fairly that the block funding. Block funding was allocated without any real discussions with the customers around their needs. I feel this resulted in people receiving huge amounts of funding who may not have needed it, and customers with high needs not receiving enough. The NDIS ensures people get what they need. It's personal.*

Better support

Another opportunity of the NDIS was that it would lead to more, and better, support than before. There were also mentions of the NDIS creating more provider accountability which would also benefit clients.

> *Personal choice and control, shake up of providers and their organisation's way of thinking, increased supports for persons with a disability.*

Specific client groups.

Many acknowledged the benefits of the NDIS for clients, but frequently this came with caveats regarding who would benefit. Respondents believed that the scheme benefited clients with physical disability more than those with mental health conditions, and those with capacity to navigate the complex system compared to those who would require support.

> *Clients who are appropriate for NDIS packages and have capacity to implement supports within their package will benefit, in particular clients who have additional physical/ mobility conditions, and require additional supports outside the mainstream supports.*

Potential and growth.

In relation to the NDIS impact on the workforce, there were fewer opportunities than challenges. Some did acknowledge that there would be increased job opportunities in the sector however these were less prominent than concerns about job loss. There were some respondents who were optimistic about the potential of the scheme and appeared to be taking a positive approach to the change. These respondents acknowledged challenges with the implementation but appeared to be more comfortable, or accepting, of the change process.

> *The change process has been huge, but the change result will be great.*

Discussion

This study explored workforce reactions to the NDIS with a particular focus on understanding possible resistance toward the scheme. Previous research in the early stages of the NDIS implementation highlighted concerns about the potentially negative impact of the NDIS on the workforce (e.g., changed job conditions) and for people with disability (e.g., poorer health outcomes). This research builds on earlier studies through an in-depth exploration of the workforce reactions since the NDIS became available Australia wide. It is also the first to identify potential predictors of resistance to the

NDIS which can help organisations and policy makers to address these issues as the NDIS grows.

Resistance to the NDIS was certainly evident in the qualitative responses with people referring to NDIS challenges more frequently than NDIS opportunities. Consistent with previous research there were concerns about how the workforce would be negatively impacted by the NDIS, and that there would be clients who are disadvantaged by the scheme (Cortis, 2017; Mavromaras et al., 2018). These attitudes appear not to have shifted considerably since the earlier phases of the scheme with pay, job security and threats to the quality of service delivery still contributing to general negativity. However, quantitative measures of resistance were normally distributed suggesting some people were more negative than others. It may be the case that qualitative methods allow more scope to delve into people's complex views about the NDIS, which suggests more negativity than is actually present. The findings of the regression models may also shed some light on this, given they did reveal a number of factors beyond the NDIS (e.g., colleague influence, job satisfaction), as well as things like time spent working in the NDIS environment, that appeared to increase/decrease resistance.

The consistently occurring concerns regarding the potential for the NDIS to reduce pay and consequently de-value the skills of the disability sector have important implications for the long-term success of the scheme. From a policy perspective, it will be important that those in charge of NDIS implementation are aware of the potential implications of pricing limits and continue to monitor the market (Macdonald & Charlesworth, 2016). From a change management perspective, the government and organisations should work together to understand how organisations may continue to operate within the pricing limits, how they could integrate professional supervision and

development into frontline worker roles, and what career opportunities exist in the NDIS (Decker et al., 2012). Whilst to date there are no studies to show that job conditions are worse under the NDIS, the belief amongst employees that things *will* get worse is problematic for ongoing implementation and employee buy-in (Oreg et al., 2011).

Further research into actual impacts of the NDIS on the workforce and strategies to address concerns is required. If research can demonstrate that role conditions and job security, for example, are not impacted by the NDIS this should be communicated by organisations and policy makers. If conditions are impacted, then it would be a priority to identify how organisations can be supported to improve conditions for their employees, for example via further pricing increases (McKinsey & Company, 2018) or improved education about how to manage organisations in fee-for-service environments (Department of Social Services, 2019). Change resistance research also suggests that in the absence of facts and appropriate communication about workforce impacts, potentially harmful rumours about changes are more likely to be spread (Matos Marques Simoes & Esposito, 2014). Future research could explore how organisations communicate with their staff about how or if their job conditions will be impacted by the changes.

