



HACSU
Health & Community
Services Union



Our Disability Plan

Building a better future for the Disability Services Sector

HACSU
Disability Workers Union

   @hacsu

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HACSU acknowledges the Traditional Custodians of the lands on which we live and work, and we pay our respects to their Elders both past and present. As unionists, we pledge our ongoing solidarity with Aboriginal and Torres Strait Islander peoples in their struggle for recognition of sovereignty, historical truths, and justice.



About HACSU

The Health and Community Services Union (HACSU) is the Victoria No. 2 Branch of the Health Services Union.

HACSU is a growing union with over 13,000 members working in disability, mental health and drug and alcohol services across Victoria. For over 100 years HACSU has represented the workers who make a difference to the lives of people living with mental illness, disability, and drug and alcohol problems. Once known as the Asylum Employees Federation, HACSU was first formed by workers from institutionalised and congregate care for people with disabilities and mental illnesses.

HACSU members are employed in a range of occupational classifications including disability professionals, nurses, health professionals, program and support workers, trades and administration.

Because HACSU is a specialist union, HACSU members are provided with specialist knowledge and experience, strong industrial outcomes, and above award wages and conditions for most members. This helps to build the professionalism of the disability and mental health sector workforce, thus providing quality services for people dependent on these services.

HACSU's long history has shown that when working people come together, we win. We're proud to be a diverse and vibrant union with members dedicated to fighting and achieving major wins in their jobs, their workplaces, and their sectors.

Foreword

For decades, disability professionals have shown extraordinary dedication, skill, and resilience in delivering vital supports to people with disability and their families—often in the face of inadequate funding, insecure work, and escalating demands. Through bushfires, floods, and pandemics, these workers have stood firm, guided by their values and commitment to care.

The recent Independent Review of the NDIS and the recommendations of the NDIS Provider and Worker Registration Taskforce have confirmed what disability workers and advocates have long known: **that without a high-quality, stable, and professional workforce, the promise of the NDIS cannot be delivered.** It is now incumbent on federal and state governments to act in lockstep—supporting the workers who support our most vulnerable and securing a future where people with disabilities receive the quality care and respect they deserve.

People with disability in Victoria deserve a sector that is holistic, flexible, adequately funded, and underpinned by a skilled and qualified workforce. Yet the erosion and casualisation of the disability workforce under the NDIS has compounded existing pressures, undermining quality and continuity of care.

The Victorian ‘gold standard’ of disability support was not created by accident, it was hard fought for by HACSU members through decades of enterprise bargaining. Its unparalleled standards of supervision, qualifications, and professionalisation are now at risk of being destroyed by the NDIS ‘one size fits all’ approach to provider funding.

Without the necessary reform of mandatory registration, professional recognition, and sustainable employment models, Victorian disability workers will leave the sector. They know that for participants to thrive, workers must be supported.

This plan draws on the lived experience, expertise, and ambition of those workers. It provides a roadmap for Victoria to lead the nation. It builds on the steps being taken by the Albanese Labor Government and the Hon. Mark Butler MP, Minister for the Health and the NDIS. But success will also require leadership and investment from the Allan Labor Government, particularly as the Victorian ‘gold standard’ of disability support risks being eroded by an insufficient funding model.

These reforms are no longer optional. They are essential. The current crisis of the Victorian disability sector is a direct result of privatisation, and we need to stop the crisis before it’s too late.

We invite government, employers, and the community to walk with us, to listen to workers, and to act boldly to deliver the world-class disability system that Victoria can and must lead.



Paul Healey

PAUL HEALEY

HACSU State Secretary

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1. HACSU's Policy Plan

Our priorities for the disability sector:

At the Federal level:

1

AN NDIS WORKFORCE COMPACT

Additional funding to be made available by the Commonwealth to registered NDIS providers who bargain above the Award to support attraction and retention of a skilled disability support workforce. This is crucial as without dedicated funding, providers cannot afford higher wages, limiting the sector's capacity to attract and retain skilled staff.

2

MANDATORY REGISTRATION FOR DISABILITY WORKERS

A mandatory registration scheme for disability support workers to be introduced nationally. Registration improves accountability, safeguards participants, and professionalises the workforce, ensuring increased qualifications and CPD opportunities for workers.

3

INDEPENDENT PRICING

An independent body to set NDIS prices based on real costs of service delivery, not political decisions. Accurate pricing ensures providers can meet quality standards, pay fair wages, and deliver sustainable services.

A woman with curly hair is sitting at a desk, looking down at a large sheet of paper she is holding. She has her hand to her chin, appearing thoughtful or concerned. The background is a plain wall with a framed picture partially visible on the right.

At the State level:

1

MAINTAIN THE VICTORIAN GOLD STANDARD IN DISABILITY SUPPORT

A commitment to support the Victorian disability sector by funding the key quality and safety measures and conditions that have underpinned Victoria's leadership in disability services.

2

A DISABILITY CENTRE OF LEARNING

A new organisation whose functions would include connecting disability support workers and providers to allow the sharing of information, learnings, resources, policies and procedures, expertise, community of practice, practice expertise and developing skills and training opportunities for the workforce in Victoria.

3

A 'SKILLS PASSPORT' FOR DISABILITY WORKERS

A Victorian 'skills passport' system for disability support workers to create a centralised, verifiable record of a worker's essential skills, certifications, and ongoing professional development.

2. Who are Disability Support Workers?



Workforce Snapshot

Between 270,000-300,000 workers are employed across the disability services sector nationally, with a majority working in direct support roles. Around half of these workers are part time or casual employees, with many working across multiple employers.

Demographically, the workforce is predominantly female, aligning with trends in the broader health and social assistance sectors. The average age of workers hovers in the early 40s, with a significant concentration between 25 and 44 years. Cultural diversity is notable, with many workers born overseas, enriching the sector with varied experiences and perspectives. However, representation of individuals with disability within the workforce remains low, with only 3.8% of provider staff identifying as having a disability.

The sector faces considerable workforce challenges. High turnover rates persist, with a 24% annual rate reported in 2024. Permanent staff turnover reached 16%, the highest since the survey's inception, indicating ongoing retention issues.

Recruitment difficulties are widespread, with 78% of providers experiencing moderate to extreme challenges in hiring support workers. These issues are exacerbated in regional and remote areas, where access to qualified workers is more limited.

Without significant reform to the sector, HACSU expects the workforce crisis to deepen, with qualified and motivated disability support workers left with little incentive to remain in the sector.

Mandatory registration, minimum mandatory qualifications, and the HSU's proposed NDIS Workforce Compact funding bargaining in the sector— would all help develop a professionalised and passionate workforce who view disability support work as a meaningful long-term career option.

Disability support work is skilled & complex.

Disability support workers (DSWs) play a vital role in assisting individuals with disabilities to live more independent and fulfilling lives. Their responsibilities encompass a wide range of activities, including personal care, mobility assistance, social engagement, and emotional support. They may work in various settings, such as private homes, residential facilities, or community-based programs.

Disability support workers support people with disability to live the life they want. DSWs provide care and assistance to individuals with disabilities, helping them to live as independently and fully as possible. The work of DSWs is complex and varied, and can include things like:

- **Personal Care:** Assisting with daily tasks like showering, dressing, eating, and taking medications.
- **Domestic assistance:** Preparing meals, cleaning, laundry, and other home-related duties.
- **Mobility Support:** Helping individuals with mobility aids, such as wheelchairs, and assisting with transportation to appointments and social events.
- **Social Support:** Facilitating social interactions, attending community events, and promoting independence.
- **Skill Development:** Helping individuals to learn new skills and routines to increase their independence.
- **Communication & Advocacy:** Representing the participant's needs and preferences to other service providers and stakeholders.

Disability support workers empower individuals with disabilities to live more fulfilling and independent lives by providing the necessary support and assistance to overcome barriers and participate in community life.

Active, person-centred support

Active, person-centred support is a foundational approach in disability services that redefines the role of support workers as enablers of autonomy, rather than mere providers of care. At its core, it means placing the person with a disability at the centre of all decisions that affect their life, recognising their right to direct their own supports and shape their own futures. For disability support workers, this approach requires actively engaging with each individual's preferences, goals, identity, and communication style, rather than following a one-size-fits-all model of care. It involves listening deeply, responding flexibly, and fostering genuine partnerships built on trust and respect.

In practice, active, person-centred support is about more than responding to needs—it's about empowering choice, enabling participation, and supporting people to live with dignity on their own terms. It asks support workers to be attuned not just to what a person needs but to what they want, and to see beyond tasks or routines to the broader purpose of building meaningful, connected, and fulfilling lives. Support becomes a dynamic process, shaped by the person's evolving aspirations, their cultural identity, their social networks, and their right to belong.

