



16 June 2021

**Submission to the National Skills Commission for the Care Workforce Labour Market Study**

**From: The Australian Work + Family Policy Roundtable**

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Dear Mr Boyton,

**The Work and Family Policy Roundtable (W+FPR) is pleased to make a submission to the National Skills Commission Care Workforce Labour Market Study.**

The W+FPR is a network of 32 academics from 18 universities and research institutions with expertise on work, care and family policy. Its goal is to propose, comment upon, collect and disseminate research to inform good evidence-based public policy in Australia. Our membership and the policy principles that inform our work are set out in Appendix 1 to this submission.

Our submission to the Care Workforce Labour Market Study is concerned with the *essential* early childhood education and care (ECEC), disability support and aged care workforces in the broader care workforce labour market – all working for services funded by the Commonwealth and for whom the Commonwealth is directly responsible.

As we noted in our December 2020 [Work + Care in a Gender Inclusive Recovery: A Bold Policy Agenda for a New Social Contract](#), care is essential to human wellbeing and economic prosperity. High quality care – both paid and unpaid – enables the development of human capabilities, wellbeing and economic productivity. Inadequate investment in care services and supports, including uneven coverage of paid leave for workers in casual and precarious employment, and low wages for the essential care workers who keep our communities functioning, weakens our economy. Inadequate care infrastructure leaves communities vulnerable and exacerbates inequalities, increasing costs for government over the long term. The environmental and health crises of 2020 and 2021 highlight that without adequate paid and unpaid care the economy stops.

Our submission is divided into three sections. Section 1 addresses workforce observations, attraction, retention and development (focus areas 1 and 2); Section 2 addresses system settings (focus area 3); and Section 3 addresses data gaps (focus area 7). Given the detailed submission on the disability support workforce from one of our W+FPR members, Dr Fiona Macdonald, which we strongly endorse, our specific focus here is on the ECEC and aged care workforces.

## **SECTION 1: Labour market context & workforce observations**

The care workforce, including those who work in aged care, disability support and early childhood education and care (ECEC), is growing rapidly. Jobs in these sectors are projected to make the largest contribution to employment growth, accounting for more than a quarter of all new jobs between 2018-2023 (Department of Jobs & Small Business 2018). However, while the Commonwealth is effectively the lead employer and market manager in a supply chain of subsidised and contracted out services in these care sectors, there are ongoing shortages of staff. This is, in part, due to the very low wages, casualised conditions, underemployment and fragmented working time schedules that characterise employment in frontline care jobs. Care and support workers are increasingly employed through contracting arrangements and on gig platforms. The Covid-19 crisis has exposed the weaknesses of under-regulated and un-coordinated care work and poor working conditions in terms of population health impacts.

High attrition and job and working time insecurity directly influence the quality of care service provision and the dignity provided to service users, their families and workers. Targeted initiatives to improve conditions in the frontline care sectors under the *Fair Work Act 2009* have failed to address low wages and poor conditions, including the failure of the Act's low-paid bargaining stream to open up multi-employer bargaining in residential aged care, and the Fair Work Commission's rejection of the long-running equal remuneration case for early childhood education and care workers.

In ECEC, low pay leads to the regular loss of experienced skilled staff who leave the sector to pursue higher paid jobs (McDonald et al 2018). The recommendations of the Productivity Commission (2015) to extend subsidies to nannies, as part of a small Nanny Pilot Program, while excluding any support for qualified workers providing similar hours and flexibility of care in Family Day Care settings, has contributed to the further devaluing of the ECEC workforce and a lack of recognition for the skills and training required to provide quality care. Similarly, under the NDIS, systemic under-pricing of care services and lack of funding for training and supervision of the care workforce undermine the pay, working conditions and quality of care support that can be provided to clients (Cortis et al 2017; NDS 2018). Community aged care services for older people face the same challenges, undermining prospects for rapid system expansion.

