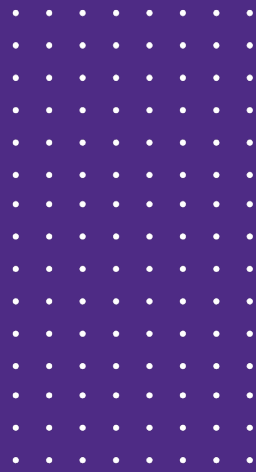




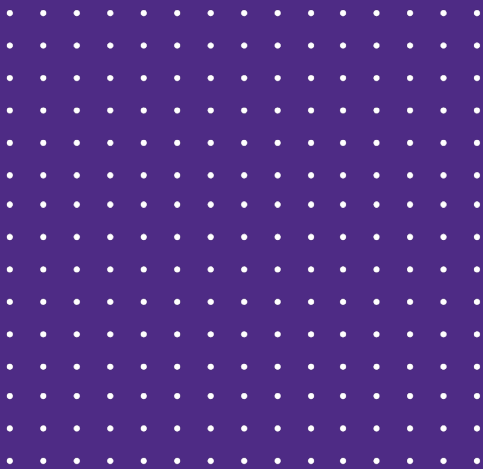
HACSU

Health & Community
Services Union



Disability Support Plan

Securing the future
for disability support
professionals



Contents

4. FIXING THE FOUNDATIONS OF THE NDIS
6. WAGES AND CONDITIONS
7. PROFESSIONALISING THE DISABILITY SECTOR
11. OCCUPATIONAL HARMS, VIOLENCE AND ABUSE
13. NDIS FUNDING ROLLOUT OPERATIONAL ISSUES
15. A FAIR AND BALANCED DISCIPLINE POLICY
18. STAMPING OUT PREDATORY BEHAVIOUR IN THE GIG ECONOMY
20. TAKING CARE OF OUR DISABILITY SUPPORT PROFESSIONALS
24. INTRODUCTION OF PROGRESSIVE LEAVE CLAUSES FOR WOMEN
27. PORTABLE LONG SERVICE LEAVE
27. EXPANSION OF DUAL DIAGNOSIS CAPABILITIES

About HACSU

The Health and Community Services Union (HACSU) is a growing union with over 10,000 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 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, members are provided with specialist knowledge and experience, strong industrial outcomes, and above award wages and conditions for the majority of members. This helps to build the professionalism of the disability workforce, thus providing excellent quality services for the people who need them.

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.

HACSU acknowledges the traditional owners and continuing custodians of the land and sea on which we live and work. We pay our respects to elders past, present and emerging. As unionists, we pledge our ongoing solidarity with the traditional owners, and all Aboriginal and Torres Strait Islander peoples, in their struggle for recognition of sovereignty, historical truths and justice.

Foreword

For decades disability professionals have demonstrated their skill and commitment to provide the best outcomes for people with disability and their families, regardless of the industrial circumstances and inadequate funding pressures stacked against them. Their tenacity and determination to provide care and compassion to some of Victoria's most vulnerable people in the face of the COVID19 pandemic is to be applauded, particularly as it brought to light glaring funding inconsistencies, demanding workloads, and the requirement for urgent reform to the sector.



LtR: HACSU Assistant State Secretary, Kate Marshall; HACSU President, Deb Gunn; HACSU State Secretary, Paul Healey

Through their hard work and diligence, disability support professionals saved many lives throughout the pandemic. In honouring their tireless efforts, it is incumbent on state and federal governments to come together to support the workforce who support our most vulnerable.

Victorians living with a disability deserve a supported, holistic, flexible, and sustainably funded sector delivered by multidisciplinary, qualified, and skilled disability support professionals. The erosion and exploitation of the workforce under the National Disability Insurance Scheme over the years has further amplified this urgency.

While preparing this plan, HACSU members have organised meetings in their workplaces, they have met with members of parliament and have fought hard, even for the basics like adequate PPE. They have answered questions in surveys, been part of reference groups and steering committees, and have raised concerns with their officials – all while delivering essential support to people with disability.

HACSU's disability professionals are courageous, intelligent, progressive and are deeply empathetic. They have been strong advocates and vocal about the strengths and shortcomings in the disability sector. They believe in and advocate for systemic and structural outcomes to enhance the lives of people with disability and are some of the strongest voices for the needs and wellbeing of those they support.

This plan is built on the knowledge and experience of our members. It goes part of the way to strengthening and building the system and will amplify the steps being taken by the Albanese Labor Government, Minister for the National Disability Insurance Scheme, The Hon. Bill Shorten MP, and will require the support of the Andrews' Labor Government. This plan could not be more urgent, particularly as the Victorian Skills Authority has indicated that within the next three years, Victoria will require an additional 65,000 health and community sector workers, with special mention for the need for many more disability support professionals.

We know that these practical steps will ensure that Victoria's disability workforce can lead the nation and firmly cement Victoria's place as the world leader for disability support professionals.

People with disability and their families simply cannot wait.

A handwritten signature in black ink that reads 'P Healey'.

Paul Healey
HACSU State Secretary

Fixing the foundations of the NDIS

Since its inception in 2013, the rollout of the National Disability Insurance Scheme (NDIS) has been haphazard, rigid, difficult to navigate and often contradictory to what is best for enhancing the quality of life for the people that our members support. The issues plaguing the roll out, affecting HACSU members, NDIS participants and their families, and providers were most recently captured in the tag line of the 2021 *State of the Disability Sector Report*, which simply described the sector with the words, “Frustration. Pessimism. Confusion. Distress”.

Often described as Australia’s largest social reform since the introduction of Medicare, the creation of the NDIS follows decades of activism from disability support professionals, families, providers and community members. The philosophy of the scheme was to engender the notion of self-determination for those living with disabilities, empowering them to exercise choice and control over their lives and ending the rationing of support and inequitable access.

The consumer-led reforms by way of individualised support packages were supposed to ensure that those with disabilities had more opportunities, more targeted and individualised medical, psychological and allied health support, with a greater ability to live guided by the principles of choice and control.

HACSU members accept that the rollout of the NDIS is ambitious and concrete reform takes time to stabilise. However, the reality is that the move away from block to individualised funding models has created a system that is driven by significant administrative, and qualitative burdens, and has led to extreme stress for NDIS participants, their families/advocates and to unsustainable fatigue of the disability workforce due to unworkable price capping of staff hours and an attempted erosion of pay and conditions.

