

**Submission by the Australian Nursing and Midwifery Federation**

# **Senate Select Committee Work and Care**

**22 September 2022**



**Australian  
Nursing &  
Midwifery  
Federation**



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## Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 310,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF thanks the Select Committee on Work and Care for the opportunity to contribute to this inquiry. This submission responds to the topic headings as set out in the Terms of Reference published on 3 August 2022.



***a) The extent and nature of the combination of work and care across Australia and the impact of changes in demographic and labour force patterns on work-care arrangements in recent decades;***

6. The profile of workforce participation in Australia has changed significantly over the past few decades with more women joining the workforce. As of July 2022, women's workforce participation was at 62.2%.<sup>1</sup> However, a gender gap in workforce participation persists with women's workforce participation remaining 8.6 percentage points below that of men.<sup>2</sup>
7. The drivers of lower workforce participation rates amongst women are well-documented. A social and familial expectation that women will shoulder unpaid care responsibilities environment in which women are overrepresented in part-time, casual and/or low-paid forms of employment. Women account for 68.5% of the part-time workforce and only 38.6% of the full-time workforce.<sup>3</sup>
8. Over the past few decades there has been some redistribution of domestic labour between men and women. Economic pressures have necessitated dual income households, requiring domestic labour to be shared more than has been the case previously. Yet, despite this trend towards dual income households, women continue to perform the bulk of unpaid care responsibilities. In Australia women spend 64.4% of their average weekly working time on unpaid care work compared to 36.1% for men. For every hour Australian men commit to unpaid care and domestic work, Australian women commit one hour and 48 minutes.<sup>4</sup>

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<sup>1</sup> Australian Bureau of Statistics Labour Force, Australia, 2022. <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/jan-2022#data-downloads>

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> WGEA *Unpaid Care Work and the Labour Market (2016)* [australian-unpaid-care-work-and-the-labour-market.pdf](http://australian-unpaid-care-work-and-the-labour-market.pdf) ([wgea.gov.au](http://wgea.gov.au)).



9. The combination of work and care is forecast to increase significantly over the coming years. In 2020, it was estimated that there were almost 2.8 million informal carers, comprised of around 906,000 primary carers and 1.9 million non-primary carers. This represented a 5.5% increase in the number of carers since 2018 due to population growth and an ageing population. This trajectory is set to continue with the demand for informal carers set to grow by 23% from 2020 to 2030.<sup>5</sup>
10. The projected increase in demand for informal care arrangements for older Australians is likely to drive those figures higher without significant investment in aged care services and the aged care workforce.
11. The burden of informal care still falls largely to women and for this reason, the ANMF recognises that the intersection of work and care effects our membership on a daily basis.
12. In 2021, according to the National Health Work Dataset (published by the Australian Government Department of Health), there was a total of 399,049 nurses and midwives in the workforce, of which 88.4% were women.<sup>6</sup> The ANMF's membership base is consequently overwhelmingly composed of women, and consequently, more likely to experience the impacts of combining care and work.
13. In 2021, the average age for all nurses and midwives was 43.05 years of age. Forty-five percent of the nursing workforce is aged 45 years and over with 23% aged 55 years and over. These figures have implications for workforce planning as almost 50% of nurses will be contemplating retirement within the next 10-15 years and it is likely they will be those with the most experience, specialist qualifications or expertise.<sup>7</sup> A shrinking formal aged care workforce alongside an ageing population will have inevitable consequences for workers, who will be called on to fill the gaps through informal care arrangements.

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<sup>5</sup> Deloitte Access Economics: *The Value of Informal Care in 2020*. [deloitte-au-dae-value-of-informal-care-310820.pdf](https://www.deloitte.com/au/insights/industry/healthcare/the-value-of-informal-care-310820.pdf)

<sup>6</sup> <http://data.hwa.gov.au/> \* This number includes those employed; those on extended leave; those employed outside the profession and looking for work in nursing or midwifery and those not employed and looking for work in nursing or midwifery.