This approach positions disability support workers as skilled professionals who are deeply embedded in promoting human rights, inclusion, and agency. It transforms the nature of support work from something passive and task-based to something active, intentional, and profoundly person-driven. In doing so, it elevates the profession as one grounded in ethical commitment, emotional intelligence, and respect for the intrinsic value of every person.



3. Fixing the Foundations of the NDIS

It's time for the Federal Government to address the problems that are fundamental to our National Disability scheme.

A strong and sustainable system depends on sound structural foundations.

The National Disability Insurance Scheme (NDIS) has transformed the landscape of disability support in Australia, but serious systemic issues now threaten its sustainability, fairness, and workforce viability.

These challenges need urgent attention to ensure participants receive the quality supports they are entitled to and to secure the future of the workforce and providers who deliver them.

3.1 STRUCTURAL FUNDING CHALLENGES

The current funding model underpinning the NDIS has failed to keep pace with the real-world costs of delivering disability support. Prices have been determined through internal NDIA modelling and policy decisions, without sufficient regard to actual labour costs, inflation, or the complexity of service delivery. This has led to persistent underfunding, wage stagnation, and workforce attrition, while providers have struggled to maintain quality, invest in training, or deliver continuity of care.

The 2023 NDIS Review found that many providers operate with margins too tight to support quality service delivery, creating a fragile and unsustainable market. Workforce shortages are growing, and the cost of providing high-quality, individualised supports is simply not reflected in current pricing.

Unless there is a reset of the scheme's financial settings, providers will continue to leave the sector, workers will seek more stable employment elsewhere, and participants will lose access to consistent and safe support.

3.2 THE NEED FOR INDEPENDENT PRICING

HACSU strongly supports transferring pricing responsibilities to the Independent Health and Aged Care Pricing Authority (IHACPA), in line with the recommendations of the NDIS Review. IHACPA already plays a central role in aged care and public hospital pricing, and its 2024 Review of Disability Support Pricing outlines a comprehensive pathway to reform.

The IHACPA review recommended introducing tiered pricing, regular indexation, and a closer alignment between pricing and actual workforce costs. It noted:

“Current price caps fail to recognise the true cost of providing complex, person-centred supports and discourage providers from investing in staff development, quality assurance, and continuity of care.”

The report also called for greater recognition of the employment conditions required to recruit and retain skilled workers—including enterprise bargaining agreements, penalties, and training time—as essential cost inputs that should be factored into pricing.

When the NDIA sets both prices and manages the scheme's budget, there is an inherent conflict. Moving to truly independent pricing ensures that decisions are transparent, evidence-based, and not compromised by cost-containment priorities. This must include direct engagement with unions, providers, and people with disability to ensure that pricing reflects actual conditions on the ground.

3.3 DIFFERENTIATED PRICING TO REWARD QUALITY

Uniform pricing across the sector does not reflect the diversity of supports required or the varying levels of provider capability. Providers that invest in training, maintain stable employment, and offer high-quality services should not be placed at a disadvantage compared to those operating on gig economy models or with minimal compliance.

IHACPA has acknowledged this issue, recommending pricing that takes into account complexity, workforce practices, and demonstrable quality indicators. As the report notes:

“A one-size-fits-all pricing model fails to support best practice employment and care models and limits the market's ability to reward quality.”

HACSU supports differentiated pricing that recognises providers offering secure, permanent roles, supporting staff development, and delivering services to participants with complex needs.

The current system penalises providers who do the right thing, while low-quality operators are too often able to cut corners and remain viable.

This dynamic is already impacting the sector, as ethical and well-established support providers face unsustainable cost pressures and are forced to reduce services or exit the market altogether. The consequences for participants particularly those with high support needs are already visible in rising complaints, service gaps, & reduced continuity of care.

3.4 IMPLEMENTING THE IHACPA RECOMMENDATIONS

The IHACPA review provides a clear set of reforms that would create a more sustainable pricing framework, yet these recommendations remain unimplemented. HACSU urges the Commonwealth Government to act on the review's findings and to make IHACPA the permanent independent pricing authority for the disability services sector. This would involve:

- Regular reviews of price settings based on inflation, award and EBA increases, and service complexity
- The introduction of pricing differentials for providers that demonstrate high-quality practices
- Ongoing consultation with sector stakeholders to ensure pricing reflects real costs

Without these reforms, the NDIS will continue to drift toward a model driven by cost rather than quality—placing participants and workers at risk.

3.5 MANDATORY PROVIDER REGISTRATION

Mandatory provider registration is a critical step toward improving oversight and lifting standards across the NDIS. Under the current voluntary system, many providers operate outside the regulatory framework, with no requirement to meet minimum employment, training, or safety standards. This has created a fragmented and risky market where worker exploitation and substandard support are more likely to occur.

HACSU supports a staged rollout of mandatory registration for all providers, as recommended by the NDIS Review.


This must include enforceable standards around workforce training, employment conditions, and provider accountability. Participants deserve to know that every provider in the scheme is subject to the same basic rules and oversight.

Registration also creates a level playing field—ensuring that providers who meet higher standards are not undercut by those who operate below the regulatory radar. It provides the foundation for professionalising the sector and protecting both participants and workers.

The NDIS is at a turning point. The system's long-term viability depends on getting the pricing right. The IHACPA review has made it clear that the current approach is not sustainable and does not reflect the real cost of delivering high-quality, person-centred supports.

Implementing the review's recommendations—alongside the introduction of mandatory provider registration—would create a stronger, safer, and fairer system.

HACSU stands ready to support these reforms and work with government, unions, providers, and the community to build the future of disability support in Australia on fairer and more stable foundations.

A woman with short hair and glasses is speaking at a podium. She is wearing a dark top and has her right hand raised near the microphone. The background is a blurred presentation screen. The entire image has a purple tint.

“Without proper registration and oversight... the potential for rights violations, neglect, and abuse remains too high, particularly in supported living arrangements.”

*Director of the Living with Disability Research Centre,
Professor Christine Bigby AO.*



4. Creating a Sustainable Workforce

4.1 A Workforce in Crisis

The disability services sector in Australia is facing a critical workforce crisis, characterised by severe staff shortages and high turnover. Victoria mirrors this national trend, with many service providers struggling to maintain adequate support for participants due to the lack of available workers.

Current estimates reveal a nationwide shortfall of approximately 100,000 disability support workers. Alarming, one in four existing workers surveyed recently by the HSU planned to leave the sector, citing poor pay, inadequate working conditions, limited career progression, and widespread burnout.

With the National Disability Insurance Scheme (NDIS) expected to grow by around 8% annually, concerns about the sector's sustainability are mounting. Support workers, providers, participants, and advocates are all raising the alarm about the system's future.

Disability support workers are the unsung heroes of Australia's care infrastructure. Their roles demand exceptional interpersonal skills, professionalism, sound judgment, and deep responsibility. Yet, their work is often performed in isolation, with limited supervision, few opportunities for professional development, high workloads, and increasing risks to both physical and mental health.

Around 71% of these workers report feeling emotionally drained, with many expressing concerns that underfunding is preventing participants from receiving the quality of support they need. Two in five workers experience burnout regularly, and job insecurity is growing—with over one-third losing hours due to scheduling changes and being pushed into casual or gig-style employment.

This is not easy work. It is often emotionally and physically taxing, complex, and made more challenging by systemic underfunding. Despite these obstacles, many support workers remain in the sector out of a genuine commitment to improving the lives of people with disabilities.

However, this dedication is being pushed to its limits. Without immediate and coordinated action from both State and Federal governments, the disability support workforce risks collapse—along with the quality and safety of care within the NDIS.

4.2 Barriers to Workforce Growth

The disability sector is facing significant workforce challenges, with annual churn rates ranging between 17% and 25%. At the same time, participant numbers have surged to around 680,000—six times more than projected in 2021.

While recent reforms in the aged care and early childhood education and care (ECEC) sectors are commendable, they have also triggered a looming workforce shift.

Many disability support workers are being drawn to these allied sectors, where they are offered better pay, improved working conditions, and greater recognition.

DIRECT IMPROVEMENTS TO WAGES & CONDITIONS (Albanese Government)

Disability Sector	\$0
Aged Care Work Value Case	\$3,600,000,000
Early Childhood Wage Justice	\$15,100,000,000

This trend creates a challenging industrial environment for employers in the disability sector. The workforce is highly skilled, yet increasingly difficult to retain as better opportunities arise in mental health, aged care, and early childhood education.

4.3 Bargaining in the disability sector:

STRUCTURAL BARRIERS TO BARGAINING

The current funding and pricing settings in the NDIS make bargaining in the disability sector challenging for employers and workers. The National Disability Insurance Agency (NDIA) through the NDIS DSW Cost Model has reappropriated the SCHADS Award as a ceiling on wages and conditions across the disability sector.