Whilst the Federal Labor Party set the foundation for the NDIS, participants and disability support professionals are continually frustrated by long wait times for specialist support services, unnecessarily complex processes and a lack of thorough understanding of the nature and needs of people with disability from National Disability Insurance Agency (NDIA) executives. Furthermore, high-quality individualised support requires increased administrative duties, training and professional development for workers, none of which are adequately funded by the NDIS. This denies people with a disability genuine choice and control and limits access to high quality skilled workers.

Worryingly, key NDIS roles such as Support Coordinators and Local Area Coordinators who have a significant role in the success of obtaining and implementing a participant’s plan, are not required to have expertise in the disability sector. These key staff often have no interaction directly with the disability support workers who provide care and support to participants and therefore often do not have a full understanding of the supports required.

The casualisation of the workforce since the introduction of NDIS has risen dramatically, with rostering that is insecure and excludes workforce priorities. Consequently, providers are unable to recruit and retain a workforce that is already in crisis.

An additional 83,000 NDIS workers are required by 2024. The requirement for significant workforce growth in the disability sector will require an urgent and meaningful investment in training, attraction and retention strategies to ensure the workforce is capable, confident, well supported, and well remunerated. According to the National Disability Services report, the third biggest stressor for disability employers is severe labour shortages and the inability to recruit and retain disability support professionals and allied health clinicians. Only 25 per cent of disability employers feel that they are heading in the right direction, 12 per cent feel that the NDIA works well, and 65 per cent admit that operating conditions are getting worse.

While HACSU believe that employers across the disability sector must act, particularly in recognising the need for a highly skilled workforce, we are acutely aware that state and federal governments must come to the table to assist employers financially and administratively. If governments continue down the current path, it will be impossible for employers to foster a working environment that promotes stability and supports quality service delivery.

HACSU members know that to deliver high quality safe supports, the NDIS must assist employers and fund every aspect of the work that is required, which includes administration, professional development, supervision, training, leadership structures, and recognition of disability support professionals with decades of experience through proper career structures and secure work. Failure to do so is to deny people with disability good outcomes for their life goals, health, self-determination, and happiness.



Wages and Conditions

The last two years have arguably been some of the most testing years on record for HACSU members and the people they support. Every step of the way, HACSU members have risen to the challenges ahead of us, showing grit, determination, and compassion. They've continued to look after our state's most vulnerable – often in full PPE, working overtime, spending time away from their friends and family, and often at risk to their own health and safety.

Over the pandemic, many have labelled HACSU members “healthcare heroes” and “essential workers” – titles that, for us, they've always held. While we welcome this newfound appreciation for their critical work, our priority is ensuring that appreciation translates into better wages and conditions for the disability sector. This is particularly urgent as the disability sector is dominated by women who are often at a financial and leave disadvantage.

Many in the disability profession have noted that conditions and wages have deteriorated due to funding pressures caused by NDIS policies. The lack of stable and intelligent funding that captures the full cost of support, coupled with move to contestable and marketised funding has greatly contributed to poorer wages, conditions and job insecurity.

The reforms thus far have fallen dangerously and unsustainably short of expectation. HACSU members have reported that the increase of casualisation, lack of permanent positions, inability to retain staff and the lack of available funding has contributed to the decay of conditions, an unsustainable squeeze on work/life balance and the dominant theory that workers are ‘too expensive’.

It is the overarching view of HACSU members that the NDIS in its current form has little regard to worker conditions.

Without disability support professionals there is no quality disability sector.

The disability sector is riddled with instances of labour hire, an emerging gig economy and NDIS pricing that does not take bargaining into account. This results in weakened or absent industrial rights, fatigue, unsafe working conditions and mass job insecurity. The disability workforce must be afforded the opportunity to bargain effectively and inadequate NDIS pricing caps must be remodelled to address the gender pay gap and to ensure that disability can be viewed not as a job but rather as a career.

Our health and community services heroes deserve more.



Professionalising the Disability Sector

The 2016 Victorian Inquiry into the disability sector highlighted the need for urgent reform for the disability workforce. It was noted that disability support professionals are some of the lowest paid workers in the caring sector and are often not afforded the proper training and supervision to assist them in their complex and deeply empathetic work.

Far too often disability support professionals are tasked with working in challenging environments with little assistance due to funding constraints, lack of workforce investment and predatory pop-up providers. We acknowledge the steps taken by the Victorian Government in enforcing checks and balances by way of extra screening processes and the implementation of the Victorian Disability Commissioner. However, without supporting the workforce to gain skills, education, and training, it is unsurprising that this has further engendered a culture of bullying, fear, and intimidation within the sector.

At present there is limited meaningful career progression for disability support professionals stemming from a lack of real educational pathways, courses that are not fit for purpose, and the erosion of specialised higher qualifications.

To meaningfully combat instances of abuse and neglect, a fundamental focus on training, education and supervision must be the cornerstone of the Victorian disability sector.

Supporting the workforce to become truly professionalised must be the Victorian Government's priority.

Establishment of the Disability Centre of Learning

The 2021 National Disability Services (NDS) report has indicated that we must draw on the knowledge and experience of providers and co-design scheme improvements. At present there is no central organisation in Victoria that has the capacity to connect disability professionals and providers to allow them to share information, learnings, resources, policies and procedures and 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.

Modelled on the Victorian Centre for Mental Health Learning, it is the view of the HACSU membership 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.

The Disability Centre of Learning would create Divisional Disability Education hubs across the State, comprising the following specialised workers:

- Behaviour support practitioner.
- Educator.
- Registered nurse with dual diagnosis expertise in disability and mental health.
- Allied health practitioners inclusive of occupational therapy.
- Lived experience advisor.
- Practice supervision.

Mandatory Training and Career Progression

The 2022 Victorian Skills Authority noted that in three years' time, Victoria will require an additional 65,000 healthcare workers - aged and disability support professionals in particular. To meet the increased demand, it is inevitable that a strong focus will be placed on recruitment.

A Specialised Advanced Diploma in Disability Support

While Victoria currently has an Advanced Diploma of Community Services that is recognised in the disability sector, it does not specialise in disability service provision, nor is there is an accredited Behaviour Support Practitioner course or elective.

This is despite the NDIS requirement for all behaviour support plans to be developed by qualified professionals registered with the NDIS. It is HACSU's view that disability support professionals who wish to expand their skillsets should be afforded the opportunity to receive a new and improved disability-specific Advanced Diploma.

This would also halt the countless incidence of NDIS participants who are unable to access behaviour support specialists to update plans that are years out of date or have none developed, significantly putting participants, families, and staff at unnecessary risk.

Introduction of an entry-level TAFE course for all caring industries

In preparation for Victorians wishing to enter the health and community services sector, particularly disability, HACSU also suggest the introduction of a new entry-level TAFE qualification comprising of the twelve core skills to work across all caring industries.