<sup>7</sup> Australian Department of Health, *National Health Work Dataset*, <http://data.hwa.gov.au/>



14. ABS data from the 2016 census indicates there were 221,000 registered nurses counted and 46.4% recorded as working part-time and 45% full-time. For 34,000 enrolled nurses, 52.2% were part-time and 39% full-time.<sup>8</sup>
15. The prevalence of part-time work in residential aged care is particularly high, with 68% of registered nurses, 79% of enrolled nurses and 80% of carers employed part time compared to 32.7% in the general community. In community aged care, the figure is 60% of registered nurses, 72% of enrolled nurses and 79% of care workers employed part time compared to 32.7% in the Australian workforce.<sup>9</sup>
16. Additionally, the percentage of employees with full time employment is extremely low in both the residential and community care sectors. In residential care the figures are 22% for registered nurses, 13% for enrolled nurses and 9% of carers and in community care, 35% of registered nurses, 24% of enrolled nurses and 5.7% of carers are employed full time compared to 62% in the Australian workforce overall.<sup>10</sup>
- a. the impact of combining various types of work and care (including of children, the aged, those with disability) upon the well-being of workers, carers and those they care for;***
17. As outlined above, informal care responsibilities continue to fall primarily to women. A recent report produced by Deloitte Access Economics suggested that across all age brackets, 72% of all primary caregivers are women.<sup>11</sup> The percentage varies further by age, and shows an overrepresentation of women in primary caregiver roles during key periods of adult working life, with 80% of primary carers aged 24-34 and 82% of primary carers aged 35-44, being women. The likelihood of providing care gradually increases with age in men, particularly for primary care.<sup>12</sup>

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<sup>8</sup> Department of Jobs and Small Business – Occupational Profiles Summary – Australia. Based on ABS data – Census of Population and Housing 2016, Place of Usual Residence

<sup>9</sup> The Aged Care Workforce 2016, Mavromaras K, Knight G, Isherwood L, et.al.2017; Department of Jobs and Small Business – Occupational Profiles Summary – Australia. Based on ABS data – Census of Population and Housing 2016, Place of Usual Residence

<sup>10</sup> Ibid

<sup>11</sup> Deloitte Access Economics: *The Value of Informal Care in 2020*. [deloitte-au-dae-value-of-informal-care-310820.pdf](https://www2.deloitte.com/au/dae/value-of-informal-care-310820.pdf)

<sup>12</sup> Ibid.



18. The harm caused to women by assuming unpaid care responsibilities is well-documented. Women who take time out of the workforce to provide unpaid care, have their workforce participation interrupted and consequently experience reduced earning capacity, leave accruals, and superannuation contributions, directly impacting on financial security and retirement outcomes.<sup>13</sup> This harm is compounded by higher rates of part-time employment.<sup>14</sup> Research shows that working part-time includes a reduction in promotion opportunities, with data from 2014-15 showing, that only 6.3% of management positions were part-time.<sup>15</sup>

19. As discussed by the ILO, in its report 'Care at work: Investing in care leave and services for a more gender equal world of work'<sup>16</sup> the demand for women in particular, to provide care, impacts beyond 'women's income security in working life and old age, but also on their physical and mental well-being. It will also undermine the conditions of work of care workers and further accentuate gender inequalities at work.'<sup>17</sup>

***b. the adequacy of workplace laws in relation to work and care and proposals for reform;***

20. The ANMF considers existing workplace laws, relating to work and care, inadequate in supporting employees' need to balance work and care responsibilities.

***Carers Leave***

21. The current NES entitlement to paid and unpaid carer's leave is inappropriately narrow in scope and inadequate in quantum. The entitlement is not broad enough to capture employees who provide ongoing care to older people or loved ones with chronic illnesses or disabilities. Furthermore, the entitlement affords little flexibility in the way in which it can be used to allow carers to take part days to facilitate medical appointments/treatments for those in their care.

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<sup>13</sup> Workplace Gender Equality Agency: *Unpaid Care Work and the Labour Market, 2016* [australian-unpaid-care-work-and-the-labour-market.pdf \(wgea.gov.au\)](https://www.wgea.gov.au/australian-unpaid-care-work-and-the-labour-market.pdf)

<sup>14</sup> Deloitte Access Economics: *The Value of Informal Care in 2020, 2020* [deloitte-au-dae-value-of-informal-care-310820.pdf](https://www.deloitte.com/au/dae-value-of-informal-care-310820.pdf)

<sup>15</sup> Workplace Gender Equality Agency: *Unpaid Care Work and the Labour Market, 2016* [australian-unpaid-care-work-and-the-labour-market.pdf \(wgea.gov.au\)](https://www.wgea.gov.au/australian-unpaid-care-work-and-the-labour-market.pdf)

<sup>16</sup> Addati, A, Cattaneo U and Pozzan, E, *Care at work: Investing in care leave and services for a more gender equal world of work*. ILO 2022.