**Current funding models do not provide adequate support for frontline workers delivering aged care, disability support and early childhood education and undermine the sustainability of the care workforce.**

Improved working conditions for the care workforce are essential for the delivery of the high quality services that are valued by the community and vital to individual and family wellbeing (de Henau 2016). They are also essential to ensure a sustainable care workforce into the future. **Low wages, insecure work conditions and limited or no support for training for care workers in these sectors could be addressed through a more robust floor of minimum standards and through sector wide bargaining.**

### ***Drivers of change in the care and support workforce.***

The size of and conditions faced by the frontline care workforce are fundamentally shaped by the policy settings within which work is organised, recognised and remunerated. **The question is therefore not how will the workforce need to adapt, but how must policy settings, including employment regulation and support for workers, especially the growing numbers of migrant workers, need to adapt to support a vibrant, high quality and sustainable care workforce into the future.** Here we comment on job design, and skills recognition and training as two crucial aspects of the workforce policy.

#### *Job Design*

In the ECEC, disability and aged care sectors wide-spread employer practice is to employ workers on short hours casual or part-time contracts which keeps workers underemployed and 'hungry for hours'. Workers are flexed up and down at ordinary time rates often with a few hours notice. While designed to maximise the numerical flexibility of workers in what is, in effect, a lean manufacturing model of 'just in time' staffing, this approach delivers poor working time security and undermines income security for workers. It also increases the risk of stress and burnout among care workers. **Time and income insecurity in the care workforce contributes directly to the loss of workers from these care sectors and leaves an uncalculated amount of spare capacity in the current care workforce. This capacity could be better utilised through the provision of better working conditions and work organisation more appropriate for the delivery of high quality client-centred human services.**

#### *Skill recognition*

Workforce skills in highly feminised care sectors such as ECEC, aged care and disability support have historically been unrecognised and undervalued (Hall 1999; Macdonald & Charlesworth 2021) underwriting low wages and limited opportunities for career progression. There is little policy recognition of the nature of the skills currently utilised by frontline care workers, despite the rapid expansion of human services, reasonable expectations of improved standards of care, and changes to the labour process through flattened skill hierarchies and declining staff ratios (Meagher et al 2019).

In the ECEC sector, while inadequately remunerated, there is a formal recognition of the skills required to deliver quality care in the National Quality Framework (NQF), which sets out the minimum qualification and educator to child ratio requirements for ECEC services. However in sectors such as disability support and aged care there has been scant formal industry or government recognition of the skills used by workers and/or of the need to provide adequate training to update skills.

In residential aged care, for example, there have been significant changes in the composition, skill mix and skill demands of the workforce. As a consequence of the decrease in nursing qualified staff and a declining ratio of direct care staff to residents, together with the increased needs of residents, the nature of the work, the level of skill and responsibility involved in doing work in residential aged care has changed rapidly. Personal care workers (PCWs) are now expected to do more clinical care, such as peg feeding and managing catheters, with often scant supervision in conditions of understaffing and a lack of time to spend with residents. PCWs are also required to exercise a large degree of judgement and discretion about how to best to provide care to particular residents, whilst also juggling the competing needs of other residents for care and support. They are also the main conduit for communication with residents' families and may on occasions have to manage intrafamilial disputes between family members about the care of their relative. There are now significant physical demands in personal care work with the increase in the share of residents who are cognitively impaired, physically dependent and frail (Eagar, Westera & Kobel 2020).

In both aged care and disability support, the performance of physical tasks such as showering, toileting and dressing under tight timelines requires the application of considerable skill and judgement in order to avoid injury and to treat residents and clients with respect and dignity. The capacity to know how to provide care in diverse situations with individual people, whose needs might change on a daily basis, also requires specific and demonstrable knowledge and skills as well as a high degree of autonomy, responsibility and judgment.

**However these responsibilities and skills are not currently outlined in frontline care worker classifications in the relevant modern award and are certainly not reflected in the low pay rates that adhere to those classifications.**