An updated, mandatory Certificate IV in Disability Support

To ensure that every recruit coming into the disability sector is well-trained, HACSU members are urging the Victorian State Government, in line with the recommendations of the 2016 Victorian Inquiry, that this should be a mandatory minimum qualification.

Introduction of Dual Diagnosis Mental Health and Disability Nurses

People with disability require specialised health services that cater specifically to their needs.

Disability support professionals are urging the State and Federal Government to introduce specialised nursing with dual qualifications in disability support and mental health to cope with the complexities that their work involves to be embedded in the health system.

People with intellectual and/or developmental disabilities may have complex support needs with co-occurring issues including dual diagnosis with mental ill-health, communication difficulties, and other medical conditions that may result in behaviours of concern that can sometimes exhibit in occupational violence. Disability professionals are not trained to adequately identify and manage these secondary conditions without significant reliance on health professionals that are extremely limited in number.

Likewise, HACSU members who are tasked with accompanying participants to hospital have recognised that there is a sharp decrease in medical understanding of dual diagnosis from doctors and nursing staff alike which can result in poorer health outcomes for people with complex disability or dual diagnosis.

Currently there is only one state-wide service to assess, treat and support dual diagnosis,

(VDDS), supporting 21 area mental health services. Unsurprisingly, this service is always at capacity with huge waiting lists.

Both the TAFE and Nursing curriculum should include units related to reasonable adjustments, medication, enabling independence, inclusion, distress expression, health promotion, effective communication, lifespan approach to care and a vast array of mental health units. The nursing qualification should be introduced with a mandatory 18 months of disability training and 18 months of mental health training.

People with disability deserve direct health care and support, and disability support professionals require more access to teaching, coaching, and training in advocacy and case co-ordination. HACSU members also note that education, research, and evaluation is severely lacking in terms of guiding evidence-based practice across the state. This will also be crucial in medication supervision and their reactions and tracking best outcomes for quality of life of participants.

This will also enable effective career progression across the sector thus making the disability profession not just a job, but a sustainable career.



Expansion of Scholarship Programs

In 2021 the Victorian Government created 600 new disability support jobs with disability providers to assist people in learning new skills and supporting Victorians with a disability. The innovative 'earn and learn' model not only immediately bolstered the workforce and put those disability professionals in good stead by getting immediate on-the-ground training, but also assisted some of our most vulnerable Victorians hit by the COVID19 pandemic.

As part of this program, Jobs Victoria funded training towards a Certificate IV, personalised mentoring, industry engagement and project management. This was a fantastic initiative that if expanded, would go a long way to stabilising the sector in a supported manner. With the establishment of higher education by way of a Certificate VI, NDIS registered behaviour support planners and a double degree in mental health and disability nursing, it is our view that scholarships should be afforded to those professionals who seek higher education in the field.

In recognition of the significant workforce issues in the disability sector, it is essential that there are pathways for new and current workers to progress their skills to improve the quality of service provision, increase career pathways and improve staff retention.

HACSU believe that a revised Certificate IV and Advanced Diploma in Disability should be offered as part of the free TAFE course program initiated by the Andrews' Labor Government.

Professional Development

To ensure that all disability support professionals can access further training and education, HACSU are calling on the State Government to fund professional development leave in all Victorian agreements. It is our view that the NDIS must add line items for professional development in the national pricing guide.

Rostered professional development and professional development leave is crucial in supporting disability professionals to acquire advanced skills and higher education. This must also be afforded to casual disability support professionals.

Identifying future leaders with a structured program of professional development will also be a critical intervention in supporting disability professionals to truly cement their career in the sector. This is especially important as succession planning is severely lacking across the sector.

To address the critical challenges facing the workforce, governments must commit to fund and work collaboratively with sector stakeholders. Professionalising the sector must start with more flexible unit pricing in acknowledgement that without trained and professional staff, people with disability and their families pay the price.

Professional development will sustain and upskill disability support professionals by way of practice supervision.



Occupational Harms, Violence and Abuse

Establishing a Safe System of Work

Client-to-Client Harms, Violence and Abuse

Client-to-client abuse is a frequent issue that HACSU members are faced with every day. These occurrences are deeply distressing to people with disability and the workers who support them. They are often minimised within services and often dismissed as part of a person's behaviour of concern. HACSU members often have a range of strategies to intervene or protect the target of abuse and assault. Experience has shown that when they do intervene, they are often investigated themselves for restrictive practice or abuse.

There is a critical undersupply of appropriate housing that is fit for purpose for people with disability with significant occupational violence risks. Along with disability providers being too market driven, this can often lead to poor outcomes. Disability professionals' concerns about compatibility must be considered prior to a new resident moving in. The lack of individualised support accommodation options and routine incompatible placements is leading to countless and unnecessary instances of violence, abuse, and sexual harm of people with disability.

Establishing a Safe Working Environment

HACSU members recognise the ongoing critical work of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and believe that many of the initiatives proposed in this plan are essential to reducing the shameful incidence of violence and abuse of people with disability.

HACSU members are also opposed to violence, abuse, neglect and exploitation of all people - including disability professionals who experience occupational violence in the course of their work. Client-to-Worker physical and verbal assaults occur in this sector daily. A 2021 HACSU survey found that 57 per cent of disability workers were subject to occupational violence. These statistics are disturbing, even to the most experienced disability support professionals.

As it stands there is no agreed practice across Victoria to respond to critical incidents. Often when HACSU members are assaulted, bullied,

harmed or abused by a client in the workplace, the process is haphazard, or non-existent.

This could not be more urgent, particularly with stress associated with the pandemic. We note that to respond such incidents in the workplace, the construction, manufacturing, maritime, transport and some emergency services have implemented clear processes for their workers after an incident. This is severely lacking across the entirety of the caring sector, including disability. Disability providers, in partnership with HACSU must be supported by the Victorian Government to implement an effective critical incident response for disability support professionals to cope with workplace bullying, assault, harassment and violence.

It is unsurprising that the lack of safe systems of work has led to poorer workplace cultures across Victoria. Bullying and harassment perpetrated amongst disability support

professionals is rampant within the disability sector, with broader policy decisions from state and federal government's only causing more harm.

More than 40 per cent of HACSU members have experienced occupational violence from bullying and harassment. Physical violence and aggression, psychological harms, gendered violence, and discrimination are prevalent within the sector with most of the bullying and harassment occurring from co-workers and managers.

Worryingly 77 per cent of HACSU members have experienced or are experiencing a psychological injury from the workplace with little to no meaningful support to assist in addressing the cause and the recovery.