<sup>17</sup> Ibid 244.



22. The ANMF recently made a submission to the Productivity Commission regarding a proposed introduction of extended unpaid carers leave. This submission containing the ANMF's position and recommendations can be found here [https://www.anmf.org.au/media/jmbfocj5/anmf\\_submission\\_productivity\\_commission\\_carers\\_leave.pdf](https://www.anmf.org.au/media/jmbfocj5/anmf_submission_productivity_commission_carers_leave.pdf). In summary, the ANMF supported increasing workplace supports for carers, but found extended unpaid carers leave to be problematic for a number of reasons. The ANMF offered alternative recommendations for industrial and aged care reform that would better serve carers. In the context of carers leave, the recommendations included;

- (a) Extending the application of paid and unpaid carers leave under the NES to cover informal carers to older people, those with a disability and those with chronic illnesses. The leave should be able to be accessed in a flexible manner to allow caregivers the option of taking half/part-days to facilitate care responsibilities.
- (b) An increase in the quantum of paid carers leave under the NES to 20 days per year.
- (c) An increase in the quantum of unpaid carers leave that is supplemented by a paid carer's leave scheme with a right to return to work at the conclusion of the leave period. Income support offered under the scheme should be determined by reference to a workers ordinary rate of pay, encourage sharing of care-related entitlements and offer flexibility in how it can be utilised.
- (d) Legislative obligations on employers to pay superannuation contributions during periods of paid and unpaid carers leave

### ***Flexible Working Arrangements***

23. The right to request flexible work under the NES is manifestly inadequate at delivering workplace flexibility for workers. The provision is largely targeted at procedural matters without any access to recourse in the event a worker wishes to challenge the validity of a refusal to grant a request. The FWC is restricted to only hearing disputes pertaining to the refusal of flexible working arrangements where workers are covered by enterprise agreements or employment contracts that confer power to the arbitrate the issue.



24. ANMF members with carer responsibilities, surveyed in response to this inquiry, were asked about workplace flexibility in the context of their care responsibilities.

25. Of those surveyed 60.64% of respondents indicated they would benefit from flexible working arrangements in managing their care responsibilities. Despite a clear desire amongst caregivers for flexible working arrangements, respondents commented that workplace flexibility was difficult to obtain. Many respondents indicated that they were denied flexible working arrangements and were instead forced to reduce their hours of work, accept casual work or cease employment entirely.

*“Well it’s either I work or I don’t. I had to choose casual work to be able to get enough time to fly interstate to provide care, but I am torn with staying and going home to earn more money for living.”*

26. Other respondents cited examples of utilising personal and annual leave to facilitate care responsibilities they may otherwise have managed through the use of flexible working arrangements.

*“I nursed my father through his terminal illness. My carers leave came out of my sick leave balance. It was 9 months from his diagnosis to his death. After his death I had used every bit of leave I had - when I needed to recover from this period I had no leave.”*

*“I was obliged to use sick and annual leave to care for very elderly mum when pandemic commenced... After several months leave I was asked to return to clinic work or retire early... Mum continued to decline and passed away in March this year. I nursed her at home without family support (interstate & overseas). Minimal palliative care was available at short notice for her last months.”*

27. The right to request flexible working arrangements requires significant reform to provide assistance to informal caregivers. The provision should be reframed to impose a positive duty on employers to make reasonable adjustments to accommodate flexible working arrangements, with an ability for all workers to contest any refusal to do so.



28. In addition, at the conclusion of a period of a flexible working arrangement for caring purposes, an employee must be entitled to return to previous employment conditions. The protections around returning to work after leave provided to employees taking parental leave under the NES should be extended to all forms of caring arrangements.

### **Parental Leave**

29. Among OECD nations Australia has one of the least adequate statutory paid parental leave schemes, with just 20 weeks offered at the minimum wage. The OECD average is more than 50 weeks of paid leave.<sup>18</sup> Australia also lags behind OECD averages with employer – provided parental leave entitlements with only 60% of employers in Australia offering paid parental leave.<sup>19</sup>

30. The gendered uptake of both paid and extended unpaid parental leave is well-documented across jurisdictions. In Australia, women are overrepresented when it comes to the taking of parental leave, accounting for 88% of all primary carer leave utilised.<sup>20</sup>

31. As outlined above, the impact of interruptions to workforce participation for women performing unpaid care are significant for earning capacity and retirement outcomes.