This is because the NDIA uses the Cost Model to determine price limits on supports delivered by DSWs — and the Cost Model assumes support workers are employed to the Award. This has contributed to a relatively high level of Award dependency in the disability services sector and low levels of participation in bargaining. Even where enterprise agreements are able to be bargained, the wage rates negotiated very rarely exceed those under the Award due to these constraints.

Without an independent review of NDIS pricing, funding will remain tied to the SCHADS Award, effectively placing a ceiling on wages and conditions. This makes enterprise bargaining financially unfeasible for many support providers, who are unable to absorb costs associated with improving wages and conditions, leading to non-compliance or service closures. No other sector in the country operates under such restrictive wage caps—particularly not those facing acute labour shortages. This must be urgently addressed.

To ensure sustainability, employers need support to pursue enterprise bargaining that allows for pay and conditions above the Award. Without this support, more providers will be forced to shut down, workers will continue to leave the sector en masse, and the viability of the entire NDIS system will be at increasing risk.



4.4 The way forward:

multi-employer bargaining

Better outcomes for Participants, Support Workers, and Employers.

When disability support workers are equipped with the right skills, adequate time, proper tools, and genuine encouragement, they have the power to significantly enhance the lives of those they support.

A multi-employer agreement (MEA) supported by funding made available through a NDIS Workforce Compact could allow employers and their workers to negotiate improved wages and conditions beyond the minimum Award terms—without shifting the financial burden to the people receiving support. This would enable providers to focus on delivering better outcomes and building and maintaining a well-trained, motivated and adequately compensated workforce.

Such an agreement between employers and unions could address several important issues for providers and the workforce. For example, increasing pay scales and adding more progression points would help retain experienced workers and acknowledge those with specialised expertise. People accessing services would also benefit from more choice, including the ability to select workers who understand their cultural and emotional needs, along with support for making informed decisions.

Strengthening staffing levels and ensuring proper supervision could lead to safer, more person-centred care. Developing clear career pathways, paired with incentives for training in human rights-focused practices, would encourage ongoing professional growth. Supporting innovation and skill-building through paid apprenticeships and guaranteed access to professional development hours would further raise the standard of care.

Providing stable and secure employment would help to ensure consistent support for participants. Meanwhile, funding for essential tasks like administrative duties, team handovers, and staff meetings—as well as improving sleepover arrangements—would support stronger collaboration and higher-quality services. Lastly, promoting accessible work environments and real job opportunities for people with disabilities would make the sector more inclusive and reflective of the communities it serves.



4.5 A new opportunity: the supported bargaining stream

Supported bargaining is a new stream of bargaining introduced by the Albanese Labor Government through the 'Secure Jobs, Better Pay' amendments to the Fair Work Act, replacing the previous 'low-paid bargaining stream'.

The supported bargaining stream is designed to assist and encourage employers and their employees who may, for various reasons, find it difficult to bargain at a single-enterprise level.

Under these new provisions, the Fair Work Commission is required to make a supported bargaining authorisation if it is satisfied that it is appropriate for the relevant employers and employees to bargain together when considering:

- the prevailing pay and conditions in the relevant industry/sector, including whether low rates of pay prevail in the industry or sector
- whether the employers have clearly identifiable common interests (which may include geographic location, the nature of the enterprises to which the agreement will relate, the terms and conditions of employment in those enterprises, and whether they are substantially funded, directly or indirectly, by the Commonwealth, a State or a Territory)
- whether the likely number of bargaining representatives is manageable, and
- any other matters the Commission considers appropriate.

Supported bargaining is aimed at reducing the barriers for employers and their employees to access multi-enterprise bargaining, with enhanced support available throughout the process from the Fair Work Commission.

When a supported bargaining agreement is made and approved by the Commission, **the agreement may then be varied to cover additional employers and their employees**, subject to certain conditions. A variation may be made jointly by the employers and their employees and approved by the Commission.

The supported bargaining stream provides a new opportunity for providers and workers in the disability services sector to bargain effectively with the involvement of the Commonwealth, given their role as the primary funder of disability services via the NDIS.

The involvement of the funder is critical given the financial constraints imposed by the NDIS pricing model, which have meant employers in the sector have traditionally lacked the capability to offer above-Award wages and conditions to their employees.

Employers and unions in the Early Childhood Education and Care (ECEC) sector have successfully used supported bargaining to negotiate a national multi-employer agreement which has opened up an additional funding stream to providers who sign up to the deal.

HACSU believes that employers and workers in the disability sector stand to benefit from harnessing the opportunity presented by supported bargaining to address the systemic funding and workforce issues our sector faces in collaboration with unions, workers and advocacy groups.



4.6 HACSU Disability members are leading the way

HACSU has successfully applied for two supported bargaining authorisations in the sector, including the first ever contested authorisation made by the Fair Work Commission.

1

MEA GROUP AUTHORISATION

(4 Oct, 2024)

21 Disability Services Providers who were covered by an existing multi-employer agreement.

Consent-based application: this group of employers supported the making of the application for a supported bargaining authorisation.

In both cases, the Commission found it appropriate that these groups of employers and their employees bargain together. The Commission also agreed with HACSU that the making of these supported bargaining authorisations would open the prospect of improving rates of pay in a female-dominated workforce, consistent with the objective of achieving gender equity.

2

ZOMBIE EMPLOYERS AUTHORISATION

(1 Jul, 2025)

10 Disability Services Providers who had 'zombie agreements'.

Contested application: this group did not support the making of the application for a supported bargaining authorisation.

The Commission also found the prospect of involving the Commonwealth in the negotiations through the additional powers available under the supported bargaining stream to be important given the reliance of the sector on NDIS funding.

HACSU intend to use these authorisations to negotiate multi-employer agreements with employers that contain improved wages and benefits to attract and retain a skilled disability workforce. The participation of the Commonwealth will be critical to the success of these processes.

However, for employers and unions to utilise supported bargaining effectively in our sector, **a new funding mechanism** must be established to support these negotiated outcomes.

5. The fix: An NDIS Workforce Compact

A Workforce Compact would support registered disability service providers of Core Supports who agree to improved wages and working conditions with an additional stream of funding—essential steps to attracting and retaining skilled workers and ensuring high-quality care and support.

HACSU believes that the Commonwealth must commit to funding an NDIS \$900 million Workforce Compact. To ensure that participants are not financially disadvantaged, NDIS plans should be indexed to reflect the increased funding. This way, participants won't face higher costs simply because investments are being made in the workers who provide their support.

A \$5 per hour subsidy should be provided for registered providers of Core Supports. This subsidy would enable providers to negotiate better working conditions, which would in turn raise the standard of care. This should be paid on top of existing price limits to ensure:

- Greater choice and quality of services for people with disabilities,
- Financial sustainability for registered employers, and
- Stronger career pathways for disability support workers.

Targeted Funding to Support Good Employers and Foster Sustainability

Disability employers should be encouraged and supported to do the right thing by participants and their workforce. Remaining sustainable should not come at the cost of providing active support or investing in a supported, stable and safe workforce.

An NDIS Workforce Compact is not an unlimited funding guarantee, nor should it be treated as such. As efforts continue to realign the NDIS with its intended goals, every dollar invested above the Award must provide meaningful benefits for both workers and participants.

The Workforce Compact carries conditions to ensure that providers respect the human rights of participants and that any additional funding leads to better outcomes, as well as stronger workforce attraction and retention. The scope of the Workforce Compact would be carefully defined and limited:

- **Registered, Employing Providers:** so the NDIS Commission has oversight to support quality and safety. Only those providers that take the extra steps to support participant safety – and register – would be eligible for extra funding.
- **Providers of Core Supports:** where the greatest acute workforce needs are, and where issues are less likely to be resolved in changes to foundational supports.
- **Providers with an Enterprise Agreement:** Bargaining adds another layer of accountability – that funding flows towards working conditions and providing workers an opportunity to have a fair say in their workplace. This can be any sort of Enterprise Agreement – such as a single enterprise agreement, or a multi-employer agreement.

How would a Workforce Compact work?

1. FUNDING POOL SET UP

By DSS for improved working conditions, overseen by a sector and lived experience advisory group.

2. PROVIDERS APPLY

For additional funding to improve conditions, quality of supports.

3. PROVIDERS PAID

\$5 an hour as a grant, additional to each hour NDIS supports delivered.

4. PROVIDERS PAY

\$5 to workers in improved wages and/or conditions.

5. PROVIDERS REPORT

Reporting on use of funds through reporting cycles.



6. Embedding Quality Supports

A professionalised workforce leads to better quality support outcomes.

The success of the NDIS hinges on the people who deliver its services.

Without a professional, stable, and well-trained workforce, even the best-designed policy and funding mechanisms will fail to deliver quality outcomes for participants.

High-quality supports are only possible when services are staffed by skilled, committed workers who are valued, adequately supported, and held to clear and consistent standards. To deliver on this vision, the disability sector must be professionalised—underpinned by robust frameworks for registration, qualifications, and best practice.