Having well trained staff who are able to identify abuse and neglect and are adequately equipped to respond to clients with behaviours of concern is essential to the prevention of abuse, neglect and occupational violence.

It is HACSU's view that one of the most important ways to address these matters is to attract well-trained staff by way of professionalising the workforce and urgently lifting the wages and conditions of the sector. Without good working conditions and adequate training, the quality of the workforce will continue to decline, attracting staff with inadequate skills, a lack of commitment to the sector, and a transient workforce.

HACSU is calling on the State Government to fund Worksafe to investigate the incidence, cause, and solutions across the disability sector and to fund specialist Care Sector Investigators.

Professionals, providers, and people with disability alike are concerned about the varying levels of support offered to a worker post-assault and are calling for a mandatory minimum of support to be offered to all workers in the disability sector that includes access to trained debriefers. To not do so inevitably leaves vulnerable people even more vulnerable.

Quality, Safeguarding and Whistleblowing

The current quality and safeguard checks are nationally inconsistent, expensive and onerous on employees and providers. The current NDIS Worker Screening check requires a nominated employer to receive clearance, prohibiting employee readiness.

HACSU believes there should be harmonisation of various screening checks to support worker mobility across the care sector. In the interim, the requirement for an employer to be nominated to apply for a NDIS Worker Screening Check should be removed.

As the only specialist union for disability services in Victoria, HACSU organisers are constantly faced with matters where members are unfairly targeted by providers for whistleblowing or attempting to introduce harm reduction measures to care for their residents. This is a harsh reality facing all disability support professionals who are terrified that by raising the alarm, they will be denied shifts.

This trend is also prevalent within the casual and agency staffing groups who routinely report that they fear they will not be believed or will be viewed as troublemakers.

To combat violence, abuse, neglect, and sexual offences within the disability sector, HACSU believe that the NDIA must adopt more stringent quality and safeguarding measures and better protection for whistle-blowers. We acknowledge that the Victorian Government has moved to implement greater legislative protection for whistle-blowers, but this has done little to shift the culture of fear and an 'every man for himself' mentality in the disability sector.

This is a mentality that is often encouraged by employers and middle management and must be combatted as a matter of urgency. Overall, employers have little to no understanding of the role of designated working groups and health and safety representatives, with countless

stories from HACSU members about their obstructive nature.

HACSU members know that to tackle matters of abuse, neglect and violence, disability support professionals must be working in a sector that is supportive of all areas of health and safety, inclusive of funded professional development and training.

It is our view that as a matter of urgency, providers, with the support of state and federal

governments, must:

- Encourage active participation by disability support professionals in designated working groups and the election of health and safety representatives.
- Establish a working group inclusive of Worksafe, disability providers, union representatives and disability support professionals to establish state-wide minimum standards and strategies to stamp out bullying and harassment.

NDIS Funding Rollout Operational Issues

Rosters

With the move from block funding to individualised funding, the NDIA has not consulted with disability support professionals and their representatives in relation to workforce and have not adequately considered the entirety of the job of a disability support worker. Members report that rosters of care approved by the NDIA are consistently incorrect and do not reflect the needs of participants or the workers who support them.

In Supported Independent Living (SIL) services, since the implementation of the NDIS, many rosters do not consider the occupational and psychological health and safety of disability support professionals, with a significant increase in split shifts, late finish/early starts, and lack of administrative and professional development and supervision support. A high number of experienced staff are reporting that they will consider leaving the workforce, largely due to the rostering patterns that create family/work imbalances and frustrations from the inability to meet workload demands or perform their duties to a high standard, reducing work satisfaction.

It is HACSU's belief that there has been a failure to adequately consult with direct care disability professionals in the NDIA's Roster of Care processes and that they need to be re-designed

to ensure that the process meets the needs of NDIS participants and the workers who support them.

In community and in-home services, there has been a significant increase in casualisation of the workforce, due to the flexibility of supports that creates challenges for secure and consistent work. These settings have had an enormous increase in the number of gig-economy platforms and sole traders. These workers have limited, if any, workplace law protections and are often not able to access basic occupational health and safety rights or entitlements.

Over 50 per cent of HACSU members report feeling concerned about the instability of their paid work, including changes in shift times that are often inconvenient and at short notice. Forty five per cent of members have reported regular unexpected changes to shifts, and a further 29 per cent indicated that they are often called back into work after a shift at inconvenient times. HACSU members en masse have shared their inability to effectively organise other parts of their lives, particularly financially and in terms of caring responsibilities due to the widespread instability of disability rosters.

Workload, Professional Development and Overheads

There are alarming gaps in the NDIS rostering principles. Once deemed non-negotiables, the absence of administrative time and professional development hours no longer appear as the NDIA inadequately funds administrative, training, development and supervision needs.

It is HACSU's view that this is a flawed methodology that must be urgently revisited. HACSU supports a review into the NDIA's Disability Support Worker Cost Model to ensure it captures the true costs of delivering quality support and maintaining a skilled workforce.

Administrative time is inadequately considered in NDIS prices, with the unfunded cost falling to providers. The NDIS provides a 12 per cent allowance for corporate overheads within prices, however, most providers report that their overheads are 30 per cent or higher. Unsurprisingly, providers are not adequately funding this critical aspect of the disability professional position. This is leading to high levels of disability support professionals working many hours of unpaid overtime to complete their work, or the work not being able to be physically done.

Resource pressures are affecting all Victorian services with these pressures negatively impacting disability support professionals' ability to provide high quality services to people with disability. Disability support professionals routinely report that there is not enough staff in

their service to complete the required work and many say they were under pressure to do more in less time.

Women are more likely to feel under pressure and under-resourced in their roles.

The person-centred philosophy of the NDIS is not translating to person-centred support. Workers are constantly raising concerns about the resource pressures affecting their service including critical workforce shortages, exacerbated by the introduction of NDIS administrative requirements, causing even higher workloads.

HACSU members report a mixed experience of professional development, supervision and career support, with an apparent decrease in positive outcomes since the introduction of the NDIS.

These pressures are also faced by supervisors, with many agreeing that they are unable to provide proper supervision due to a lack of time. Worryingly, many say they are not able to consider it because they have too many people to supervise and too few have received training in how to supervise staff.

Pricing

Currently NDIS pricing is set by the NDIA itself, which has led to price caps that do not allow for quality workforces. HACSU supports the recommendation from the 2017 Productivity Commission that this power is transferred to an independent body, and that workers and their unions be consulted on reviews of pricing.



A Fair and Balanced Discipline Policy

The safety of the disability sector has always been one of HACSU's highest priorities as a union who strives to improve the safety standards of the industry, in both its workforce and for people with a disability.