32. A number of countries have designed entitlements to parental leave to specifically target gender inequality and workforce participation, recognising the long-term social and economic consequences associated with women shouldering care responsibilities.<sup>21</sup> The design elements of these entitlements have prompted better earning capacity and workforce participation for women.<sup>22</sup> They include –

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<sup>18</sup> OECD Family Database: PF2 Parental Leave Systems, [Parental Leave Systems OECD.org](https://www.oecd.org/family/PF2-Parental-Leave-Systems/)

<sup>19</sup> WGEA Gender Equality Workplace Statistics at a Glance (2022), [Gender equality workplace statistics at a glance 2022 | WGEA](https://www.wgea.gov.au/2022-01-26/gender-equality-workplace-statistics-at-a-glance-2022)

<sup>20</sup> WGEA [Parental leave | WGEA](https://www.wgea.gov.au/2022-01-26/gender-equality-workplace-statistics-at-a-glance-2022)

<sup>21</sup> KPMG: *Enhancing Work-Life Balance: A Better System of Paid Parental Leave*, 2021. [Enhancing work-life balance \(assets.kpmg\)](https://www.kpmg.com/au/issuesandinsights/articlespublications/2021/04/2021-04-20-enhancing-work-life-balance)

<sup>22</sup> Equity Economics: *Back of the Pack; How Australia's Parenting Policies are failing Women and Our Economy*, 2021. [EE Parenting SPREADS WEB.pdf \(squarespace.com\)](https://www.equityeconomics.com/EE_Parenting_SPREADS_WEB.pdf)



- (a) Separate, commensurate entitlements to paid leave for both parents, with a component that cannot be transferred or shared.
- (b) Paid leave at a percentage of the workers ordinary income, which encourages uptake amongst men who may be earning more than their partner.
- (c) Flexibility in the manner in which the leave can be used. For example in Sweden, leave can be accessed in a non-continuous pattern up until the child is 8 years old and workers can return to work part-time and receive paid leave on the days they care for their child.<sup>23</sup>

33. Studies contrasting the Australian parental leave experience with that of Nordic countries have shown that systems which actively encouraged and required a fathers' use of parental leave had a directly positive impact on their partners' earnings. With each month the father stayed on leave, his partner received a 6.7% growth in earnings. The positive effect on maternal earnings was greater than situations in which a mother elected to take a similar reduction in their own leave entitlements to return to work.<sup>24</sup>

34. The ANMF asserts that parental leave entitlements in Australia require substantial reform so as to limit and avoid gendered outcomes for women's earning capacity and retirement outcomes. Leave entitlements should be increased to a minimum of 26 weeks for each caregiver and should;

- (a) be determined by reference to a workers ordinary rate of pay;
- (b) encourage sharing of care-related entitlements between men and women; and
- (c) offer flexibility in how entitlements can be utilised.

### ***Superannuation***

35. The current superannuation system in Australia, which is tied to paid work, creates significant inequalities in retirement outcomes for those shouldering unpaid care, predominantly women.

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<sup>23</sup> Ibid.

<sup>24</sup> Johansson, E.A. (2010). *The effect of own and spousal parental leave on earnings*, IFAU Working Paper 2010:4. IFAU – Institute for Labour Market Policy Evaluation, Swedish Ministry of Employment. Uppsala, Sweden. <http://www.ifau.se/en/Research/Publications/Working-papers/2010/The-effect-of-own-and-spousal-parental-leave-on-earnings>



36. In the years approaching retirement age, the gender superannuation gap can be anywhere between 22 per cent and 35 per cent.<sup>25</sup> The median superannuation balance for men aged 60-64 years is \$204,107, whereas for women in the same age group it is \$146,900, a gap of 28 per cent. For the preretirement years of 55-59, the gender gap is 33 per cent and in the peak earning years of 45-49 the gender gap is 35per cent.<sup>26</sup>
37. Extended periods of unpaid leave to provide care play a significant role in generating the gender superannuation gap. For example, presently, an employer does not have to pay superannuation when an employee is on statutory unpaid leave such as unpaid parental leave. The government paid parental leave scheme also does not attract the superannuation guarantee and there is no legislative requirement for employers to pay superannuation on paid parental leave entitlements they may offer workers.<sup>27</sup>
38. The impact of periods of unpaid leave on superannuation contributions and earning capacity are compounded for caregivers by higher rates of part-time employment, and a correlated reduction in promotion opportunities.<sup>28</sup>
39. The ANMF recommends that any statutory entitlement to paid or unpaid carers/parental leave should attract the payment of superannuation contributions for the duration of the leave. Furthermore, if the Government is serious about looking at the glaring superannuation gender gap, a higher rate of superannuation contributions should be considered for part-time workers, who are overwhelmingly women and more likely to be balancing work and care responsibilities, to mitigate against inequalities in retirement outcomes.
40. The ANMF also recommends that periods of unpaid parental and carers leave should be recognised as service for the purpose of long service leave accruals.

