

January 20, 2022

The Hon. Daniel Andrews MP  
Premier of Victoria  
1 Treasury Place  
Melbourne Victoria 3002

The Hon. Anthony Carbines MP  
Minister for Disability, Ageing and Carers  
Level 22, 50 Lonsdale St  
Melbourne Victoria 3000

Senator the Hon. Linda Reynolds CSC  
Minister for the National Disability Insurance Scheme  
Parliament House  
Canberra ACT 2600

*Sent Via email ,*

Dear Premier and Ministers,

**RE: Key issues to be addressed urgently in the disability sector**

HACSU represents workers in Victoria in the disability sector who are supporting some of the most vulnerable people in our society, and whom, like the aged care sector, have a higher risk of poor health outcomes if they contract COVID and need to be protected.

We write to you to identify the key issues effecting HACSU disability workers in the current pandemic and provide possible solutions for government to act upon as a priority.

HACSU has identified 4 key areas of issue in disability due to COVID19

1. **WORKFORCE**
2. **ACCESS TO RAPID ANTIGEN TESTS**
3. **PPE**
4. **MANDATES**

**WORKFORCE**

There is currently NO workforce strategy for continuity of service in this industry, unlike health.

Workers are burnt out and leaving the industry after two years of working in PPE, being short staffed and with Employers not being adequately funded to provide incentives for workforce. The increased number of isolated staff has exacerbated worker burnout and it will continue to get worse.

HACSU members report that all settings are understaffed on the majority of shifts. In a recent NDS poll Disability Providers reported approximately 10% of shortages, with some Providers reporting this to be as high as 30%.



# HACSU

Health & Community  
Services Union

7 Grattan St, Carlton, VIC 3053  
PO Box: 206, Carlton South, VIC 3053  
T: (03) 9340 4100 | F: (03) 9650 8122  
hacsu@hacsu.asn.au | www.hacsu.asn.au  
ABN: 48 505 905 580

This industry has been cut to the bone, with Providers struggling to stay viable and increasing market failure being seen across the sector. Staffing levels are at minimum safety levels even when fully staffed due to the NDIS funding model failing to fund adequately the true costs of service provision. This puts providers at risk of being in breach of the *Occupational Health and Safety Act 2004* (Vic) and further financial loss, as well as loss of reputation, resulting from breaches.

Workforce shortages create unsafe environments for the person with disability (PWD) and the worker, creating recruitment and retention issues, with workers exiting the sector from being overworked, unsupported and unable to safely do their job. HACSU Assist staff (HACSU's frontline member services team) often take calls from staff in tears or on the brink because they just can't cope any longer and are working alone, supporting multiple PWD, unable to take breaks or provide safe personal care. There is no recognised fatigue management system for the sector.

Mandated lockdowns or self-imposed precautionary restrictions have had significant impact on the pressures of disability work with residents remaining home from day services or work, not being able to access normal community services, and there is no relief foreseeable.

Incentive payments (surge allowance) for working in COVID environments are unfunded and up to individual employers to implement policy on this, and most don't. Whilst the NDIS has some provision for accessing COVID related expenses, these payments are not accessible to all providers, and do not provide for payments to be passed onto workers. They are mostly accessed for the use of additional staffing support, PPE and other costs, not incentive payments.

New furlough arrangements announced on 13 January 2022 allow staff who would otherwise be isolating but are asymptomatic to be able to continue/return to work. There was no adequate consultation with unions or providers prior to the announcement and it fails to recognise the industry specific issues for operationalisation. The use of staff with a high risk of being COVID positive is not a measure that should be taken lightly. It puts other staff and PWD at risk, particularly given that positive RA tests may not occur on the first, but on the second or third test. It must have consistent and stringent guidance, critical to ensure that the safety of other workers and PWD are prioritised, with it only being used where there is absolutely no other option. The support of other workers at the worksite, not just the staff member involved, must be obtained otherwise it will only cause further workforce issues, and at worst, health risks for some of the most vulnerable people in our community. To fail to monitor this is a disaster waiting to happen.

### Key Recommendations:

- **Funded Incentive Payments (Surge Allowance)** through the NDIS or State Govt for working in COVID/SCOVID environments that includes allowances for wearing PPE at Tier 2/3 level. In other health settings a surge allowance has been provided and must continue.
- **Isolation support** Funded personal leave for isolation for casuals and staff who have exhausted their personal leave.
- **Workforce strategy** Commencement of a workforce strategy has commenced with genU as the lead. Consultation needs to include unions as the peak bodies representing workforce. It needs to include a strategy to incentivise the return of disability support workers who have left the industry. In Victoria, the DFFH had over 500 staff take early retirement packages in the last two years, and these staff along with others who have left the industry could be called upon to determine if they would temporarily rejoin the workforce, similar to Nurses who were contacted at the beginning of the pandemic. The removal of barriers to return,



# HACSU

Health & Community  
Services Union

7 Grattan St, Carlton, VIC 3053  
PO Box: 206, Carlton South, VIC 3053  
T: (03) 9340 4100 | F: (03) 9650 8122  
hacsu@hacsu.asn.au | www.hacsu.asn.au  
ABN: 48 505 905 580

with a temporary exclusion from NDIS checks having to be approved prior to commencement of work and free of charge is essential for surge workforce capability.