The disability sector has undergone several reviews, inquiries and reforms in recent years resulting in a strengthening of the quality and safeguards for people with disability that is supported and valued by stakeholders in the industry.

The primary purpose of disciplinary action and performance management procedures is to address concerns about employee behaviour, performance, or conduct. The aim is not to punish employees, but rather to correct performance or behaviour to meet an appropriate work standard. Removal from the workforce whilst undergoing investigations is often standard practice yet has significant short-term and long-term impacts on the health and well-being of employees whose work is an integral part of their identity.

In recent years, HACSU has experienced a high increase in the number of discipline matters that resulted in staff being stood down and/or investigated through a formal discipline process of serious misconduct with serious and significant impacts on those staff and their families. Those staff reported serious and significant impacts on their mental health and the wellbeing of their immediate families. Tragically, there have been three events of suicide involving HACSU members who were undergoing discipline processes, in a period of two years. The number of staff reporting suicidal tendencies during this process has also been significant and increasing.

Discipline processes also have an impact on teams and people with disability, who may struggle with understanding what is occurring, or where a trusted and familiar support worker has gone.

Our Proposed Procedure and Demands

HACSU are calling on providers to implement the following discipline procedure:

ASSESSMENT

- Assessments of complaints/reports should consider whether the complaint meets genuine serious misconduct, or can be managed as a practice review, performance management or misconduct. The appropriate level of discipline must be applied and conducted at the most localised level possible.
- Assessment of stand-down should consider whether there are other options for gainful employment. This should include consultation with the employee, as for some this would cause further impact on their mental health and stand down would be more appropriate. This should be reassessed throughout the process, and where this occurs there should be written confirmation of the temporary arrangements.
- A risk assessment to be completed for the employee subjected to the investigation, prior to actions being taken.
- All stand-downs should be reviewed immediately and where possible prior to actioning the stand-down to ensure probity by a nominated executive such as the CEO.



- All managers to be trained in the assessment and management of discipline procedures.
- Where there is a concern about appropriateness of level of misconduct, immediate contact is to be made by representatives to resolve as quickly as possible and escalated to senior management as a priority.

NOTIFICATION

- Employees must be provided the information that is available at the time of the stand-down which details the alleged serious misconduct, not the code of conduct breach itself.
- Where possible, the notification does not occur at the workplace, and before 3pm of any day to allow for supports to be engaged.

Employees suffer enormous stress when being notified of an investigation that requires their removal from the workplace and are not provided with the details about what the alleged incident/conduct was. Some employees are being given a generalised statement about the code of conduct breach with some employees not even given this. This lack of information causes them to want to question others in the workplace about what they know and ruminate unnecessarily. For the decision to be made to stand-down an employee, the provider must be satisfied that they have enough detail and evidence to do this, and this material must be provided at the time of the stand-down.

The location and timing of notification is also likely to increase stress and anxiety and impede access to relevant supports. Often employees attend a shift to find a manager/s onsite, or they attend throughout the shift, to be notified of their stand-down and to leave the workplace. Sometimes this occurs in front of other staff. This is humiliating, especially when other staff are on duty, and leaves them to make their way home in a state of distress.

It is also a widespread practice to stand-down employees after hours or just before close of business. This does not allow for employees to call their GP's, union, or other supports during business hours. If a staff member is not rostered on duty in the following period of the complaint/allegation being notified, this should be considered unnecessary and conducted in business hours when there is more support available.

INVESTIGATIONS AND TIME PROCESSES

Discipline processes should be completed in a timely manner and should not extend beyond 12 weeks, unless there are genuine reasons to account for this, such as criminal or police matters. There are several factors that cause investigations to be prolonged beyond these timeframes such as:

- Delays in provision of allegations and evidence.
- Employees becoming unfit to participate.
- Inability to contact or interview witnesses.
- Delays in appointing and having external investigators commence.
- Disputes with HACSU/other employee representatives.
- Ability to schedule meetings with HACSU and employees.
- Police or other parallel investigations.

HACSU are calling on providers to commit to the following:

1. Time-frame guidelines to be adopted by employers and HACSU.
2. Formal letter of stand-down including information about complaint – ideally at the time of stand down, but no later than one business day.
3. Letter of allegations and evidence – within one business week.
4. Commencement of investigation and response – within three business weeks.
5. Outcome meeting – within two business weeks of response.
6. Finalisation of matter – no longer than 12 weeks, unless exceptional circumstances.
7. Use of external investigators only where it is not feasible for investigations to be conducted internally.
8. Where represented, communication between the providers and HACSU from the outset may assist with understanding the level of concern and whether the process can be completed expeditiously. For example, where there is a full admission, there may not be a requirement to conduct witness interviews, gather evidence and formalise full reports prior to outcome discussions.
9. Avoid disputes about evidence by the timely provisions of allegations and evidence relied upon.
10. Scheduling of meetings times to be done directly and in consultation with employee/HACSU.
11. Continued liaison directly with representative and immediate escalation of issues to Senior Managers if there are concerns/disputes.
12. Review of case status regularly by senior management from providers and HACSU.

SUPPORT

- Review of proforma letters to remove generalised statements about contact with others, and to only include provisions relating to discussing the investigation or contacting key individuals related to the investigation.
- HACSU provision of stress fact sheet on all discipline allocations.
- Allocation of a well-being officer, who has no role in the investigation but whose role is to support the employee who has been stood down, to assist with management of their anxiety and mental health regarding the situation.
- A 24-hour hotline provided by staff at The Crossing and EAP.
- Education and assessment of EAP – both by the provider and HACSU.
- Discussion with the employee at the point of notification to determine who they would like to be their allocated point of contact.
- Regular contact to be made with employee throughout the process at least weekly, or as agreed with the employee, by both employer and HACSU representatives.
- Avoid any correspondence likely to require support occurring after 3pm on a business day.

OUTCOMES

- Outcomes should be proportionate to the offense.
- Outcomes should be consistently applied.
- Outcomes need to clearly identify the areas of improvement required and consultation with the employee to determine the supports needed to enable this.

The key objective of a discipline process is to address concerns about behaviour, performance or conduct, and to correct

performance or behaviour to meet an appropriate work standard. Whether an environment is one that employees feel safe to make mistakes and learn from them may be determined by the experiences they witness in the workplace.

HACSU believes that where employees witness harsh outcomes in disciplinary processes, this may have the reverse effect on employees feeling confident that they can self-report or

report others, and that a fair and just process will occur quickly and with fair outcomes. Employees consider this when deciding to raise a concern about a colleague or their own conduct, particularly where it involves minor practice or conduct issues. This approach may also incite malicious and vexatious reporting.