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<sup>25</sup> KPMG: *The Gender Superannuation Gap: Addressing the Options*, 2021. [The Gender Superannuation gap: Addressing the options \(assets.kpmg\)](#)

<sup>26</sup> Ibid.

<sup>27</sup> Workplace Gender Equality Agency: *Unpaid Care Work and the Labour Market*, 2016 [australian-unpaid-care-work-and-the-labour-market.pdf \(wgea.gov.au\)](#)

<sup>28</sup> Workplace Gender Equality Agency: *Unpaid Care Work and the Labour Market*, 2016 [australian-unpaid-care-work-and-the-labour-market.pdf \(wgea.gov.au\)](#)



### ***Ordinary Hours of Work***

41. The 38-hour week, currently enshrined under the NES, has been an enduring feature of the industrial landscape for decades.
42. On 8 December 1981, unionists in the metal industry voted to end a long industrial campaign, and won the 38-hour week. Their victory was hugely significant, paving the way for the 38-hour week to become standard in other industries as well.
43. In 1983 the Australian Conciliation and Arbitration Commission determined that a 38-hour week could be implemented by agreement or if unopposed, providing that any cost resulting from the change could be reduced through changes in work practices.
44. In 1986, the National Wage Case determined that the 38-hour week could be implemented even if there was opposition. In 2009 under the Fair Work Act it was made unlawful for an employer to request or require a full-time employee to work more than 38 hours in a week unless the additional hours were reasonable.
45. It has been almost 35 years since the 38-hour working week began to be implemented. The profile of working Australia has changed dramatically. Women's workforce participation is higher than it has ever been, the economic imperative of having dual income households is a feature the industrial landscape has not seen previously and technology has evolved significantly since that time, increasing productivity.
46. The ANMF considers reform to maximum weekly hours as an important lever that could be pulled to increase the number of hours available to workers to better balance their own wellbeing and care responsibilities.
47. The ANMF recommends that the select committee examine the impacts of a gradual reduction of maximum ordinary hours.



### ***Part-time employment definitions under awards – Nurses Award***

48. While the prevalence of part-time work in nursing and direct care work, particularly in aged care, may be explained by a number of reasons, it is possible that participation in full-time or greater hours of work are impacted by the level of informal care undertaken by ANMF members.

49. The definition of ‘part-time employment’ in the Nurses Award<sup>29</sup>, for example, which is commonly adopted in enterprise agreements does not assist our members in achieving reasonable working hours that allow them to earn sufficient income to balance work and caring responsibilities.

The definition provides:

**10.2** *Before commencing part-time employment, the employer and employee will agree in writing to the guaranteed minimum number of hours to be worked and the rostering arrangements which will apply to those hours.*

**10.3** *The terms of the agreement in clause [10.2](#) may be varied by agreement and recorded in writing.*

50. This definition makes it easy for employers to offer minimum hour contracts that do not reflect the actual work done. In addition, entitlements to overtime are not available for hours done in excess of the minimum agreed hours, provided they fall short of full-time hours. In effect, this results in nurses, midwives and assistants in nursing being engaged in precarious employment, that resembles casual work, making juggling work and caring responsibilities more difficult. For example, employees are required to hold themselves available to work additional hours, but have no guarantee of work, making caring responsibilities more difficult to arrange both in terms of time available and having regular income to pay for services.

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<sup>29</sup> Nurses Award 2020 [MA000034]



51. As set out at para 29, some of our members face a choice between full-time work and no work, or casual work in order to meet caring responsibilities. The ANMF considers, measures to improve the security of part-time work and access to ongoing employment as opposed to casual employment will support workers who need to either access paid care or provide informal care themselves.