6.1 Mandatory Worker Registration

Mandatory registration of disability support workers is a pivotal reform—long overdue and backed by both the NDIS Provider and Worker Registration Taskforce and the 2023 Independent Review of the NDIS. Registration is the gateway to professionalisation.

It ensures that all workers meet minimum standards of competence, safety, and conduct and are subject to ongoing professional development

(CPD) requirements that keep skills current and aligned with sector needs.

Registration creates a foundation for accountability. It allows for centralised oversight of workforce quality, enables better workforce planning, and gives participants greater confidence in the care they receive. Critically, it formalises a professional identity for support workers—placing disability support on par with other essential care sectors such as nursing and aged care, where registration is standard.

Mandatory registration also supports portability and mobility across jurisdictions and services. It reduces fragmentation, sets nationally consistent expectations, and improves transparency for employers and participants alike.

Victoria is uniquely positioned to lead this reform. With the Victorian Disability Worker Commission already in operation, HACSU proposes a twelve-month pilot of mandatory registration in Victoria.

This pilot would enable careful, consultative implementation—grounded in the lived experience of workers and participants—and provide a model for national rollout.

6.2 Creating a Qualified and Skilled Workforce

A professional workforce must also be a qualified one. HACSU supports the Certificate IV in Disability as the minimum qualification standard for all new and existing frontline support workers.

This position is backed by Humanability's 2023 research, which found Certificate IV-qualified workers demonstrated greater confidence, improved participant outcomes, and stronger readiness to respond to complex support needs.

However, qualification cannot be a one-off event. The sector needs accessible and relevant pathways to advanced training. HACSU calls for urgent reform of the Advanced Diploma in Disability—reframing it as a leadership qualification aligned to frontline practice, complex behavioural support, and supervisory roles.

All training must be accessible. Maintaining and expanding free TAFE places is essential to ensure new entrants and current staff can build careers without financial barriers. Public promotion of disability-specific qualifications will also help lift the profile of the profession and attract new talent to the sector.



6.3 Earn & Learn: Removing Barriers to Support a Skilled Workforce

To improve qualification completion rates and address critical workforce shortages, HACSU and the HSU nationally support the introduction of an “Earn and Learn” scheme for disability support.

This model—already successful in the nursing and teaching sectors—would allow workers to earn an income while undertaking accredited training.

Such a scheme is vital for supporting low-income, migrant, and underrepresented communities, as well as career changers. It would help build a diverse and committed workforce and address the equity gap in access to training. It also offers an immediate retention strategy, helping current workers to upskill without stepping away from the sector.

6.4 Getting shared living right

Supported Independent Living (SIL) is a vital part of the disability support landscape. When delivered well, SIL provides a model of support that promotes independence, routine, choice, and long-term relationships between participants and staff.

Professor Christine Bigby's longitudinal research at La Trobe University has shown that high-quality shared living can foster strong social connections, enduring staff relationships, and a deep sense of autonomy for people with disability. HACSU and our members believe people with a disability should have choice and control when it comes to their living arrangements.

Rather than being defunded or de-prioritised, SIL needs to be enhanced—particularly through embedding robust practice standards and workforce investment. Despite the existence of NDIS Practice Standards, their inconsistent application undermines the quality and reliability of SIL services. Standards must be integrated into the daily operations of providers and reflected in frontline worker training. They must be clear, enforceable, and tailored to the distinct needs of participants in shared living arrangements.

Quality in SIL services starts with stability. Workforce turnover, casualisation, and lack of practice leadership all degrade the participant experience. Investments in secure employment, ongoing professional development, and training in active support and community participation are essential to realising the potential of SIL.

Bigby’s research also cautions against one-size-fits-all approaches. For participants with high or complex needs, shared living often offers unique benefits: predictability, companionship, and an environment tailored to their routines and preferences. Dismantling or disinvesting in SIL risks disempowering these individuals. Instead, we must empower them—by embedding quality, ensuring choice and control, and elevating SIL to the standard participants deserve.

The pathway to high-quality NDIS supports lies in workforce reform. Through mandatory registration, minimum qualifications, accessible training, and evidence-informed practice in core settings like SIL, we can deliver the services that participants deserve. Victoria has the infrastructure and leadership to drive this transformation—setting the standard for a national system built on professionalism, consistency, and care.



6.5 Supporting Frontline Practice Leadership

The quality of life for people with disability in supported accommodation is not determined solely by funding levels or compliance with regulations. It depends on the daily relationships that shape their experience and on the leadership that enables those relationships to flourish.

Across Victoria’s Supported Independent Living (SIL) services, a clear pattern has emerged. Where there is consistent, on-site leadership, participants experience better outcomes and support workers are more confident, capable, and connected to their work. Where leadership is stretched across multiple houses or absent altogether, the risk of harm increases and the support environment deteriorates.

Embedding strong, house-based leadership into the core of disability service delivery is not an optional enhancement. It is a structural necessity for ensuring rights-based practice, improving workforce conditions, and reducing systemic risk. A one-to-one house supervisor model, where each group home has a dedicated and accountable frontline leader, is essential to creating homes that are safe, responsive, and genuinely person-centred.

People living in group homes deserve more than logistical supervision. They need leadership that is visible, present, and deeply attuned to their individual needs. A house supervisor who is based on-site and knows participants well can identify early changes in mood or behaviour, respond quickly to emerging issues, and prevent incidents before they escalate.



Their leadership shows up in the details: meals tailored to personal preferences, routines that reflect individual interests, properly followed behaviour support plans, and reliable coordination of healthcare. This kind of attentive, relational leadership cannot be delivered remotely. When supervisors are responsible for multiple houses, critical decisions are delayed, workers are unsupported, and participants bear the consequences.

This aligns with findings from the Disability Royal Commission, which identified poor oversight and the absence of local leadership as contributing factors in multiple cases of neglect and harm. The Commission's Final Report recommended clearer local accountability and greater authority for frontline leaders to act preventatively and responsively in the interests of participants.

Support workers are required to exercise considerable skill and judgment in complex environments. They provide medication, manage communication plans, support emotional regulation, and respond to crises, often with minimal oversight. Despite this, many are expected to manage these responsibilities without meaningful, day-to-day leadership.



When each house has its own supervisor—someone who understands the dynamics of the home, has oversight of the roster, and is trusted to make operational decisions—support workers themselves feel supported.

Real-time feedback, in-the-moment debriefing, and proactive guidance reduce burnout and help maintain consistent, high-quality care. Longitudinal research led by Professor Christine Bigby has shown that this form of

consistent, embedded leadership enhances staff performance and retention, while also strengthening practice quality. Bigby and her colleagues describe it as “practice leadership”: a type of frontline supervision that models good practice, builds skills through coaching, and ensures that support is truly person-centred. In the absence of this kind of leadership, services tend to become reactive. Staff turnover increases, and the culture of support erodes.

Providers operating under the NDIS Quality and Safeguards Commission are expected to deliver care that is both high-quality and accountable. This includes compliance with incident management procedures, behaviour support requirements, and restrictive practices authorisation.

These obligations are difficult—if not impossible—to meet when supervisors are stretched across multiple sites. A house-based supervisor is better positioned to identify risk, track emerging patterns, follow up on incidents, and ensure that restrictive practices are reviewed and phased out. They are close enough to detect concerns early, work collaboratively with families and clinicians, and maintain strong daily oversight.

This echoes the findings of the 2024 NDIS Review, which recommended greater investment in on-site leadership as a critical enabler of quality and safety. The Review found that meaningful quality assurance does not happen in audit reports alone but in the everyday decisions and actions of staff who are well-supported and clearly led.

Sector research has been unequivocal. In studies by Bigby, Knox, and Bould (2022), houses with effective, house-based practice leadership were more likely to achieve active engagement for residents, maintain consistent routines, and build strong family trust. Where this leadership was absent, services drifted toward passive support, with poorer outcomes for participants.

We do not need further pilots or inquiries to confirm what already works. The evidence is robust and consistent. What is required now is policy and funding reform to ensure that every group home has access to the staffing structure that supports best practice. A dedicated house supervisor is not a luxury. It is a foundational requirement for delivering safe, respectful, and high-quality support to people with disability.



7. Addressing Gender Inequities

In the disability support sector in Australia, women make up a substantial majority, accounting for approximately 70% of the workforce.

This figure stands in stark contrast to the overall Australian workforce, where women represent only about 46%. The overrepresentation of women in this sector underscores the importance of the sector responding to gender inequities to ensure that the workforce can recruit and importantly retain the skilled corporate knowledge found within the disability sector.

A notable trend emerges when examining the types of employment contracts across organisations with differing gender compositions. Workplaces with a larger proportion of female staff are more likely to rely on casual employment arrangements. In contrast, organisations dominated by male workers tend to offer more secure positions, with just 22% of employees engaged on a casual basis.