The disability sector is an industry that is not required to be highly trained, that provides minimal ongoing support and education, that has minimal supervision requirements and has a high level of casualisation. These factors must be considered when both assessing discipline streams and determining outcomes.

RETURN TO WORK

- All absences from the workplace of greater than 12 weeks will have a formalised return to work plan that:
 - Is flexible and adaptive to the needs of the employee,
 - Is developed with the employee directly and considers their suggestions/needs,
 - Takes into account a staged return where necessary to build confidence and fitness for work,
 - Takes into account additional training and supports.
- Development of return-to-work checklists to provide consistent approaches.



Stamping Out Predatory Behaviour in the Gig Economy

It is HACSU's view that the gig economy has no place in the caring industry, or indeed in any sector.

However, with the emergence and growth of on-demand work, it is crucial that these workers are afforded the same protections as the stable economy and predatory behaviour by on-demand platforms is aggressively stamped out. Insecure work and the use of on-demand platforms in the disability sector, particularly those that do not directly employ their staff, will continue to erode not only traditional conditions of employment with access to stable, safe and secure work, but also the quality of care for people with disability, thereby increasing risk to a vulnerable cohort that should be able to rely upon high-quality, registered and regulated supports.

If platforms can continue to operate outside much existing labour and safety regulation, it is essential that all measures are taken to ensure that the same level of quality and safeguarding is applied to them as those platforms who directly employ staff.

The workforce shortages in the disability sector during the pandemic, if nothing else, have shown that a valued, respected, and secure workforce with decent pay and conditions is only achieved by providing minimum standards that are not undermined by new forms of work arrangements.

At present, most digital platforms offer disability support to people with disability via sole traders in the industry without registering with the NDIS Quality and Safeguards Commission. These providers take a cut of the profits and yet do not offer any of the legal or industrial protections afforded to the disability support professionals or participants that traditional employers provide.

While HACSU acknowledge that digital platforms can offer flexibility to both disability support professionals and people with disability, the risks far outweigh the benefits. Firstly, these workers are rarely offered access to sick leave or personal leave, which is of grave concern given the challenges posed to our sector with the COVID19 pandemic.

By the very nature of the work, there is little opportunity for training or supervision and the personal liability risks are arguably the most dangerous in the sector.

The disability sector is a highly feminised workforce, and we are extremely concerned about the fact that there is no obligation for these platforms to make provide superannuation or other entitlements. For the most part, at present they are unconscionably low or reliant on the worker to make their own contributions.

The Victorian Government, in partnership with the Commonwealth have an incredibly important role to play to ensure that quality of care provided to participants, and the health and safety of all involved is protected, irrespective of mode of employment. The state and federal governments must come together to agree on procurement rules which forbid NDIS funding being able to avoid minimum Award conditions. A governing body should have the capacity to enforce criminal and financial penalties and employer exclusion lists.

HACSU maintains there must be change to labour laws at a national level for the challenges of on-demand work to be properly addressed. While we recognise that workers

in the on-demand economy are part of a rapidly changing workplace environment, there is no justification for limiting their access to appropriate entitlements such as leave, proper payment, superannuation, safe working conditions, and representation, simply because they do not neatly fit into the pre-existing artificial definition of employee.

Furthermore, as articulated in our submission to the On-Demand Inquiry, it is HACSU's strong contention that on-demand platforms in the disability sector exercise a significant degree of control over the workers using their platforms and ought to be classified as employees.

While we question what impact the Standards will have in protecting or improving conditions for workers engaged by on-demand platforms without action at a national level and given they will necessarily be voluntary in nature and deliberately contain high level principles only, we nonetheless commend the Victorian Government's efforts to affect change in this area.



Taking Care of Our Disability Support Professionals

The Crossing: Work-led Rehabilitation, Outpatient, Outreach and Suicide Prevention Service

Like the COVID19 Pandemic, risky substance misuse and mental ill-health does not discriminate. One in five Australians will grapple with these chronic health conditions in their lifetime and it has become abundantly clear that crucial interventions for working people, particularly those in the health sector are severely lacking.

While the Andrews' Labor Government must be applauded for its courageous efforts in more than doubling the number of public rehabilitation beds across the state, even with this significant investment, far too many are still being left behind.

Far too often, trade unions are confronted with the stark reality of what working people and their families are forced to go through when trying to access this critical healthcare.

In Victoria, the largely unregulated private rehabilitation services mean that working people are often confronted with re-mortgaging their house, taking out loans, or withdrawing their superannuation to pay for services that can cost up to \$30,000 per month. Victoria's rehabilitation system is mostly inaccessible for working people, as most stays are between three and 12 months.

In Australia it takes an average of 20 years for a person to seek assistance for addiction due to shame and stigma and this is a trend that is appearing across all shop floors and all industries across the state.

The current system of treatment is not working and requires fresh ideas and methodologies

for providing suitable treatment to working people and their families, and funding models that work both for patients, employers, and the government.

The public and private AOD sector is not fit-for-purpose and is inaccessible for working people and their families. Whether it is an employee or a family member of an employee grappling with an addiction, HACSU members know the harmful impacts of not being able to seek timely assistance and the effect this can have on your mental health, relationships, working life and financial position.

Too often we hear stories of working people who want to cease using but opt not to because they cannot afford treatment or do not have the support of their workplace. For working people there are far too many barriers in accessing the appropriate treatment when required. Accessing critical healthcare for you or your family should never cost you your job or be dependent on your bank balance.

HACSU, along with 32 other Victorian unions, are proposing a tri-partisan collaboration with Odyssey House for a 28-day inpatient treatment facility funded and owned by the trade union movement called The Crossing. The Crossing will include the establishment of an outreach and outpatient service, inclusive of toolbox talks for delegates, health and safety representatives, organisers and working people from all sectors with the support of trade unions, employers and the government and importantly will be free for HACSU members and their families.

We need innovative, sophisticated solutions to complex issues such as addiction and mental ill-health. We know that we have the most cost-effective, fit-for-purpose model for working Victorians to ease the burden on our already overcrowded healthcare system.

Workplace support and early intervention are crucial in supporting workers combating addiction and mental health struggles.

As part of the rollout of The Crossing, it is our view that all Victorian providers should support the initiative and commit to rolling out comprehensive Suicide ASIST training and mental-ill health and risky substance misuse awareness training to all disability support professionals.

The opening of The Crossing will change the lives of workers struggling with risky addiction — as well as their families, their workmates, and their community.



Leave to Receive Treatment for Addiction

A key barrier to disability support workers accessing treatment for addiction treatment is a lack of leave entitlements. This is even more difficult for women. Women carry the brunt of domestic care and reproductive health—often having to split their sick leave between caring for their family and maintaining own health and wellbeing. It is essential for specific leave provisions to be added to enterprise agreements and awards as standards to assist women in seeking addiction treatment.