52. Industrial instruments, such as awards and enterprise agreements and the Fair Work Act should be reviewed to ensure terms that support and provide:

- Minimum hours to reflect hours regularly worked and to be subject to review;
- Variations to hours to be at the employee's request only;
- Over-time to be paid on hours performed beyond minimum contracted hours;
- Provision for rostering patterns to accommodate caring responsibilities.
- Regular review of employment status, with employees having the right to request conversion to ongoing employment
- Preference for direct employment

The wording of the Nurses Award with respect to part-time work highlights the inter-related nature of regulation of conditions of work and the ability for employees to access secure employment that also allows time for caring responsibilities.

***d. the adequacy of current work and care supports, systems, legislation and other relevant policies across Australian workplaces and society;***

53. The ANMF is of a view that work and care supports, systems, legislation and other relevant policies can be improved to better enable employees to balance work and care responsibilities.

54. Australia has the fourth most expensive Early Childhood Education and Care (ECEC) fees in the OECD and participation rates among 3 and 4 year old children in ECEC lag global



peers.<sup>30</sup> More than a third of Australians live in neighbourhoods that are classified as a childcare desert, defined as a place where there are more than three children per childcare place, or less than 0.333 places per child aged four or under.<sup>31</sup>

55. Furthermore, the availability of affordable, accessible childcare options for shift workers, performing non-standard work hours, are virtually non-existent, leaving essential workers like nurses without sustainable childcare solutions. In Home Care, a flexible form of child care which enables families that work non-standard hours to receive government support, is complicated to access, has very limited places on offer at any one time and has strict eligibility requirements on those who can access the service.
56. Compounding issues around accessibility to childcare for workers are record vacancies in early learning services nationally and high staff turnover, driven by inadequate pay and conditions. Investing in early childhood education and care is an important tool in addressing workforce shortages being experienced across industries and sectors, including nursing.
57. The government's Cheaper Childcare package that is due to take effect on the 1st of July 2023 is a step in the right direction by lowering the cost of care. However, in order to accommodate increased productivity and workforce participation, the ECEC sector must have the capacity to accommodate the extra days that families will need in order to work additional days and hours.
58. The ANMF proposes the following areas for reform in ECEC:
- (a) Early childcare reform that includes full-fee relief funded by government and/or employers
  - (b) Expansion of childcare services for shift workers providing essential services, working outside standard working hours

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<sup>30</sup> McKinsey Global Institute (2018), 'The Power of Parity: Advancing Women's Equality in Asia Pacific', p. 66. OECD Family Database data updated as at 2017

<sup>31</sup> Mitchell Institute, Childcare deserts & oases: How accessible is childcare in Australia, 2022, [Childcare deserts & oases: How accessible is childcare in Australia? | Victoria University \(vu.edu.au\)](https://www.vu.edu.au/research-and-impact/mitchell-institute/childcare-deserts-oases)



- (c) Before and after school care reform that includes full-fee relief funded by government and/or employers
- (d) Before and after care for early childhood education/kindergarten centres
- (e) Investment in the ECEC workforce by addressing issues of work value

### ***Aged Care***

59. The ABS Survey of Disability, Ageing and Carers estimates that there were 2.6 million informal carers in Australia in 2018, including 428,000 primary carers of older people.
60. The Royal Commission into Aged Care Quality and Safety (Royal Commission) found that the current aged care system fails to adequately support informal carers of older Australians. It reported that many informal carers experience adverse health, wellbeing and financial outcomes and struggle to balance the needs to care for the elderly with their work and other personal commitments due to a lack of formal supports.
61. Major deficiencies in the delivery of services such as home care packages for older people have highlighted the implications of an increased reliance on informal care without adequate complementary formal care arrangements and supports, particularly in the context of care recipients with changing or moderate to high intensity care requirements.
62. In 2018–19, the waiting times between being assessed as eligible for a Home Care Package to being assigned a package ranged from seven months for a Level 1 package to 34 months for a Level 4 package. As at 30 June 2020, 102,081 older people were waiting for a package at their approved level. When older Australians finally do get access to care at home, they may be receiving less care than they actually now need, or they may not have access to specific services they require. Without access to formal home care services that meet their assessed needs, to complement or replace informal care where appropriate, people face risks of declining function, preventable hospitalisation, premature entry to residential aged care, and even death in some circumstances. In addition to the decline in health indicators of those requiring care, was a notable burnout amongst informal caregivers,



who were expected to provide care over and above that which they felt able to deliver.<sup>32</sup>

63. The issue of burnout fatigue experienced by informal carers is exacerbated by a lack of quality respite care under the current aged care system. Respite care enhances the sustainability of informal care arrangements. Carers gain the opportunity to manage their own wellbeing engage in workforce participation, whilst care recipients are given greater opportunities for rehabilitation, reablement or medication review under the supervision of skilled health professionals.