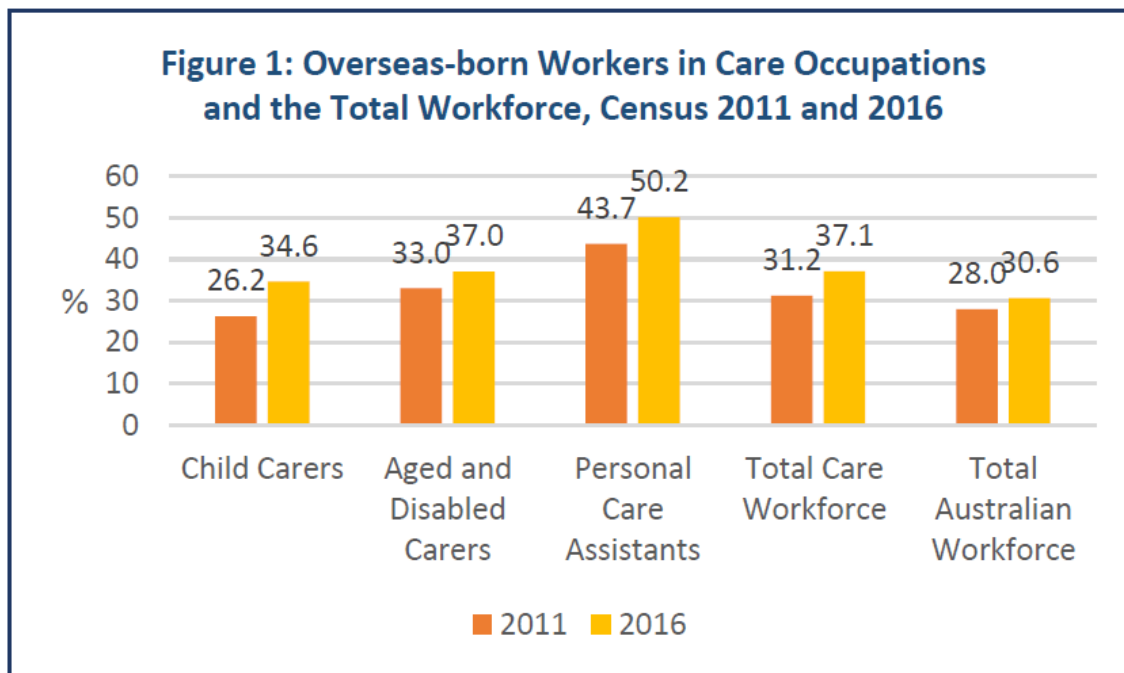
Finally, under Australia's marketised system, especially in aged care and disability support relatively few employers provide the opportunity for frontline care workers to gain such additional skills on paid time. Among disability workers for example, 26% of disability workers reported receiving only a day or less of training in the past year (Cortis and van Toorn 2020, p74). The inadequate provision of additional on-the-job training opportunities together with the lack of any meaningful wage increases in progression up limited skill classifications in awards works to reinforce a view of frontline care workers as 'under-skilled' and contributes directly to the poor attraction and retention of workers.

## **SECTION 2: System settings**

A new and important development in the Australian care workforce is our growing reliance on migrant workers. Expansion of the migrant workforce is often presented as a panacea for current and projected labour shortages (Aged Care Workforce Industry Council 2021). This has significant implications for a sustainable system of care. We outline a number of critical issues.

Australian Census data and industry surveys report increasing numbers of migrants working in care occupations (Adamson et al 2017; Howe et al 2019). Between 2011-2016 there was a significant increase in the proportion of the frontline care workforce born outside Australia working in the residential aged care, home care for people with disability and older people, and early childhood education and care (ECEC) sectors (See Figure 1: Eastman et al 2018). While there is some lack of precision in the way aged care occupations are classified as noted below, Australian Bureau of Statistics (ABS) Census data indicates that the proportion of overseas born in the occupation of personal care assistants, the main frontline care occupation in residential aged care, grew from 43.7% in 2011 to 50.2% in 2016 (Figure 1). The proportion of migrants in the main frontline occupation in community or home-based long-term care, aged and disabled workers, grew from 33.0% in 2011 to 37.0% in 2016. And the proportion of overseas-born employed as child carers increased from 26.2% in 2011 to 34.6% in 2016. **In total, the proportion of overseas born workers across the ECEC and aged care workforces increased by almost 6 percentage points – more than twice the increase for the total working population.**

Many of these migrants are recently arrived, with ABS labour force survey data suggesting that increasing numbers of those most recently arrived hold temporary visas (Eastman et al 2018). A growing proportion of migrants working in frontline care come from non-English language speaking background countries such as India, the Philippines and Nepal.