To illustrate, in businesses where women constitute roughly 75% of the staff—a figure only slightly above the average for the disability sector—the split between job types is relatively even. Around 50% of workers are employed casually, while about 47% hold permanent roles.

This contrasts sharply with male-majority workplaces, where permanent positions are more prevalent, pointing to a disparity in job stability linked to workforce gender composition.

These patterns suggest that sectors with a predominantly female workforce are more susceptible to insecure work conditions. This trend raises important questions about equality and fairness in employment practices, particularly in vital service areas like disability care, where job security and continuity can have a direct impact on service quality of participants.

To reduce instances of workforce churn and to attract workers to the sector, it is imperative that the corporate and industrial framework that supports the NDIS considers issue of gender.

7.1 Supporting Reproductive Health

Every year Australian businesses lose approximately \$21.3 billion due to lost productivity related to workers managing reproductive health and wellbeing conditions.

While not exclusively experienced by women, reproductive issues impact significantly on women in the workforce.

Women are often forced to utilise paid and unpaid personal leave because of reproductive health issues. Access to paid reproductive health leave for all employees experiencing reproductive health issues increases workforce participation, reduces the gender pay gap, and reduces the superannuation gender pay gap at retirement.

For many women, small adjustments to working arrangements that assist in accessing treatment or alleviating symptoms associated with reproductive issues can improve their working lives without the need for employees to take extra leave.

For example, a reasonable and flexible start time could allow persons experiencing sleep disturbances to manage burnout and exhaustion without losing an entire day to personal leave.

We want to see a consistent 12 days of paid reproductive health leave made available to all workers through the National Employment Standards (NES).

Paid reproductive health leave is good for productivity

It is estimated that the annual net cost of 12 days reproductive health and wellbeing leave would be \$1.7 billion nationally, which is the equivalent of only \$140 per year per employed worker. This means that the productivity costs across society are nearly 10 times the cost of this policy: \$1.7b in net costs to alleviate the negative effects of \$21.3b in lost productivity.

Paid reproductive health leave won't eradicate these conditions, but it will support workers affected by health challenges and bring far greater equity into the workforce, at a fraction of the cost that employers are currently experiencing from lost productivity.

Reproductive health leave in HACSU enterprise agreements

Since 2020, HACSU have been campaigning to ensure all workers, regardless of their reproductive health challenges, can fully and meaningfully participate in work, and in turn are afforded the social and economic security they rightfully deserve.

Alongside our campaign to see reproductive health leave enshrined in the NES, HACSU have been negotiating the inclusion of reproductive health leave clauses in enterprise agreements right across the disability sector.

As of July 2025, there are 10 Victorian disability services providers that offer some form of paid reproductive health leave to their employees through an enterprise agreement – with one provider offering the full 12 days paid reproductive health leave entitlement.

7.2 HACSU Model Clause

XX. Reproductive Health Leave

XX.1 DEFINITION:

- a) For the purposes of this clause, reproductive health matter includes (but is not limited to) any condition or issue relating to menstruation, perimenopause, menopause, polycystic ovarian syndrome, endometriosis, hormone therapy, pregnancy and pregnancy-related issues, fertility-related issues, in vitro fertilisation (IVF) and other forms of assisted reproductive treatment, vasectomy, hysterectomy, birth control measures, D&C and terminations, cancers of the reproductive system, breast, cervical and prostate cancer screening, or any other condition related to reproductive health that causes excessive pain or excessive bleeding.

XX.2 AMOUNT AND USE OF REPRODUCTIVE HEALTH LEAVE:

- a) An employee is entitled to up to 12 days paid reproductive health leave per annum for the purpose of attending and recovering from appointments and treatments for a reproductive health matter and/or management of ill health/symptoms related to a reproductive health matter.
- b) Reproductive health leave is non-cumulative and can be taken in part-days, single days, or consecutive days.
- c) Reproductive health leave is in addition to paid personal/carer's leave and other leave entitlements. Employees are not required to have exhausted other leave types prior to accessing reproductive health leave.

XX.3 NOTICE AND EVIDENCE REQUIREMENTS:

- a) The employee shall give the employer notice as soon as reasonably practicable when accessing leave under this clause.
- b) An employee may be required to provide reasonable evidence that leave taken under this clause was for a purpose described at XX.2(a). Such evidence may be a document issued by a doctor or other treating health professional (including a medical certificate) or a statutory declaration. This could also include a standing medical certificate.

XX.4 FLEXIBLE WORKING ARRANGEMENTS:

- a) This clause supplements the entitlement to request flexible working arrangements pursuant to clause XX of this Agreement.
- b) In order to provide support to an employee to manage and/or alleviate symptoms relating to a reproductive health matter and to provide a safe work environment, the employer will approve any reasonable request for flexible working arrangements from an employee, including but not limited to:
 - the right to work from home where practicable;
 - flexible working hours;
 - reasonable changes to the work environment to alleviate symptoms or facilitate treatment/recovery;
 - provision of longer or more frequent breaks;
 - the ability to rest in a quiet area within the workplace; and
 - the right to access reasonable unpaid leave.

2025 HACSU Women's Forum

Wednesday 5 March 2025

HACSU Women's Forum



7.3 Addressing Violence, Aggression, and Sexual Harassment

In the Care Sector

As it stands, there are vast gaps in the health and caring sector's response to occupational violence, aggression, gendered violence, and sexual harassment in the workplace.

Worksafe Victoria notes that **a staggering 84% of disability support workers had experienced work-related violence in the past 12 months** with 33% experiencing incidents every week, every day or several times a day. The vast majority of incidents are related to participants.

Of great concern is that more often than not, workers are at detriment by reporting. They are redirected from the workplace, they are victim blamed or there is little to no response offered by employers who have no obligation to have standardised general awareness training for all workers, a prevention response, or an early-intervention response.

Policies differ across services and employers have not been financially supported to offer a safe workplace free from gendered violence and sexual harassment – even though by federal law they have a legal obligation to do so. The reality is this is not currently possible at any Victorian disability service.

A WOMAN'S
PLACE IS IN
HER UNION

Recommendations

1. Universal Training for Disability Workers

1.1. Fund Mandatory Training

The Victorian Government and the National Disability Insurance Scheme should fund and implement general awareness training as a standard on induction and a further 12 month refresher requirement for all disability workers.

1.2. Training Delivery Methods

Training should be delivered through a combination of face-to-face sessions and Learning Management Systems (LMS) to ensure accessibility and engagement.

1.3. Comprehensive Content Coverage

Training should cover:

- Creating safe and supportive workplaces
- Responding appropriately to disclosures
- Managing vicarious trauma
- Understanding and meeting prevention obligations
- Early-intervention response
- Obligations of workers, employers, and duty of care to patients, participants, and consumers

1.4. Industrial Support for Training Initiatives

Disability employers and the NES should embed and support these training initiatives industrially in all enterprise bargaining agreements (EBAs) across health and caring services.

1.5. Alignment with National Guidelines

Training content and structure should be based on the Australian National University Recommendations, released in May 2025 as part of the Worksafe Workwell Breaking the Silence Project.

2.2. Collaborative Development with Existing Initiatives

The government should collaborate with HACSU, Yooralla, and Possability to fund and rollout the completed Breaking the Silence Project to integrate established knowledge, procedures, training packages, and interventions into standard practice.

2.3. Safer Disclosure Mechanisms and Reasonable Adjustments

- Implement safer disclosure mechanisms within all relevant organisations
- Provide funding for employers to make reasonable workplace adjustments, acknowledging that prevention is often best achieved by increasing staffing levels

2.4. Dedicated Funding Support

Introduce earmarked block funding for health and caring sector employers to support the provision of reasonable adjustments for staff where required.

2.5. Visual Recognition of Training Completion

Introduce visible site-based identifiers (e.g. badges or uniforms) for workers who have completed the training—modelled on the Bluehats construction program—to foster a culture of safety and awareness.

2.6. Development of a Sector-Specific Compliance Code

WorkSafe should immediately begin consultation with key stakeholders—including mental health, AOD, disability, aged care, emergency services workforces, and their respective unions—to develop a sector-specific compliance code.

2. Standardised and Enforceable Prevention & Early-Intervention Measures

2.1. Sector-Wide Implementation

The Victorian Government and the NDIS should mandate the implementation of standardised and enforceable prevention and early-intervention responses across all:

- Victorian public hospitals
- Disability services
- Aged care providers
- Alcohol and other drug (AOD) services
- Community health providers
- Emergency services

The Breaking the Silence program should be funded for a national rollout across general health, midwifery, mental health, disability, aged care, AOD, and emergency services settings to embed prevention strategies tailored to our sector.