Modelled on the Leave to Attend Rehabilitation clause in the Victorian Public Sector Enterprise Agreement, we believe that a leave provision must be added and available for all working people after passing probation to attend rehabilitation. This clause should be a 30-day minimum and should accrue further leave with years of service.

We see this as a harm-reduction measure that makes economic sense for business, community and family. At present the current policy settings cost the Australian community approximately \$55 billion annually due to the knock-on effects of addiction.

It is economically responsible to invest in addiction leave, equitable rehabilitation and harm reduction measures as for every \$1 invested saves the community \$27.

Our Claim: Leave to Attend Rehabilitation Program:

XX.1 An Employee may be granted up to 30 days of paid Rehabilitation Leave:

To attend an approved rehabilitation program, where the employer is satisfied that:

- a. The employee is affected by addiction or a related health condition of any kind, including, but not limited to, alcohol or other drug (AOD) use/misuse or other addictive behaviours (e.g., gambling); and
- b. The employee is prepared to undertake a course of treatment designed for the rehabilitation of persons with addiction or other related health conditions.

OR:

To provide care and support to another employee or a friend or family member of the employee who requires care and support due to addiction or a related health condition of any kind.

XX.2 Evidence and Quantum of Leave:

- a. On production of proof-of-attendance at an approved rehabilitation program in accordance with clause XX.1(a) an employee will be granted 30 days' paid leave to support completion of the program.
- b. An employee taking leave in accordance with clause XX.1(b) will be granted up to 30 days' paid leave as required.
- c. An employer may require an employee to take leave in accordance with clause XX.1(b) to provide evidence that care and support is required. Production of a medical certificate or statutory declaration will satisfy any such evidentiary requirement.
- d. For the purposes of this clause, approved rehabilitation program will include any program offered by the Victorian Trades and Labour Health Foundation (VTLHF) including 'The Crossing'.

XX.3 Other Leave:

- a. An employee may utilise leave under this clause in conjunction with any other type of leave
- b. For the avoidance of doubt, any leave granted under this clause will not break (and will count towards) an employee's continuous service.

XX.4 Supported Return to Work:

- a. An employee who has utilised leave under clause XX.1 will be supported by the employer to return to work in a way that is sensitive to their recovery journey and their probable need for ongoing access to AOD support services. As such, the employer will give due consideration to any reasonable request from an employee in recovery or their chosen representative to alter the employee's working arrangements, including but not limited to:
 - i. Flexible working hours to facilitate attendance at appointments or peer support sessions etc.
 - ii. Ability to work from home as needed
 - iii. Flexible use of personal, annual, or long service leave, including single day or half-day absences
 - iv. Access to reasonable unpaid leave

Our Claim: Training - Alcohol and Other Drugs and Suicide Prevention

XX.1 HSR/Delegate Training (AOD):

- a. The employer will provide paid time for HSRs/Union delegates or other approved employees, to attend approved alcohol and other drug (AOD) training, with such pay as they would otherwise be entitled to receive from the employer for work during that period and not otherwise be disadvantaged.
- b. For the avoidance of doubt, leave to attend HSR/delegate AOD training is separate and additional to any Trade Union Training Leave granted under cl. XX or Health and Safety Training Leave granted under cl. XX.
- c. For the purposes of this clause, approved alcohol and other drug (AOD) training will include training provided by the Victorian Trades and Labour Health Foundation (VTLHF).
- d. HSR/delegate AOD training programs will be determined in consultation with the Union to ensure the training is appropriate to the OH&S risks and hazards experienced in the sector, but must, at a minimum, be at least three hours in length and cover the following topics:
 - i. Australian Workplace Health and Safety statistics.
 - ii. Overview of the applicable state-based OH&S legislation, including relevant duties/obligations.
 - iii. Mental health – discussion about stress, anxiety and depression and how these conditions can interact with AOD use/misuse.
 - iv. Fatigue – overview of causes and coping mechanisms.
 - v. Illness and injury – management of illness and injury, legal requirements, rehabilitation process.
 - vi. Legal/illegal drugs and alcohol – statistics on current use, potential negative consequences to the workplace, workplace deaths and accidents associated with alcohol and other drug use (industry-specific where feasible).
 - vii. Harms relating to alcohol and other drug use and harm reduction.
 - viii. Information about workplace impairment and recognising signs of impairment.
 - ix. Information about the Victorian Trades and Labour Health Foundation (VTLHF) and the programs/services it offers.
 - x. Information about the range of AOD support and treatment services available in the state and how to access appropriate supports/services.
 - xi. The employer will make every endeavour to ensure that at least one employee at every worksite/facility has received AOD training.
 - xii. The employer will, in consultation with the Union, undertake ongoing review of training needs and delivery throughout the life of this Agreement.

XX.2 Suicide Prevention Awareness/Training:

- a. The employer recognises that mental health awareness and suicide prevention are important OH&S issues.
- b. In order to improve mental health outcomes, the Employer agrees to support the VTLHF's XXXX XXXX (suicide awareness/prevention) program, including by:
- c. Providing information about the program to Employees by posting authorised written material in a place within the workplace to which Employees have convenient access; or
- d. distributing such material by appropriate means to Employees.
- e. The Employer will provide suicide awareness and prevention training to Employees, including apprentices and/or trainees, however engaged, through an approved provider.
- f. For the purposes of this clause, the Victorian Trades and Labour Health Foundation (VTLHF) is an approved provider of suicide awareness and prevention training.

Our Claim - Training - Alcohol and Other Drugs and Suicide Prevention (continued)

XX.3 Induction/Orientation Training (can be inserted into pre-existing induction/orientation clause):

- a. Orientation and induction training for new employees will include information about the services offered by the Victorian Trades and Labour Health Foundation (VTLHF).

XX.4 The employer will, in consultation with the Union, undertake ongoing review of training needs and delivery throughout the life of this Agreement.

Introduction of Progressive Leave Clauses for Women

Reproductive Health and Wellbeing

- Five days paid leave for employees experiencing reproductive health matters for the purpose of attending and recovering from specialty appointments and treatments.
- 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 speciality 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. 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 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.

Pregnancy Loss

- Employees who experience pregnancy loss after 20 weeks are entitled to access paid parental leave entitlements under their applicable enterprise agreement.
- Employees are entitled to a period of paid pregnancy loss leave if the pregnancy comes to an end before 20 weeks' gestation.
 - An employee and their partner are entitled to five days of paid pregnancy loss leave if the pregnancy ends between one and 10 weeks.
 - An employee and their partner are entitled to 10 days of paid pregnancy loss leave if the pregnancy ends between 10 weeks and 19 weeks and six days.

