



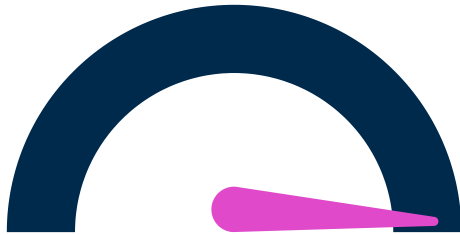
# HEALTH AND COMMUNITY SERVICES UNION

## 2022-23 Budget Submission

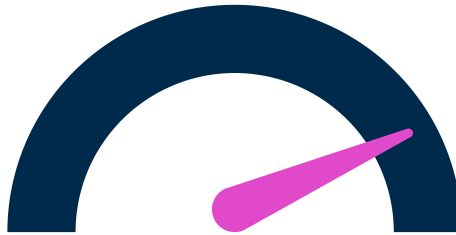


# LETTER TO MINISTER PALLAS

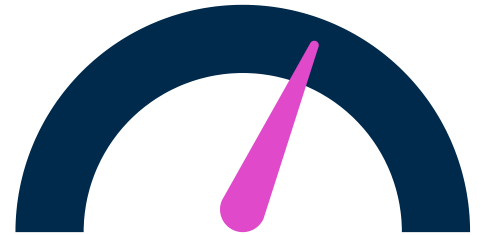
## FAST FACTS



**99% of HACSU members say that they do not feel as if they have been offered the appropriate training in substance use issues, indicating that they would partake if it were offered**



**84% of respondents surveyed in an "Impact of the Covid-19 Pandemic on alcohol and other drug service delivery" presented with a co-occurring addiction and mental health concern**



**61.8% of the 2.3 million Australia workers reliant on minimum wages are women.**

Dear Minister Pallas,

We want to start by thanking you and your team for inviting the Health and Community Services Union and the trade union movement to submit budget bids for the 2022-23 period. We are delighted to have this opportunity to improve the working lives of Victorians in the health and community services sector and to improve the outcomes for the consumers who rely on our members.

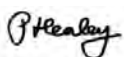
It is our hope that the bids that HACSU are providing are seen as amplifying the already incredible work of the Andrews Labor government. We have been delighted with the overall response to the Covid-19 pandemic and the sheer commitment to the continuation of important reforms such as The Royal Commission into Victoria's Mental Health System, the Big Housing Build, the \$100 Million investment into the bolstering of the Alcohol and Other Drugs workforces and the announcement of a second medically supervised injecting room. This is a government of grit, determination and courage.

It is with these reforms in mind that the HACSU members from mental health, disability and the alcohol and other drugs sector, present the following bids:

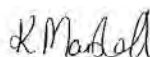
1. Reproductive Health and Wellbeing Leave
2. Upskilling the Mental Health and AOD Workforces
3. A State Framework for the Alcohol and Other Drugs Sector
4. A Specialist Mental Health Direct Entry Pilot Program for Nursing and Allied Health
5. Policy Shifts in the Disability Sector
6. The Worker-led Rehabilitation, Outpatient and Outreach Service (In partnership with the Victorian branch of the Australian Manufacturing Workers' Union and 30 other Victorian unions)
7. The Homeless to Homemaker Project (in partnership with the Victorian branch of the Australian Manufacturing Workers' Union)

The HACSU team want to thank you, the government and your entire team for your work during the Covid-19 pandemic and we are looking forward to delivering these bids with you for all Victorians in an effort to rebuild the most progressive State in our nation. To organise meetings or to seek clarification on these bids please call Stephanie on 0436363612.

In solidarity,

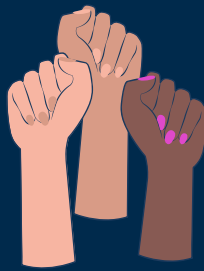


Paul Healey  
State Secretary  
Health and Community Services Union (HACSU)



Kate Marshall  
Assistant State Secretary  
Health and Community Services Union (HACSU)

# REPRODUCTIVE HEALTH AND WELLBEING LEAVE



## Reproductive Health and Wellbeing

### *Our claim*

- 5 days paid leave for employees experiencing reproductive health matters for the purpose of attending and recovering from specialty appointments and treatments; and
- The availability of flexible work arrangements for those experiencing reproductive health matters.

In this clause Reproductive Health matters include In Vitro Fertilisation (IVF) and other forms of assisted reproductive health services (for example, IUI or hormone injections/replacements), or specialty treatment for conditions that cause excessive pain or excessive bleeding.

Reproductive issues, whilst not exclusively experienced by women, impact significantly on women in the workforce and contribute to the superannuation gender gap at retirement. 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, reduce the gender pay gap and reduce 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 the working lives of women without the need for employees to take extra leave. For example, implementing a reasonable flexible start time could allow persons undertaking hormone or IVF treatment to manage nausea/vomiting without losing an entire day to personal leave.

These measures enhance gender equality by removing the all too prevalent stigma associated with reproductive health issues while also increasing female participation in the workplace.