Source: Eastman, Charlesworth & Hill 2018

The focus of Australia’s skills-based migration system has meant few direct visa pathways into frontline care work. However direct pathways, such as the Pacific Labour Scheme (PLS) launched in July 2018 have created new opportunities for employers to source temporary migrant workers from the Pacific Islands for the care sectors. Temporary migrant workers are particularly vulnerable to low wages and poor conditions (Berg 2015; Berg & Farbenblum, 2018; Andersen 2010). Improving wages and employment conditions in ECEC, disability support and aged care *for all workers* will offer important protections to migrant workers. In addition, particular attention must be paid to the unpaid care responsibilities of temporary and recently arrived migrant workers. For example, international students who work in the care sectors do not have access to Child Care Subsidy or Parental Leave Pay to balance their paid work and unpaid care responsibilities in Australia. PLS workers are not allowed to bring their families to Australia while they work. These workers require special measures in order to maintain close family and community relationships and responsibilities. These may include extended carers leave, support for daily communication or travel support (Hill et al 2018). **Given the recent federal government shift towards temporary migration policies, government must take measures to address family care responsibilities of temporary migrants and the rights of children left behind.**

In 2009 Anna Howe argued that unlike in many other developed countries, the Australian situation was best described as ‘migrants working in’ aged care care rather than as ‘migrant care workers’ (Howe 2009). That is, migrants working in aged care in Australia have ‘ended up’ in care work rather than migrating for that purpose. Howe argued that the presence of low-skill migrant care workers in other countries was absent in Australia because skills-based immigration policies had precluded the entry of ‘low-skill’ care workers.

That situation is changing in the Australian care workforce. An analysis of the 2016 Characteristics of Recent Australian Migrants Survey that provides information on migrants who arrived between 2006 and 2016 on both permanent and temporary visas shows that of those working as care workers in 2016, 47% had arrived on temporary visas in the 2007-2011 period (Eastman et al 2018). However in

the 2012-2016 period, 76% arrived on temporary visas. This trend is consistent with shifts in Australia's migration policy away from permanent towards temporary migration during this period. Overall, around 64% of overseas born care workers who arrived between 2006 and 2016 entered Australia on temporary visas. Around 38% (18,800 people) arrived on temporary student visas, suggesting the importance of international students as a 'back door' labour force in care work. Around 75% of those from the top five countries of birth – India, the Philippines, Nepal, Sri Lanka and Bangladesh – arrived on a temporary visa, compared to around 25% of migrant care workers from other countries (Eastman et al 2018).

As argued in Howe, Charlesworth & Brennan 2019 (at 241), and based on international experience, the current temporary migration pathways for care workers risk producing a frontline migrant care workforce in Australia that is vulnerable to exploitation. **This system setting has not and cannot support a sustainable care workforce.**

Responding to perceived needs for more migrant care workers by producing a temporary workforce may well fail to meet either the workers' or industry's needs in the long term. In order *to develop a sustainable frontline care workforce* it is important that there is not an overreliance on a revolving door of permanently temporary migrant workers. We argue for an independent and robust assessment of the labour market need for temporary migrant frontline care workers. **There also needs to be government and industry investment in the training of local frontline care workers; and strategies to improve their attraction and retention in the sector through improvements in the wages and conditions of all frontline care workers, regardless of whether they are Australian born or a permanent or temporary migrant (Howe, Charlesworth & Brennan 2019).**

Australian employment regulation provides the same minimum standards for all employees, no matter their migrant status. It might be assumed therefore that the relatively poorer conditions faced by many temporary and undocumented migrant care workers compared to locally born workers in Europe and North America relative to locally born workers is not an Australian experience. However recent research on the aged care sector found that migrant home care workers from non-English speaking background (NESB) countries are the most likely to be employed on a casual basis and to report hours-related underemployment (Charlesworth & Isherwood 2020). Migrant personal care workers from English speaking background (ESB) countries are more likely to be casual while NESB personal care workers migrants are more likely to be underemployed. After controlling for a range of employment and sociodemographic characteristics, **being an NESB migrant is significantly associated with both casual status and underemployment.** Generally, while this association lessens somewhat with years spent in Australia, exposure to casual employment is amplified over time for NESB migrant personal care workers. **For migrant workers having a temporary visa and working for a for-profit employer were significantly associated with being underemployed and, except for migrant workers in home care, also with being casual.**