It provides a purpose-built, early-intervention response for workers, employers, and unions to help reduce instances of occupational violence, aggression, gendered violence, and sexual harassment in health and care settings.



8. Victoria can lead the way

8.1 Protecting the Victorian “Gold Standard”

The Victorian Labor Government, led by Daniel Andrews, did not privatise the disability sector in the traditional sense of selling off public assets.

However, the implementation of the National Disability Insurance Scheme (NDIS) under his leadership brought about a significant structural transformation — one widely regarded as a form of functional privatisation.

As part of the NDIS rollout, the Victorian Government **withdrew from direct service delivery**, closing or outsourcing publicly run group homes and day programs. Thousands of staff from the Department of Health and Human Services (DHHS) were either redeployed to non-government organisations or left the sector altogether.

Services that were once state-operated were handed over to private and community providers. Although these services remain publicly funded through the NDIS, they are no longer publicly delivered — a shift many describe as **“privatisation by outsourcing.”**

This transition has often been referred to as **“privatisation by stealth,”** as it dismantled the state’s role in delivering disability services without a transparent public debate.

The impact has left Victorian providers in a highly precarious position — particularly in maintaining the wages, conditions, and safeguards established under the **Disability Services Enterprise Agreement (DSEAV)**.

8.2 Impact on Service Quality and Workforce Stability

Victoria has long had the **lowest rate of workforce churn** in the country. This stability was driven by the strong conditions enshrined in the DSEAV, which guaranteed:

- Competitive wages
- Minimum training requirements
- Paid supervision and house meetings
- A dedicated house supervisor for every Supported Independent Living (SIL) home

These conditions enabled the sector to retain highly skilled, experienced professionals and maintain a high standard of care and oversight for people with disabilities.

To support this, the Andrews and Allan Labor Governments provided a **\$2bil transitional subsidy** over an eight-year period, allowing providers to continue offering the DSEAV's higher wages and staffing conditions under the new NDIS market framework.

8.3 2025's Impending Crisis: a Call to Action

This critical subsidy is scheduled to end in December 2025. Without further action, the consequences will be severe:

- Over 7,000 disability support workers face being moved to lower award-based conditions
- Key safety and quality measures—including mandatory training and house supervisors—are at risk of being dismantled
- Providers may be unable to sustain the same level of oversight, training, and supervision
- Most importantly, people with disabilities across Victoria may face a significant drop in the quality and consistency of their support

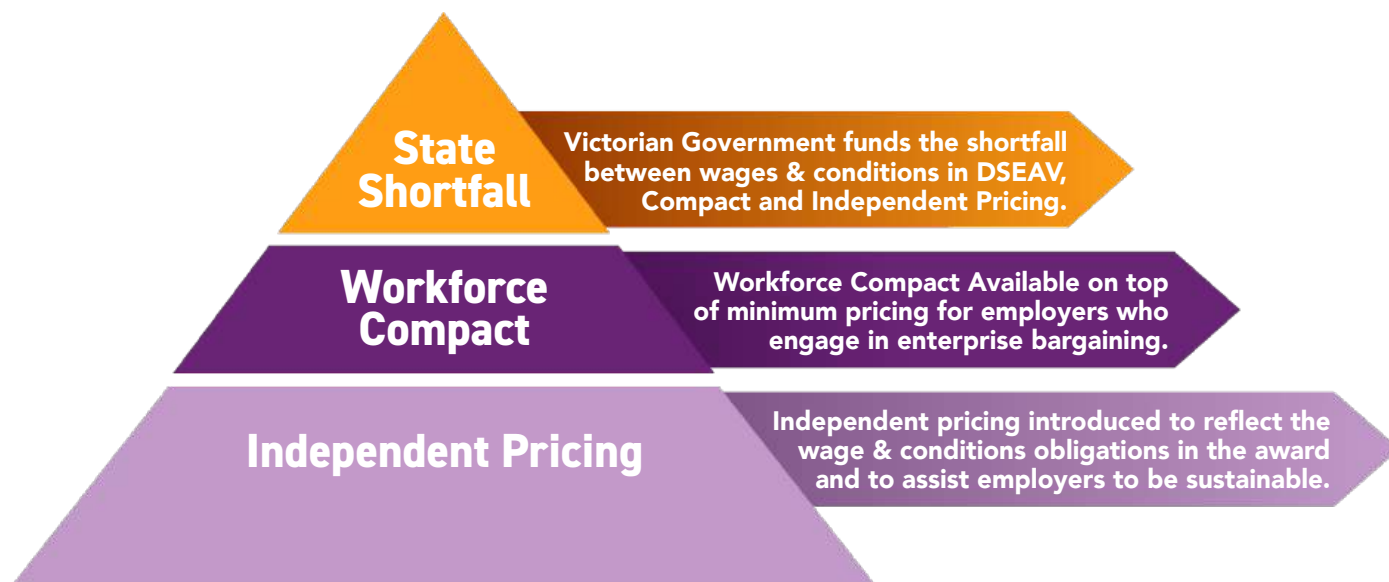
The Victorian Government must urgently act to prevent this cliff-edge scenario. Without a sustainable funding solution, the sector risks losing its skilled workforce, and thousands of participants may be left without the **high-quality, reliable care** they deserve. Maintaining the conditions that have underpinned Victoria's leadership in disability services is essential — not only for workers, but for the people and communities they support every day.

To ensure that there is not a mass exodus of disability support workers into the aged care, mental health and early childhood sectors the Allan Labor government must support the Victorian sector by funding the wages and conditions shortfall leftover after the establishment of the federally-funded **NDIS Workforce Compact**.



8.4 A roadmap for funding Victoria's disability workforce

DSEAV Funding Model



Investing in Education and Training

The 2021 National Disability Services (NDS) report has indicated that we must draw on the knowledge and experience of participants, providers, and workers to co-design scheme improvements.

At present there is no central organisation in Victoria that has the capacity to connect disability support workers and providers to allow them to share information, learnings, resources, policies and procedures, expertise, community of practice, practice expertise, and training or to guide best practice.

Currently this occurs informally and haphazardly by disability professionals and disability providers, and commonly using investigation processes, rather than through a supportive framework of learning and development.

HACSU believes that the establishment of the country's first Disability Centre of Learning would have immeasurable benefits for the workforce, disability providers, and the people they support, in delivering best practice education and support.

A DISABILITY CENTRE OF LEARNING WOULD:

- Reduce replication amongst disability providers to develop best practice guidelines.
- Allow for common issues across the Victorian disability sector to be easily identified and centralised.
- Provide key deliverables of skills training and education, including delivering community of practice sessions.
- Provide specialist supervision, advice, and support to employers and disability specialists.
- Provide consistent advice and support in specialist areas of health and behaviour support.
- Provide accredited training for key subjects and refreshers which should be accessed by disability support professionals and providers as needed.
- Specific health management units to be taught generally and to specific individual support plans, including behaviours of concern, dual diagnosis of mental ill-health and disability, dementia, medication administration, manual handling, bowel care, meal assistance plans (nutrition and swallowing), epilepsy management, asthma, anaphylaxis, and sleep apnoea. This should form the basis of a formalised CPD program.

A Lived Experience Cadetship Program

Implementing a Lived Experience of Disability Cadetship Program within the Victorian disability sector would create meaningful pathways for people with disabilities to contribute their unique insights and expertise to service design, delivery, and governance.

Such a program would offer structured, paid placements across government departments, community organisations, and service providers, recognising lived experience as a valuable form of professional knowledge. It would not only support workforce diversity and inclusion but also ensure that policy and practice are shaped by those who understand the system firsthand.

Embedding lived experience at all levels of the sector helps drive more responsive, person-centred supports, while challenging systemic barriers and ableist assumptions about people with disabilities.



Strengthening the Victorian Disability Worker Commission

The Victorian Disability Worker Commission (VDWC) was established to improve the safety, quality, and professionalism of the disability workforce in Victoria, particularly in response to growing concerns about abuse, neglect, and gaps in oversight under the NDIS.

While the NDIS Quality and Safeguards Commission is the national regulator for NDIS services, it primarily focuses on registered providers, leaving significant regulatory gaps—especially for unregistered providers and individual workers, who make up a large portion of the Victorian disability sector.

In response, the Victorian Government created the VDWC through the Disability Service Safeguards Act 2019 (Vic), following recommendations from inquiries such as the 2016 Victorian Parliament's Inquiry into Abuse

in Disability Services and ongoing advocacy from people with disabilities, families, and HACSU. The VDWC has faced criticism for not having enough powers to adequately support participants, disability support workers and employers alike.

Unfortunately, it has never been properly funded because of a combination of structural, political, and policy assumptions: that the federal government is responsible for the wellbeing of Victorian workers and Victorian participants; that voluntary registration reduces the need for investment; and that market-based regulation will suffice.