Growing the NDIS workforce is an important priority, particularly to ensure the success of the NDIS in areas with thin markets such as rural and remote regions or for disability groups that have particularly complex support needs such as mental health (Carey et al., 2018). In this sample of predominantly mental health providers, resistance to the NDIS significantly predicted a likelihood of leaving the disability sector within the next year. These results are consistent with previous research on resistance (Erwin

& Garman, 2010; Oreg et al., 2011) and underscore the importance of understanding

and minimising resistance in order to maintain the skills of the existing sector.

Change literature postulates that resistance can be predicted by a combination of

factors relating to the internal organisational context, the change processes, the

anticipated outcomes of the change and individual characteristics (Oreg et al., 2011). In

this study, two of the most prominent predictors of resistance were the perceived impact

on people with a disability (change outcome) and the attitudes of colleagues and leaders

about the NDIS (internal context). Participants had less resistance if they believed he

NDIS would benefit participants and if their colleagues and leaders were positive about

the NDIS. They were also less resistant if they agreed that there was a need to change

the way disability supports were provided. Models of change management frequently

emphasise the importance of leadership buy-in when making changes within an

organisation (Appelbaum, Habashy, Malo, & Shafiq, 2012). The use of 'change

champions' who can support the change and liaise with management are also often

recommended (Kuipers et al., 2014). This is clearly an important priority for

organisations undergoing change in the NDIS context, as negative influences from

others appear to be significantly affecting individual attitudes. Helping staff to

understand why the NDIS was introduced in the first place, and how it was designed to

be an improvement on the previous system (May, Forrester, et al., 2018) is

recommended.

People who were generally more satisfied in their role were less resistant to the

NDIS. However, variables relating to the more day-to-day aspects of a person's role like

role ambiguity, workloads and pay were not predictive of resistance in multivariate

models. This finding is at odds with the qualitative responses where pay, workload and

confusion about new policies/procedures were frequently mentioned. It is possible that

because most organisations still receive government support, their pay and conditions have not changed considerably (May, Forrester, et al., 2018). However, despite the lack of quantitative support for job characteristics and resistance, qualitative results certainly emphasise the importance of attending to job design characteristics (Hackman & Oldham, 1976) when providing NDIS supports. Many respondents spoke negatively about the potential shift away from more client focused roles to those with a high administrative component. Previous research has found that people work in the disability sector generally for altruistic reasons (Mavromaras et al., 2018). Moving away from client care could be very problematic for this workforce and should be managed wherever possible.

In Contrast to existing change literature (Oreg et al., 2011) trust in management and communication about the NDIS also didn't predict resistance in multivariate models. Given the broad cross-organisational nature of this study this research was not able to focus on specific organisational change processes beyond simple change communication which may explain the lack of relationship. However, qualitative responses did seem to suggest that staff place more responsibility on the government for managing the change than they do their own organisations. Case study research within individual organisations to understand their change processes in better detail is required to better understand how organisations can best lead change in the NDIS context (Kuipers et al., 2014).

The only demographic variables associated with resistance to the NDIS were permanency, and time spent working in the NDIS environment. Those who were in casual or contract roles in their organisation had more cognitive resistance to change, whilst those who had been working in the NDIS for less than a year had more affective resistance. It is interesting to note that people's negative feelings about the NDIS

(affective resistance) decrease the longer they have been working in the NDIS. This is consistent with change management literature which suggests that people are more resistant to change when they don't fully understand it or its implications (Oreg et al., 2011). There has also been considerable negative media attention about the NDIS, which could cause people to have more negative attitudes before they actually begin working in the NDIS environment (Mavromaras et al., 2018). It is not surprising that people who did not have permanent contracts were more likely to have negative beliefs about the NDIS as they have less job security and therefore may feel more susceptible to impacts of the NDIS on the workforce. Again this emphasises the importance of making sure that the workforce understand the opportunities of the NDIS in terms of future work and job stability (May, Forrester, et al., 2018).