The growing proportion of recent migrants in frontline care work has implications not only for quality of the jobs held by migrant workers but also for the quality of services. **Relatively poorer conditions experienced by migrant workers, particularly those born in NESB countries, can work to normalise inadequate conditions of work in the care workforce. It also risks undercutting good quality care through increased staff turnover and poor continuity of care relationships, which in turn contributes to skill shortages in the care sectors.**

### **SECTION 3: Data gaps**

The lack of accurate and current official government data on the different care workforces in Australia, including in aged care, disability support and ECEC is highly problematic, reflecting the gendered lack of attention historically given to this essential and growing sector of the economy. The two main data gaps are: the level of accurate detail available and the reliability of available data. **These data gaps directly constrain the development of government policy, planning and future strategies in relation to the care workforce and analysis of trends in employment.**

The lack of accessible disaggregation of occupational classifications (ANZSCO) in Australian Bureau of Statistics data and the use of poor occupational classification descriptors, which do not reflect the work undertaken, makes it hard to accurately describe the key characteristics of workers in different care workforces. The ANZSCO occupational classifications are used in government policy to designate the skill levels of particular occupations. The ANZSCO classifications designate the frontline care occupations of ‘aged and disabled carer’, and ‘personal care assistant’ as ‘low-skilled’ (Level 4). **This assessment under-recognises the skills required in these jobs and has a direct flow-on to migration policy, which is based on ANZSCO definitions of skill, limiting transition to permanent residence of those assessed as working in ‘low-skilled’ occupations (Howe, Charlesworth & Brennan 2019).**

**The Australian Bureau of Statistics industry (ANZSIC) classifications are also increasingly inadequate in accounting for the rapidly growing employment of frontline care workers.** For example, while industry level data is available for residential aged care, disaggregated data on disability support and home care in aged care is not available. Disability support and home care services are grouped with other very diverse community service sub-sectors including for example, youth welfare, adoption services, adult day care centre operations and marriage guidance services, at the aggregated level of ‘other social assistance’. This lack of industry disaggregation has flow-ons in terms of limiting the capacity of the Fair Work Ombudsman to monitor and respond to potential breaches of the employment rights of care workers working in these sectors (Charlesworth & Howe 2018).

In summary, these deficiencies in the ANZSIC and ANZSCO classifications limit the analysis of Census and labour force data and the extent to which such data can be used to inform Australian care workforce policy. This makes it difficult for industry and policy makers to accurately track the characteristics and features of employment in these industries. We note that the Royal Commission into Aged Care Quality & Safety has recommended that the Australian Institute of Health and Welfare should undertake critical aged care data governance and management functions, including on the demographics, skills and wages and conditions of the aged care workforce. This data governance and management must be extended to all care sectors.

The employment conditions and workforce challenges outlined above present a direct challenge to ensuring a sustainable care labour force. High quality care services can only be delivered by a high quality care workforce that is well trained, properly paid and well supported. To address the systemic problems underlying workforce capability, retainment and future planning:

#### **We recommend:**

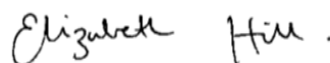
1. A robust floor of universal worker rights across all care sectors that provides:
  - A living wage and working time security.
  - A right to secure, predictable income.
  - A right to a reasonable workload that supports delivery of high quality care.
  - A right to paid leave for all workers.
  - Paid time for training.

- An effective right to equal remuneration.
2. Industry awards in ECEC, disability support and aged care must be revitalised to:
    - ‘unpack’ skills classifications for frontline workers to both recognise and remunerate skills workers currently use and to provide a clear career path with meaningful wage increases as workers progress. This will create opportunities for career progression and workforce sustainability;
    - provide *living hours* through decent shift notice periods, minimum engagements and sufficient guaranteed hours.
  3. Collective bargaining reforms that enable sector-wide bargaining for care workers and that require the engagement of the Commonwealth as a funder as well as employers.
  4. Care workforce strategies that include decent work for care workers as an objective and that are developed, implemented and evaluated in consultation with all parties, including workers and their unions.
  5. Adequately funded education, care and support systems that provide for frontline worker training and accreditation and opportunities for development and pathways to higher-paid jobs.
  6. An independent and robust assessment of the labour market need for temporary migrant frontline care workers.
  7. Recognition of and support for the family responsibilities of care workers (such as adequate leave, flexibility, and access to care services), including those unique to temporary migrants coming to Australia .
  8. The Australian Institute of Health and Welfare should undertake critical data governance and management functions, including on the demographics, skills and wages and conditions of the total care workforce.
  9. All government and private sector data collection that tracks workforce characteristics and outcomes must be able to be disaggregated by gender together with other axes of disadvantage such as Indigenous status, birthplace and visa status, age, disability, sexual orientation and gender identity, as well as form of employment and care responsibilities.