However, growing risks in the sector highlight the need to rethink and reinvest in this vital state-based safeguard.

Scrapping Voluntary Registration for a Positive Worker Registration Model

The VDWC currently operates a voluntary registration scheme for disability workers. Without mandatory registration, uptake has been limited, reducing the Commission’s direct oversight of the workforce.

This may have contributed to underinvestment, as the system lacks full reach and enforcement power, and successive governments may have questioned the return on investment.

It is HACSU’s position that Victoria is best-placed to pilot a trial of mandatory registration given the existing infrastructure already in place which supports the current voluntary system.

What would worker registration look like?

ENSURED BY THE REGISTRAR: ACTS AS A ONE-STOP SHOP FOR ENSURING WORKER QUALITY.



Safety & Accountability

- Public register of workers (e.g. AHPRA)
- Screening all workers
- Professional indemnity insurance cover required
- Powers to investigate breaches of standards, with rights to procedural fairness



Professional Standards

- Worker code of practice
- Registrar accredits RTOs, links to expedited RPL
- Defines a protected title (e.g. “registered support worker”)



Risk-Proportionate Training Requirements

- Workers have a minimum qualification on entry or supported to attain it over time (e.g. through funded stackable training)
- Entitlement to 10hrs annual professional development
- Registrar records workers’ training, investigates providers that deny training leave

Tiered registration requirements, proportionate to risk.

	SCREENING	PUBLIC REGISTER	QUALIFICATION	CPD	PROTECTED TITLE
LOWER-RISK SUPPORTS (e.g. gardening)	✓	✗	✗	✗	✗
DISABILITY SUPPORT WORKERS	✓	✓	✓	✓	✓
ADVANCED SUPPORT WORKERS	✓	✓	✓	✓	✓
INTERMEDIARIES (e.g. Navigators)	✓	✓	✓	✓	✓

Multiple pathways to registration.

Workers would only need to complete a Certificate over time. A worker with comparable workforce, training, or lived experience might not need to complete a Cert IV. Similar pathways exist in VIC’s worker registration scheme:

PATHWAY	FOR WORKERS WITH...
QUALIFICATION	Cert IV in Disability. Incl. recognition of other equivalent registrations (e.g. AHPRA).
PROFESSIONAL EXPERIENCE	Equivalent workforce experience.
TRAINING EXPERIENCE	Equivalent training experience.
LIVED EXPERIENCE	Equivalent lived experience.
COMBINED	A combination of any of the above

Most NDIS workers already have at least a Certificate III (93%, 81% at least a Certificate IV - HSU). Both the Certificate III in Individual Support and Certificate IV in Disability already qualify for fee-free TAFE nationwide.

Worker registration supports career pathways, higher pay, workforce retention.

PAY & CONDITIONS	QUALITY OF SUPPORTS	WORKER ATTRACTION & RETENTION	CHOICE & CONTROL
<ul style="list-style-type: none"> • All workers entitled to ongoing training. • Higher rates of qualification make pay rises easier to achieve. • Safer staffing ratios, better client matching can be easily linked to skills profiles. • Supports career pathways, higher qualifications, skills progression, & graduated classification structures. • Greater job satisfaction. • Higher skills in staff reduce workplace injury & violence. 	<ul style="list-style-type: none"> • A guaranteed minimum standard for workers, consistency of quality. • Better outcomes, sharing of best practice as workers continually upskill. • Increase public confidence in the NDIS • Values disability services as requiring skilled workers. • Appropriate staffing, matching means clients get maximum value from supports. • Complex care delivered with less risk. 	<ul style="list-style-type: none"> • Professionalises support work, increases community recognition, presents it as a career of choice. • Long-term impacts on career progression, pay and conditions reduce workforce churn. • Provider savings on recruitment, induction, supervision & training. • Supports positive supervision, practice review and workforce retention. • Expands the skills base of the sector and improves workforce mobility. • A central record of skills improves workforce planning. 	<ul style="list-style-type: none"> • Greater access to skilled workers. • Workers can easily market skills to participants. • Easier to find workers who are the best fit. • Accountability and transparency through a public register strengthens safeguards. • Opportunities for co-designed training by people with disability.

Training:

Worker Orientation: Module explains code of conduct. Mandatory in registered providers.

Cert III in Individual Support: Stepping stone to Cert IV. Mobility with Aged Care.

Cert IV in Disability: Workers have a Cert IV on entry/attain over time.

Career Progression: Workers complete CPD → higher diplomas, specialisation.



Wages & Career Progression:

Entry Pay Rate:
Entry point of SACS 2.1 (\$32.21 per hour).

Certificate IV Qualified Rate:
Entry point of SACS 2.2 (\$33.22 per hour).

Higher Pay Rates:
E.g. SACS 3.1 for associate diplomas, 3.3 for 3 year degree (\$36 per hour).



A Skills Passport

The Victorian disability workforce is large, diverse, and increasingly mobile—yet there is no consistent, portable way to verify a worker’s qualifications, training, and experience across employers or services. This creates risks for people with disabilities and barriers for workers themselves. A skills passport would address this by providing a centralised, verifiable record of a worker’s essential skills, certifications, and ongoing professional development.

Such a system would ensure that employers can quickly confirm that a worker has met required training standards—such as mandatory safety modules, first aid, or behaviour support competencies—regardless of where they previously worked.

For workers, especially those employed casually or across multiple providers, it would reduce duplication of training and provide greater recognition of their skills and qualifications, supporting career progression and mobility across the sector.

A skills passport would also enhance safeguarding and quality assurance, helping to ensure that only properly trained and up-to-date workers are supporting people with disabilities. In a sector where trust, safety, and professional competence are paramount, this level of transparency and accountability is essential.

Strengthening workforce infrastructure with a skills passport would support a more stable, skilled, and person-centred disability support system across Victoria.

A skills passport system would support providers by reducing the cost burden of training duplication and repetition, increasing efficiency in onboarding processes and the lead time from recruitment of an employee to providing supports. This efficiency gain would allow providers to make better use of their limited training budgets for more individualised and person-centred training tailored to the needs of the participants their workers support.

HACSU believes that a strengthened Victorian Disability Worker Commission (VDWC), if adequately resourced, could leverage its existing platforms and resources to support the operation of the skills passport system at the state-level.

Fixing the intersection between the public mental health system and the National Disability Insurance Scheme

Since the introduction of the NDIS, Victoria's mental health sector has undergone a profound transformation. However, the transition has exposed serious structural and practical challenges, particularly for people with psychosocial disability who require both disability support and ongoing clinical or therapeutic care.

There is currently no clear division of responsibility between state and federal systems for people who live with complex mental health needs. The lack of clear roles and coordination between the NDIS and public mental health services has created a dangerous vacuum in care. People with psychosocial disability are often discharged from public services prematurely, with the assumption that their NDIS plan will provide the necessary support.

However, NDIS eligibility assessments frequently fail to recognise the fluctuating and episodic nature of mental illness. The result is that individuals are denied access to essential psychosocial supports such as tenancy assistance, medication monitoring, or outreach services, even though these are critical to their stability and recovery.



The absence of continuity in care is leading to severe consequences, including relapse, repeat hospitalisations and homelessness. People are left to navigate a fragmented and often inaccessible service system with no dedicated care coordination. This not only jeopardises their recovery but also puts immense pressure on frontline mental health workers, who report moral distress and burnout when they are forced to discharge clients into unsupported environments.

Furthermore, the current system undermines recovery-oriented mental health practice. The clinical frameworks used to assess NDIS eligibility often contradict the principles of psychosocial recovery, which are based on long-term, person-led support and fluctuation in mental health status.

In many cases, NDIS planners deem people "too well" for support after short periods of hospitalisation or treatment, ignoring the broader context of a person's psychosocial needs.

People with psychosocial disability are being failed by both systems. Many experience deterioration in their mental health after disengaging from public services, particularly if they are left to manage complex social or behavioural needs alone.

Disengagement is especially dangerous for people with co-occurring issues such as homelessness, substance use, or intellectual disability. These issues are compounded for Aboriginal and Torres

Strait Islander people, culturally and linguistically diverse communities, and those who face systemic barriers in accessing care.

The result is a growing cohort of Victorians who are invisible to both the NDIS and the public mental health system—relying on emergency departments, police, or homelessness services to meet basic needs that should have been addressed through stable, integrated support. To address this crisis, the Victorian Government must take clear steps to clarify and reinforce the interface between state and federal systems. First, roles and responsibilities must be formally defined, ensuring that both workforces have the capacity and support to work collaboratively with each other.

The government should reinvest in psychosocial support services that sit outside the NDIS but complement its function—such as community-based rehabilitation, mental health outreach, tenancy support, and peer-led recovery programs. These services are vital for people who are ineligible for the NDIS or whose plans do not meet their full range of needs.