A prominent theme from the qualitative responses was the potential clash between the mental health sector values and those of the NDIS. Values misalignment can be extremely problematic when managing change (Appelbaum et al., 2012) and many change models emphasise the importance of aligning values in the early stages of change (Todnem By, 2005). The NDIS has been available in some parts of Australia for over three years, yet negative perceptions of the scheme values remained evident particularly in the mental health sector. In this study many people were complimentary of the scheme's focus on improved choice and control which actually aligns really well with the principles of recovery practice (May, Forrester, et al., 2018), however this was not acknowledged and therefore may not be understood. Policy makers and organisations should prioritise communications that emphasise these shared values and seek to clarify misunderstandings about the scheme from a recovery perspective (Decker et al., 2012; Matos Marques Simoes & Esposito, 2014). Further research could

also ask staff to elaborate on how they feel the values differ to understand potential confusion or areas for education.

Limitations

This study was an exploratory study based on a purposive sample of predominantly mental health providers. The mental health sector has undergone a number of changes to funding arrangements during the NDIS rollout (Department of Health, 2019) and therefore may experience more challenges with NDIS implementation that other sectors (Mavromaras et al., 2018). People with a psychosocial disability represent the third largest population group of participants in the NDIS (National Disability Insurance Agency, 2019) therefore there is benefit in a specific focus on the impact of the scheme on this part of the sector. Furthermore, there were considerable similarities between results presented here and those conducted with larger, more diverse samples in earlier stages of the rollout (Furst et al., 2018; Mavromaras et al., 2018). However, future research could build on this study to include a larger sample of NDIS providers to determine the extent that these observations can be generalised beyond this study.

A second limitation to consider is measurement of individual and organisational variables. Items selected for inclusion in the survey were largely designed for the present study based on previous research in the area of change resistance (Oreg et al., 2011) and lessons learned from early NDIS research (Cortis, 2017; Macdonald & Charlesworth, 2016; Mavromaras et al., 2018). Existing scales were used where possible (Bowling et al., 2017; Cortis et al., 2017; Oreg, 2006) however being an exploratory study this survey also attempted to measure quite a number of concepts whilst also keeping the survey short enough to encourage participation. Future research

could focus on a smaller number of relevant factors using more comprehensive measurement tools.

Third, this study was the first to examine predictors of resistance in the very complex organisational change context of the NDIS. Variables not measured here that could potentially lead to variations in resistance include those that relate to the change content at the organisational level (for example, complete organisational restructure versus streamlining administration processes, Oreg et al., 2011). Correctly identifying exactly what changes processes were happening within each participant's organisation was beyond the scope of this study because it is unlikely that participants would be aware of the specific operational changes within their organisations. However, it could certainly be addressed in future research particularly in organisational case studies.

Finally, consistent with previous research (Carey, Malbon, et al., 2019; Cortis et al., 2017), responses to open-ended survey questions focused more on the negative aspects of the NDIS than the positive aspects. Even though one question specifically asked people to identify benefits, all open-ended items were voluntary. Identifying benefits of the NDIS is important and could be used by organisations and policy makers to spread good news stories or 'little wins' which is helpful when managing change (Appelbaum et al., 2012; Kotter, 1996). Participants may require extra prompting to consider benefits, particularly when there are such prominent fears about job loss and other workforce concerns that make it challenging for people to identify positive aspects (Grbich, 2016). Future research that aims to identify benefits should consider a more targeted approach, for example structured interviews (Liamputton & Serry, 2016).

Conclusions

This study identified a number of important areas for organisation and policy leaders to consider in relation to the ongoing implementation of the NDIS. For examples, factors that predicted resistance to the scheme were largely related to

anticipated outcomes for the workforce and clients, and negative attitudes to the NDIS from leaders and colleagues. People who did not see a need for change to how disability services were delivered were also more resistant to the NDIS. Communication from policy makers (e.g., sector communications and engagement activities) and from organisations (e.g., when discussing organisational change with employees) should focus on aligning the NDIS with the existing values of the sector, ensuring that people understand why the NDIS was introduced, and where possible, allying fears of negative job impacts by focusing on how to minimise loss of desirable working conditions. Organisational leaders should also be aware of the impact that negativity across all levels of the organisation may have for employee resistance and seek to encourage positivity where possible. An important priority for future research is to further understand how individual organisations are changing their organisations to respond to the NDIS, how they manage these changes with their staff, and what impact this has on staff resistance to the NDIS.