This is inclusive of Pregnancy Loss for Employees who experience pregnancy loss to allow a period of paid leave prior to 20 weeks gestation. Currently, most women in the public sector have access to the full provision of parental leave when they lose a pregnancy after 20 weeks. We are grateful that such provisions are in place. However, an estimated one in five women lose a pregnancy in the first 20 weeks of their pregnancy, and the trauma and impact of such a loss can have debilitating effects.

This clause was agreed to in the Area Mental Health EBA when the government implemented this as policy. It is our view that this should be implemented as policy in the public sector to set the example for the entire Victorian workforce across all sectors.

This will encourage women to participate in the workforce in a more meaningful way and for a longer period of time. This clause covers transgender leave, all matters related to reproductive health such as ovarian and testicular cancer checks, pregnancy loss inclusive of miscarriage, endometriosis, erectile dysfunction, sperm counts, heavy bleeding and pain and many more.



# UPSKILLING THE MENTAL HEALTH AND AOD WORKFORCES



The Andrews Labor Government has shown incredible leadership by calling for the Royal Commission into Victoria's Mental Health System — with the commission's findings clearly showing that mental health and risky substance use issues are often inextricably linked.

While the Andrews' Labor government has done an incredible job by more than doubling the amount of public residential rehabilitation beds, there is still a shortfall available to Victorians, which is leading many who need assistance with addiction issues to end up in either public mental health services or in substandard private facilities.

Experts estimate that 1 in 5 Australians will grapple with addiction in their lifetime. Service providers are deeply concerned that these numbers will increase due to the COVID-19 pandemic.

Currently there are electorates in Victoria with no rehab beds available. We need more services — but with it taking up to 3 years to open a residential rehabilitation service, we need swift action now.

Our already overstretched mental health & alcohol and other drugs (AOD) sectors are being impacted by the demand for addiction services. Due to the lack of accessible rehabilitation services, community members dealing with a risky substance use issue end up in mental health facilities that are often not adequately staffed or resourced, nor are they always fit for purpose. The mental health workforces urgently need the opportunity to gain education and skills in addiction treatment — conversely, the AOD workforces also need to build their capacity in mental health so that they are armed with the knowledge to assist community members grappling with substance use issues. We believe that all allied mental health practitioners and mental health nurses should be offered government-funded scholarships for a Certificate IV in Alcohol and Other Drugs and/or a Graduate Certificate in Addictive Behaviours as standard and best practice industry training in harm reduction.

HACSU believes that this is an effective harm-reduction measure, particularly in electorates with no rehabilitation options. There is a workforce shortage within the addiction sector, and we see this as a way to quickly build up a skilled and confident workforce. Commensurately, there needs to be a build-up of the mental health skills of the AOD workforces as well, given they see an enormous number of dual diagnosis clients. This is an essential part of the rebuild that is required.

The Andrews' Labor government currently offer 10 Graduate Certificates in Addiction Behaviours for general and mental health nurses and Turning Point have advised that these applications are always over quota and are supportive of our proposal to invest in an urgent upskilling of these workforces. This is a cost-effective harm reduction measure to bolster these workforces while ensuring that community care and staff safety is improved.

# AN URGENT REWORK OF THE PUBLIC ALCOHOL AND OTHER DRUG FRAMEWORK



HACSU supports moves towards state-based enterprise bargaining agreements for the AOD sector and is urging the government to commit to scrapping the funding re-tendering process for services with a proven track record. Consistently forcing services into tenders for funding that they already receive causes unnecessary stress and inevitably leads to job insecurity, heavy casualisation, more occupational violence incidents and poor outcomes for community members and the AOD workforces.

The AOD sector is insecure, largely unregulated and leaves the workforce vulnerable to exploitation. Currently, there is limited career progression and a need for additional new graduates to enter the workforce. To effectively recruit and retain, both government and industry must work together to map clear career progressions with proper wages and conditions. Investing in the AOD workforces will take pressure off the mental health workforces, which currently carries the weight of insufficient AOD services.

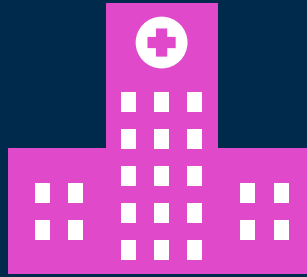
As per the recommendations from the Royal Commission into Victoria's Mental Health system, integration is urgent and inevitable. Should the government not move to support an EA for AOD, the AOD sector will be cannibalised by the mental health sector which will be disastrous for the Victorian public AOD services. **BOTH** workforces must be bolstered in tandem to cement wages, condition and career progression while simultaneously stamping out bad behaviour from private providers and scrapping tendering. We believe that this will amplify the \$100 Million AOD recruitment investment and will dramatically improve retention.