There must be binding shared care protocols developed between public mental health services, the NDIS, general practitioners, and other key providers. This would support coordinated care planning, reduce fragmentation, and ensure individuals do not fall between the cracks.

Finally, the government should fund dedicated psychosocial navigator roles in health services and community organisations to support individuals and workers navigating the complex service environment.

The Victorian Government should urgently establish a State-Federal Joint Taskforce led by the Mental Health and Wellbeing Commission and the Victorian Disability Worker Commission to address the interface issues and develop structural reforms that prioritise people, not systems. There must be immediate reinvestment in the psychosocial services that have been lost or underfunded in the wake of the NDIS transition.

Additionally, a formal shared care framework should be mandated across the state, and psychosocial navigators should be employed to provide frontline coordination and advocacy.

Funding Foundational Supports

While Victoria has not explicitly “defunded” foundational supports for people with disabilities, there are significant concerns regarding the adequacy and clarity of funding in this area. The Victorian Government’s recent budget has largely rolled over existing disability funding without introducing new investments or clear plans for foundational supports.

This approach, while understandable given the ongoing national reforms, raises concerns about the state’s preparedness to develop and implement these essential services for individuals outside the National Disability Insurance Scheme (NDIS).

Advocacy groups have expressed deep concern over these delays, highlighting that many individuals with disabilities, particularly those with psychosocial disabilities or mild autism, are at risk of being left without necessary support. The absence of clear timelines and funding commitments from the Victorian Government exacerbates this uncertainty.

The lack of substantial investment in foundational supports is particularly concerning as the NDIS continues to tighten access criteria, potentially leaving many individuals without adequate services. Without a clear and committed approach from the Victorian Government, there is a real risk that people with disabilities will continue to fall through the cracks, lacking access to essential services and supports.



It is critically important for Victoria to invest in foundational supports for people with disabilities because the National Disability Insurance Scheme (NDIS), while transformative for many, was not designed to serve everyone equally.

The NDIS primarily focuses on providing individualized funding packages for people with significant and permanent disabilities, but it has limitations in scope and eligibility.

Many individuals with psychosocial disabilities, mild to moderate intellectual disabilities, or those requiring short-term or less intensive support often fall outside NDIS eligibility or face delays and gaps in access. This creates a significant unmet need that only state-level foundational supports can address.

Foundational supports form the essential safety net for those who do not qualify for NDIS funding or whose needs are not fully met by it. These supports include services like community inclusion programs, basic daily living assistance, communication aids, and access to health and social services—all critical for enabling participation, independence, and wellbeing.

Without investment in these foundational services, many Victorians with disabilities risk being excluded from vital supports, leading to poorer health outcomes, social isolation, and increased reliance on crisis interventions. This gap disproportionately affects vulnerable groups, such as those with psychosocial disabilities or those transitioning into or out of NDIS eligibility.

By investing in foundational supports, Victoria can ensure a more inclusive and equitable disability service system that complements the NDIS rather than leaving people behind. It allows the state to uphold its commitment to human rights and social inclusion, providing tailored, accessible supports to all individuals with disabilities regardless of their eligibility for the NDIS. Furthermore, robust foundational supports can reduce pressure on emergency and acute services by providing timely, preventative care.

Ultimately, Victoria's investment in foundational supports is a critical step toward a disability system that truly serves everyone, fostering dignity, participation, and wellbeing across the community.

Expansion of Dual Diagnosis capability

Victoria must prioritize investment in dual diagnosis capability to provide effective, integrated care for individuals experiencing both mental health conditions and physical or intellectual disabilities. For example, a person with an intellectual disability and anxiety or depression may struggle to communicate their symptoms clearly, leading to misdiagnosis or inadequate treatment if clinicians lack dual diagnosis expertise.

Similarly, individuals with physical disabilities who develop mental health issues might face barriers accessing services designed only for one aspect of their health. Without coordinated care pathways and trained staff, these patients risk falling through the cracks, resulting in poorer health outcomes, avoidable hospital admissions, and increased distress.

Policy recommendations to strengthen dual diagnosis capability include:

- **Developing specialist inpatient and community services** that are explicitly designed to support people with dual diagnosis, offering tailored assessments, treatment plans, and ongoing care coordination.
- **Investing in workforce training and education** to equip mental health professionals, disability support workers, and allied health clinicians with the skills to understand and manage the complexities of dual diagnosis.
- **Creating integrated care models** that foster collaboration between mental health, disability, and primary care services, enabling seamless sharing of information and joint decision-making to provide holistic support.
- **Implementing clear referral pathways and care coordination roles** to ensure timely access to appropriate supports and reduce duplication or gaps in services.
- **Allocating dedicated funding** to support service development and sustainability, recognizing the higher resource needs often associated with dual diagnosis care.

By adopting these measures, Victoria can build a more responsive health and disability system that respects the rights and dignity of people with dual diagnosis, improves clinical outcomes, and enhances quality of life.

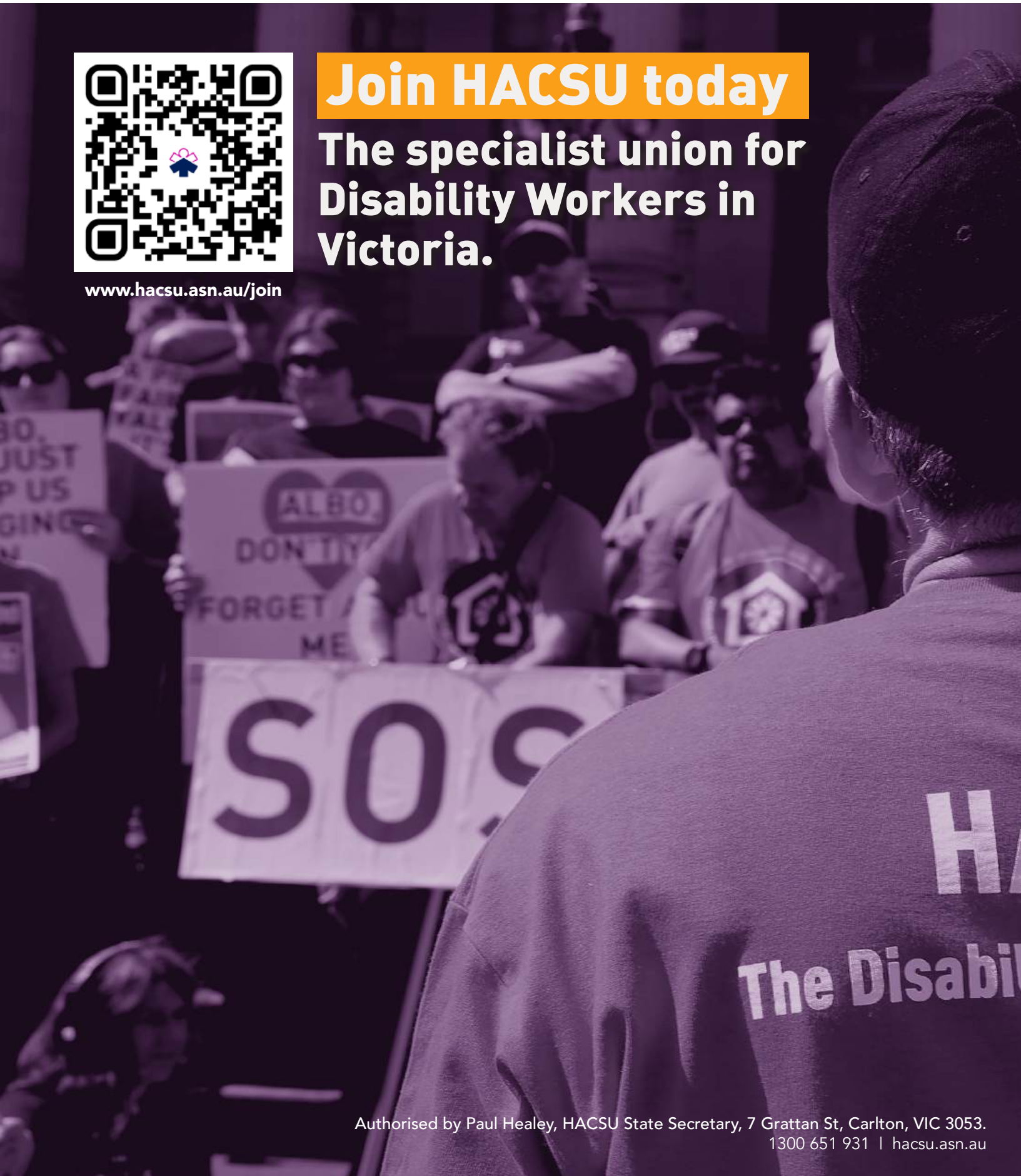
This approach aligns with international best practice and Victoria's commitments under the National Disability Strategy and mental health reform agendas.



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