Disclosure statement

No conflicts of interest are reported by the authors

Data availability statement

Data for this research can be made available on request to the primary author.

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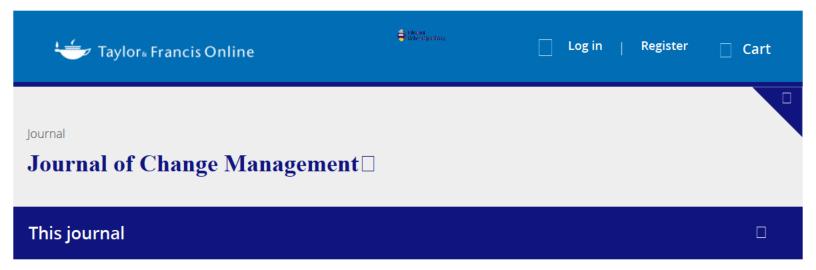
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Table 2. Demographic and job characteristics.

Demographic variables/job characteristics	M(SD)/N(%)
Age	42.06 (12.33)
Gender	
- Female	199 (72.4%)
- Male	62 (22.5%)
Education (highest level)	
- High school	3 (1.1%)
- Further study (certificate 3, 4, diploma or advanced diploma)	100 (36.4%)
- University degree (including postgraduate degrees)	159 (57.8%)
Time working in the NDIS environment	
- < 12 months	64 (23.3%)
- Between 12 months and two years	105 (38.2%)
- > two years	95 (34.5%)
- Not sure	11 (4.0%)
Manager	
- Yes	122 (44.4%)
- No	153 (55.6%)
Work directly with NDIS participants	
- Yes	217 (78.9%)
- No	58 (21.1%)
Permanent employee	
- Yes	156 (56.7%)
- No (contract/casual)	119 (43.3%)
Hours	
- Full-time	203 (73.8%)
- Part-time	59 (21.5%)
- Casual	13 (4.7%)
Time in current role	
- < 1 year	69 (25.1%)
- 1-3 years	121 (44.0%)
- 1-5 years	34 (12.4%)
- 5- 10 years	37 (13.5%)
- >10 years	14 (5.1%)
Time in disability sector	
- < 1 year	23 (8.4%)
- 1- 3 years	61(22.2%)
- 3 - 5 years	43 (15.6%)
- 5-10 years	57 (20.7%)
- >10 years	91 (33.1%)
Organisation size	
- < 50	44 (16.0%)
- 50-100	38 (13.8%)
- >100	181 (65.8%)

Table 3. Significant univariate predictors of cognitive and affective resistance.

Variable	Cognitive	Affective
Demographic & job characteristics		
- Age	p= .494	p= .903
- Gender	p= .402	p= .334
- University degree (yes/no)	p= .072*	p= .016**
- Management responsibilities (yes/no)	p= .631	p= .384
- Direct client contact (yes/no)	p= .156*	p= .097*
- Full time (yes/no)	p= .048**	p= .400
- Permanent (yes/no)	p= .232	p= .687
- Time in NDIS	p= .922	p= .073*
- Size of organisation	p= .304	p= .701
- Time in sector	p= .055*	p= .435
Individual Factors		
- Pay justice	p= .002**	p<.001**
- Workload	p= .002**	p= .016**
- Satisfaction	p<.001**	p<.001**
- Role ambiguity	p<.001**	p=.006**
- Need for change	p<.001**	p<.001**
- Benefit to participants	p<.001**	p<.001**
- Trust in government capacity	p<.001**	p<.001**
Organisational factors		
- Trust in management	p=<.001**	p=<.001**
- Colleague influence	p=<.001**	p=<.001**
- Communication	p=<0.001**	p=<0.001**
- Culture	p=<0.001**	p= 0.007**

*p<.2, ** p<.05

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