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.

Losing a pregnancy before 20 weeks can have a massive effect on a person's mental health, as well as the physical trauma of the loss. Accordingly, our claim is five days of paid leave to ensure that both the person who has lost the pregnancy and their partner are able to support each other through that trauma.

Losing a pregnancy after 20 weeks also has effects on mental health, however the physical trauma may be more significant as surgeries may be required, meaning more recovery time and may be more financially stressful for the person/s experiencing the loss.

Pregnancy loss leave, like reproductive leave, prevents employees going to work without having the proper time to grieve and process their loss. It allows women to attend any medical appointments and procedures following the miscarriage. Without these leave entitlements, individuals are forced to inappropriately use up their personal leave entitlements in instances that shouldn't be considered as "illness or injury".

Superannuation Reform

- Superannuation to be paid into superannuation funds on the day workers earn it; and
- Superannuation to be paid on both employer and government parental leave payments, as well as unpaid parental leave.

Women face a greater risk of experiencing poverty in their old age due to low superannuation accumulation during their working life. This is partially attributable to the traditional role of women as carers and the impact of parental leave and part time working arrangements impeding superannuation growth. Our claim seeks to enhance the superannuation balance of employees through expanding the categories of leave that attract superannuation payments, and by simply the frequency that superannuation is paid. We estimate that changing the superannuation payments from quarterly to fortnightly could result in individuals having up to \$8,000 more in their accounts come retirement.

Family Violence Leave

- Commitment that the employer recognises that employees sometimes face situations of violence or abuse in their personal life that may affect their attendance or performance at work.
- The employer is committed to providing support to those employees and will provide leave to those who are experiencing or being threatened with violence due to physical and/or psychological injury, as well as to attend counselling appointments, legal appointments or proceedings and all other activities related to, and as consequence of, family violence.
- The employer is not to provide any personal information, including but limited to, personal address, phone numbers, email address, working hours etc. to anyone unless pivotal to the work engaged in by the employee.
- This clause is available to all employees including full-time, part-time and casual and includes a commitment from the employer to implement temporary or ongoing changes to assist in the employees working life including and not limited to:
 - o temporary or ongoing changes to their span of hours or pattern or hours and/or shift patterns;
 - o temporary or ongoing job redesign or changes to duties;
 - o temporary or ongoing relocation to suitable employment at a suitable location;
 - o a change to their telephone number/s and/or email address to avoid harassing contact;
 - o any other appropriate measure including those available under existing provisions for family friendly and flexible work arrangements.
- Employees are also eligible to utilise this clause in conjunction with existing leave provisions to assist a person experiencing family violence.
- An employee experiencing family violence will have access to 20 days per year of paid special leave for medical appointments, legal proceedings and all other activities related to family violence (this leave is not cumulative but if the leave is exhausted reasonable consideration will be given to providing additional leave and will not be unreasonably refused).
- This leave will be in addition to all existing leave entitlements and may be taken as consecutive or single days or as a fraction of a day and can be taken without prior approval.

Prior to the Royal Commission into Family Violence in Victoria, it was estimated that the total cost to the Victorian community and broader economy was \$918 million, with the cost to individuals and their families being \$2.6 billion and the total cost to the State at \$5.3 billion. Too often women experiencing domestic violence are excluded from the workforce due to the ongoing and associated effects of family violence. This clause centres on a commitment from HACSU and our employers that we will do everything possible to ensure that women can continue to thrive in the workplace, even in the face of family violence. It is our belief that issues of flexibility, leave and financial status should never preclude a woman from fleeing violence.

Violence and abuse cut across lines of income, class, and culture with long-term effects on women's mental health. Violence is still the leading contributor to death, disability, and illness for women. Family Violence is a health issue.

Going forward

Whilst we have been successful in achieving the inclusion of some of the above claims (or various iterations of these claims) in enterprise agreements to date, the fight is unfortunately not over. HACSU will continue to fight for the widespread inclusion of progressive claims in all agreements, covering all workforces.

Portable Long Service Leave

HACSU fought hard for Disability Professionals to be included in the Victorian Portable Long Service Leave Scheme and have a position on the Board to voice HACSU members views and opinions. Victoria's Portable Long Service Benefits Scheme is in existence to ensure Disability workers can build up long service benefits based on service to the industry, rather than years with a single employer. It is 'portable' because it moves with workers through their years of employment.

Under Victorian legislation all disability services should be signed up to the Portable Long Service Leave Scheme. Under the scheme, employers register their workers and report their service. If Disability Professionals work for multiple employers, each employer must register the employee for the scheme. However, many employers are not complying, and do not register their workers.

If an employer has not registered a worker, that worker is to contact them immediately, as

many employers are saying they are not aware of the scheme. Each employer should have a worker ID so that they themselves can check their own leave balances through the Worker Portal. A person's worker ID remains the same throughout employment. It is important to note that the scheme began on 1 January 2020 for NDIS services and therefore the scheme does not cover previous employers prior to 1 January 2020. To date that authority has not taken a strong approach on compliance even though employers have an obligation to do so.

HACSU are urging the authority to take a stronger approach on compliance from providers, inclusive of a strong education campaign on how workers opt in, and monetary consequences for employers who do not register employees. To encourage compliance, HACSU also believe disability providers should only be able to accept NDIA funded clients where the disability provider is registered with the Portable Long Service Benefits Scheme.

Expansion of Dual Diagnosis Capabilities

Victoria currently only has eight dual diagnosis mental ill-health and disability beds for the entire state. These are situated at the Austin Hospital with a Victorian Dual Disability telephone service available to disability support professionals at St Vincent's Hospital.

While HACSU welcome funding in the recent 2021/22 Victorian State Budget to commence service delivery for a further four beds, we are severely under capacity across the state. This has only further been exacerbated with the deletion of the dual disability and mental health nursing qualifications.

On the whole disability support professionals do not have mental health qualifications and mental health clinicians do not have disability qualifications. It is unsurprising that Victoria has a severe lack of appropriate settings for

consumers grappling with a dual diagnosis. Footprints for disability services are vastly different to those in mental health. This often results in professionals from both sectors doing the best they can in settings with equipment and spatial arrangements that are not fit-for-purpose.

It is widely accepted by the medical community that consumers with an intellectual or physical disability have far worse mental health outcomes than those without and this is further exacerbated by the fact that they do not fit into a generic model of service delivery.

Participants, disability support professionals and mental health clinicians deserve a targeted, expanded and specialised service that has the capability to meet Victorians living with a disability where they're at.