HACSU acknowledges the important work of the Andrews' Labor Government in initiating a sector wide investigation into the private rehabilitation sector with the introduction of the Health Services (Private Hospitals and Day Procedure Centres) Amendment Regulations 2018. The findings of the report by Health Complaints Commissioner Karen Cusack were damning and disturbing. It's clear we need action in this space, to ensure that private sector providers can operate safely, workers can feel confident in their work, and patients, carers and families can be confident that the care being provided is safe and appropriate.

As well as a sector wide EBA, HACSU are calling on the government to implement the following:

1. Mandatory registration and/or licensing for all private AOD providers
2. A registration scheme for the AOD workforces
3. A framework for the private sector, guided by leaders of the public sector and peak bodies.
4. Enforceable legislation and penalties for providers who fail to meet industry standards
5. An accessible, approachable and confidential method for families, friends, workers and patients to report private providers who pressure or manipulate clients into accessing their superannuation on compassionate grounds or re-mortgaging their house without independent financial advice, particularly when there are breaches in the duty of care

# A SPECIALIST MENTAL HEALTH NURSES AND ALLIED HEALTH PILOT PROGRAM



HACSU are proposing a direct entry pilot program for mental health nurses and allied health clinicians in regional and rural areas.

As it stands the State is facing a mental health workforce shortage of over 1000 practitioners in nursing, occupational therapy, social work and addiction support. While we acknowledge and support the record levels of infrastructure investment into the mental health sector by building more in-patient beds and community mental health settings like PARCs and CCUs, we are deeply concerned that beds and services will remain closed due to severe workforce shortages. This was made apparent when beds at La Trobe Regional Hospital were forced to stay empty due to a lack of staff.

HACSU members know the beds must be full and our workforce must be bolstered as a matter of urgency. The 2020 Productivity Commission into Mental Health noted that the number of mental health nurses and allied practitioners in wards, community mental health services and youth and aged care services needs an immediate expansion and even prior to the Covid-19 pandemic taking hold, the reliance on overseas staff was beginning to have a negative impact on the sector.

The Productivity Commission called on the development of a three year direct entry (undergraduate) degree in mental health nursing, similar to options available in midwifery in Australia and general nursing in the United Kingdom.

In an effort to recruit and attract new people to the workforce, we see this as an excellent and cost-effective way to bolster the workforce. As it stands to receive your nursing degree takes 5 years. This fact alone inhibits one's ability to make such a career change. HACSU are keen to support working mothers, single parents, members of the Indigenous Community and members of the culturally and linguistically diverse community to enter or re-enter the workforce. However, if the only option available is to study full-time with little to no income, this will continue to deny many who would be valuable assets to the mental health sector, given their life experience.

HACSU also have grave concerns for the regional and rural area mental health services as the lack of staff is leading to burnout, mental health workers leaving the sector and concerning occupational violence instances.

We are seeking a direct entry pilot for 40 mental health nurses and 40 allied health practitioners with the view to expansion across the area mental health sector.



# POLICY SHIFTS IN THE DISABILITY SECTOR



Disability providers need to be able to attract and retain a secure, supported, and skilled workforce, with career progression opportunities to deliver appropriate standards of care and support to enhance the lives of people with a disability, particularly in complex settings.

Workforce shortages are at the highest levels ever experienced in disability services and advanced classifications have the highest levels of recruitment and retention issues, with limited applicants holding advanced qualifications. The disability workforce is dominated by women and it is therefore imperative that policy shifts are implemented to support residents and the workforce to make this a viable, long-term career option.

## **Quality and Safeguards:**

- Increased funding to the Commission to ensure they have the resources to adequately manage registration, reports and investigations in a timely manner. Currently onboarding of staff can take up to 3 months due to delays in worker screening processes, and they are under resourced to be able to respond to reports and also do monitoring of Disability Providers.
- Increased funding to the Community Visitors Program to ensure that they are able to provide advocacy to people with disabilities, as well as the monitoring functions of the program adequately.

## **Workforce initiatives Including:**

- Extend and continue to support funding toward Workforce strategy initiatives to ensure a sustainable and valued workforce for example: scholarships for Disability Providers to ensure staff obtain disability specific qualifications within the first 2 years of appointment through structured on and off the job learning as part of a traineeship scheme.
- Re-introduce an advanced Diploma of Disability Support with a scholarship program of 100 scholarships per year that covers all costs of educational access including tools, equipment, uniforms, materials recognises work as placement
- Development and maintenance of a coordinated University, TAFE, and Senior High School links programs aimed at increasing the recruitment of suitable candidates to the sector
- Portable Long Service Leave to be mandatory for disability sector- currently it is an opt in system.
- State legislation and funding to cover costs of to enforce the requirement of Disability Labour Hire Companies to directly employ their workforce, and not be able to treat them as independent contractors that is sham contracting and removes basic employee entitlements

## **Safety In Disability:**

- Funding by government agencies to conduct a major Review of occupational violence in the disability sector that identifies incidence, cause and impacts, and develops an industry wide occupational violence strategy
- Mandatory Occupational Health and Safety Training for all Managers in disability services to be funded through Worksafe