- **Development of a Fatigue Management guidance** in conjunction with Worksafe for the Disability sector pandemic response
- **Fix the issue with NDIS checks** taking up to 12 weeks to be approved, or at the very least enable staff to commence work with supervision provided they have made an application like other states.
- **Furlough guidance and reporting** Employers must be required to report staff working who would otherwise be required to isolate, including evidence that it was last resort measures, to ensure that there is some level of scrutiny on its use and be required to monitor the impact of its use.

## ACCESS TO RAPID ANTIGEN TESTS (RATs)

Rapid Antigen Tests are currently inaccessible and costly. These costs should not be borne by workers trying to keep themselves and the people they work with safe.

The disability sector must be able to have the ability to test staff and PWD regularly, and ensure they are available to all areas of the sector, whether it be residential, community, education, employment services and in-home support and offices.

### **Key Recommendations:**

Disability services must be given priority access to Rapid Antigen tests, as with health and aged care.

They must be provided to staff at no cost, and must be the responsibility of providers, not staff. This is particularly required where it is being used for staff with furlough exemptions leaving isolation when deemed a contact, but asymptomatic.

Staff in disability services should be given RATs free of charge on evidence of their employment if accessing them from a pharmacy or other outlet requiring purchase for their own surveillance purpose.

## PPE

There is a lot of confusion about PPE and a need for improved PPE guidance that is clearer about when staff must use higher levels of PPE which includes vaccination status of PWD and is cognisant of workplace settings. Disability workers do not work in static settings and move through residential, office, personal homes, and community settings.

There is an increased requirement for the use of N95/P2 masks that will require adequate supply and Providers need easy access to PPE that is more immediate and less cumbersome than the current provisions for accessing National Stockpiles.

### **Key Recommendations:**

Improved guidance for PPE that indicates clearly when staff must use different tiers of PPE that is in response to risk, not just cost benefit of avoiding staff isolation.

Clarity is required for:

- the vaccination status of PWD being supported. Many PWD have chosen not to be vaccinated but must still be supported, and this needs to be clear for staff about how to do this safely.



# HACSU

Health & Community  
Services Union

7 Grattan St, Carlton, VIC 3053  
PO Box: 206, Carlton South, VIC 3053  
T: (03) 9340 4100 | F: (03) 9650 8122  
hacsu@hacsu.asn.au | www.hacsu.asn.au  
ABN: 48 505 905 580

Guidance documents need to clarify that in the case of unvaccinated PWD, the PPE must be at a level for suspected COVID tier PPE.

- the requirements when in community settings. It is not viable for staff to wear level 3 PPE when in community settings.
- Requirements for other staff who are working alongside staff where they would otherwise have been isolating but are asymptomatic and have furlough exemptions.
- Access to National Stockpiles for providers must be immediate and simple.

## MANDATES

The mandate for booster vaccinations that came into effect on 12 January requires disability workers to have had their booster by 12 February, despite known shortages of appointments through GP's, pharmacies and state hubs.

The commencement of child vaccination at the same time, has exacerbated access to vaccination appointments in all settings.

The Commonwealth is yet to provide any information in relation to the resourcing of vaccination hubs specific to workers covered by these orders, and there is no priority appointment as with the initial vaccinations.

Where there is widespread supply and access issues, this mandate is unachievable and will lead to further workforce shortages as of 12 January 2022.

### Key Recommendations:

- Immediate introduction of worker vaccination hubs.
- Roll out of in-reach to disability settings that includes staff on duty and those not on duty.
- Improved supply to GP's and pharmacies to increase vaccination appointments.
- Priority access to workers effected by mandates.
- Review of the mandate where supply and access has been a contributing factor to compliance.

HACSU calls upon both the State and Federal Governments to work together and with unions and providers to implement these recommendations as a matter of urgency to ensure continuity of service and to show support to disability workers in an industry that is under significant and dangerous strain.

We are happy to meet with you to discuss these issues further, at your convenience.

Insert Signature

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

Cc The Hon. Bill Shorten MP

The Hon. Martin Foley MP