

Productivity Commission Inquiry into the increased application of competition, contestability and informed user choice to human services

Community Mental Health Employment conditions decimation.

Community Mental Health Services is currently undergoing a major re-structuring as a response to the perceived competitiveness with the introduction of the National Disability Scheme. (NDIS) Management in organisations repeatedly remind staff that they need to be competitive and cut costs. The tension is with a model that is client centred, to accommodate all kinds of lifestyle options and the exploitation of staff hours and wages to meet the spread of these needs. The client centred rational is used to decimate conditions, wages and entitlements. It is happening across all community service organisations.

Whilst you might be hearing lots of good news stories with the roll out of NDIS from July 1. For staff in community Mental Health services it means conditions are compromised and job security is now non-existent.

As a result workers' rights are being compromised. Staff are having hours reduced, offered temporary contracts where there is provision for early termination on every new position description, so there is no redundancy payment.

As you are aware people who work in the community sector, do so because they are committed to helping the most vulnerable in our society and the work is not highly paid. The entry level for an employee at xxxx is around \$52,000 pro rata depend ending on hours and are required to have a tertiary qualification. (Wages are not high enough to pay HECs back, which start at around \$54,869)

No-one even knows how NDIS will be rolled out in the community mental health sector, or if our clients are eligible. No assessments have been completed.

Current changes include.

* Reducing hours from full time 7.6 (38 per week) to 7.5; 7.2;6.5; 5.0 per day, so staff miss paid afternoon tea breaks, (By doing this people cannot accrue time for a RDO) It means that people going for new jobs have their pay cut, because they are working less hours. (There are staff on both full time and "effective full time" (euphemism for full time.) which creates conflict in teams.

* "Permanent" staff are on renewable one and two year contracts. It is not unusual to be given several weeks's notice that your contract will be extended. This has resulted in mental anguish, as staff are not aware if they will have a job. Contracts from DHS are funded over 3 year blocks.

* Employing staff on renewable one year contracts that have provision for early termination.

* Staff in adult residential programs, even part-time, are forced to work on a 6 week rotating roster. Management says this is a fairer option, because it maximises financial efficiencies.

However staff have found this to be unfair and compromising their lifestyle. People working this roster are prevented from making commitments to study and other lifestyle choices. Single parents and students are unable to work this roster and it provides no flexibility. There is a huge impact on mental health, as people cannot make plans or commit to term activities, when they could miss several sessions. Working this roster has meant there has been a huge staff turnover.

* The culture is one of intimation and submission when it comes to questioning organisational survival.

* Staff have been told that the future of NDIS means: that they will be paid according to the number of clients they have. If there are no referrals, there will be no work. Clients have to right to choose who, when and how they will work together. There is talk of replacing staff with cheaper PCA (personal care attendant) staff. (The NDIS model does support this, in order to maximise clients support)

* Staff need to consider having a portfolio of part-time jobs, in order to manage job insecurity.

* Community Mental health services had a stable older workforce and now new staff tend to be in their 20[']ms with high turnover. This is also a cost saving to organisations.

* No one knows how NDIS will be implanted in community mental health. (No assessments have been done)

* As the sector has changed, we must be entitled to portable long service leave. All the jobs are funded by Department of Human Services and people will have to have many jobs over a 10 year period to survive financially. (The wages are not high enough for employees to have their own prudent reserve). Also we need to access to long service payments, to assist in times of unemployment. As there are now no meagre payments on redundancy, apart from

I was going to apply for a job at xxxx over the weekend. It was advertised as full time and I rang to check the hours, as this organisation usually advertises as effective full time, which is not the same as full time. The advertisement says full time and the reality is that it is called effective full time at 7.2 hours per day; instead of 7.6. which is full time. This is a drop in salary of 40 minutes per day. The salary drop is equivalent to 3.3 hours. xxxx is also employing new staff at their residential facilities on a rotating roster, across 7 days working- 27 hours on average per week. All the staff are part time and want to work on set days to accommodate family/ study and other lifestyle commitments. Since the introduction of this roster 2 years ago, every residential service has had a high turnover. (Prior to this roster change teams were very stable and staff would actually work long enough to get long service.) The penalty weekend shifts are only for 5 hours and it is not enough of an enticement to surrender a Saturday night for an additional \$50.00 penalty.

Staff are not able to find other part-time work to supplement the 27 hours, as they need to be available for their primary job across the entire 7 days and nights. (As you are aware, it is a sackable offense to receive sick leave and be employed at another place) Some weeks, staff only work 21 hours and this amount of work is not sustainable to live on. I have heard staff say to me that they often work across 7 days to make a living wage! Nor is it family friendly or providing a good work life balance with a rotating roster. Working a rotating roster impacts significantly on mental health, life choices and overall wellness. There is lots of literature on the impact of shift work on individuals, families and marriages. It is beyond belief that an organisation, can impose such conditions and choose not to look after staff, whilst upholding high standards in client work. Staff would be more content to work a two week roster and have mostly set days.

I am pleased to say that staff are incredibly passionate about their work want the best for clients and are in favour of NDIS benefits for their clients. Staff strive to harness client strengths and enrich lives. Staff have strong values around supporting clients to live independent, productive and satisfying lives. All community mental health workers deserve to be treated with respect and have job security and full time wages.

Yours Sincerely

Confidential

What we want a return to:

- * Job security.
- * Full 38 hour per week employment.
- * Full shifts, not broken shifts.
- * Penalties rates for evening work.
- * No rotating rosters.
- * Portable and accruable long service leave in the community sector.
- * Work contracts that reflect the continuity of the block of Government funding contract.