We commend this submission to the Committee.



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Associate Professor Elizabeth Hill  
Co-convenor W+FPR



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## Appendix 1

### Australian Work + Family Policy Roundtable Members

- Dr Elizabeth Adamson, UNSW
- Prof Siobhan Austen, Curtin University
- Prof Marian Baird, University of Sydney
- Dr Dina Bowman, Brotherhood of St Laurence / University of Melbourne
- Adjunct Dr Michelle Brady, University of Melbourne
- Associate Professor Wendy Boyd, Southern Cross University
- Emeritus Prof Deborah Brennan, UNSW
- Emeritus Prof Bettina Cass, University of NSW
- Prof Sara Charlesworth, RMIT (co-convenor)
- Prof Kay Cook, Swinburne University
- Dr Amanda Cooklin, La Trobe University
- Prof Rae Cooper, The University of Sydney
- A/Prof Natasha Cortis, UNSW
- Adjunct Prof Eva Cox, Jumbunna Indigenous House of Learning (UTS)
- Prof Lyn Craig, University of Melbourne
- A/Prof Marianne Fenech, University of Sydney
- Emeritus Prof Suzanne Franzway, University of South Australia
- Prof Beth Goldblatt, UTS
- A/Prof Myra Hamilton, University of Sydney
- Alexandra Heron, University of Sydney
- A/Prof Elizabeth Hill, University of Sydney (co-convenor)
- Professor Therese Jefferson, Curtin University
- Dr Fiona Macdonald, RMIT
- Prof Paula McDonald, Queensland University of Technology
- Dr Jill Murray, University of Melbourne
- Prof Alison Preston, University of Western Australia
- A/Prof Leah Ruppner, University of Melbourne
- A/Prof Belinda Smith, University of Sydney
- A/Prof Meg Smith, Western Sydney University
- Prof Miranda Stewart, University of Melbourne
- Prof Lyndall Strazdins, Australian National University
- Emeritus Prof Gillian Whitehouse, University of Queensland

## **W+FPR Policy Principles**

The aim of the Australian Work + Family Policy Roundtable is to propose, comment upon, collect and disseminate relevant policy research in order to inform good, evidence-based public policy in Australia.

The Roundtable believes work, care and family policy proposals should be guided by sound policy principles which:

- Recognise that good management of the work-life interface is a key characteristic of good labour law and social policy;
- Adopt a life-cycle approach to facilitating effective work-family interaction;
- Support both women and men to be paid workers and to share unpaid work and care;
- Protect the well-being of children, people with disabilities and frail older people who require care;
- Promote social justice and the fair distribution of social risk;
- Ensure gender equality, including pay equity;
- Treat individuals fairly, regardless of their household circumstances;
- Ensure sustainable workplaces and workers (e.g. through 'do-able', quality jobs and appropriate staffing levels);
- Ensure predictable hours, earnings and job security;
- Ensure flexible working rights are available in practice, not just in policy, to all workers through effective regulation, education and enforcement;
- Facilitate employee voice and influence over work arrangements;
- Recognise and support the ongoing need for income support where earnings capacities are limited by care responsibilities or other social contributions;
- Recognise the particular cultural and social needs of groups who have been excluded and discriminated against, such as Indigenous peoples and newly arrived migrants and refugees, who may require diverse responses to participate effectively; and
- Adopt policy and action based on rigorous, independent evidence.

Informed by these principles, the W+FPR will advance public debate and policy initiatives that promote a secure and living wage for workers; reasonable work hours and working time; appropriate and adequate leave provisions; quality care services; a fair tax and benefits regime and other measures that assist workers and carers to better combine these two spheres of essential human activity.