64. The Royal Commission identified the many problems with accessing respite care, including carers not knowing where to go for support, difficulty navigating between My Aged Care and the Carer Gateway, a lack of respite services generally, and a lack of access to services of the right type and duration.<sup>33</sup>

65. In a survey of ANMF members, prepared in response to this inquiry, members with carer responsibilities cited a lack of formal supports as a major contributor to carer fatigue. When asked what would be of most use to informal caregivers, members cited increased access to formal supports such as respite care as key to addressing issues of burnout.

*“Most help to me would be being able to access respite care and support. I work near full time hours as the sole income earner, I study full-time, have kids and I'm a full-time carer for my husband. I am running on empty.”*

*“It's more about the availability of services. I needed practical support. Even though mum was approved services there were no services available in her area, so I had to pay for private help. This lack of support meant mum has had to go into care earlier than I wanted due to me burning out and not being able to do it all.”*

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<sup>32</sup> Royal Commission into Aged Care Quality and Safety: Final Report Vol.2 at 2.2.2 p62-62. [Aged Care Royal Commission Final Report: Care, Dignity and Respect Volume 2](#)

<sup>33</sup> Ibid.



66. As mentioned in this submission at paragraph 22 the productivity commission has initiated an inquiry into the provision of extended unpaid carers leave to allow workers the opportunity to avail themselves for unpaid, informal care. The ANMF considers an increased focus on informal care arrangements as a distraction from the important actions and improvements that are urgently necessary to address the systemic issues with Australia's aged care sector. These actions include the introduction of mandated minimum safe staffing levels, care minutes, transparency around aged care funding, and an investment in the aged care workforce. Without minimum numbers of the right kind of staff, care cannot be delivered effectively or appropriately.

67. The sustainability and success of informal care arrangements for workers, is limited without the provision of accessible, timely and appropriate formal supports for both care recipients and carers. At this present time, those supports are not readily available. The ANMF is of a view that investment in formal supports and the aged care workforce is essential and should be prioritised over steps to increase reliance upon informal care arrangements.

***e. Consideration of the impact on work and care of different hours and conditions of work, job security, work flexibility and related workplace arrangements;***

68. In addition to the matters set out above, in relation to secure part-time work and flexible work arrangements, there are a number of other factors that act as barriers to successful balancing of work and care. Lack of access to quality child care is difficult for shift workers who are rostered during hours where conventional child care is not available. Shift workers are more likely to be reliant on informal care to provide child care. For example family members are needed to provide overnight and weekend care of children, which in turn limits the employment opportunities for those informal carers.

69. Consideration should be given to how formal child care can be made more accessible to shift workers, for example provision of onsite overnight care.



70. The toll on families in terms of fatigue, lack of quality time together and loss of income earning opportunity must all be considered when designing work and care policies.

***f. the impact and lessons arising from the COVID-19 crisis for Australia's system of work and care;***

71. The impact of COVID-19 on Australia's care workforce has been well documented. The issues of staff burnout, shortages, and the demands of working and caring for family members are notorious. The pandemic has both highlighted and exacerbated long term problems in delivery of health and aged care.

72. In considering systems of work and care, it should be noted that for nurses, midwives, and personal care workers, almost all work involves direct, face to face contact with people receiving care. To this extent, changed working patterns, such as the ability to work from home or remotely, are not so available to ANMF members and therefore some of the flexibility associated with remote work is not as easily accessed when caring for family members. The need for flexible work arrangements and support to work, such as formal child care and respite care are pressing for direct care workers.

73. Provision of paid personal and carer's leave for all employees, including casuals is essential to continue to minimise the risk of spread of infection, whether COVID-19 or other infectious diseases. This is particularly important in areas such as aged care, where people receiving care are highly vulnerable. Casual employees who do not receive personal or carer's leave and who are only paid if they work are under pressure to work in order to earn a decent living wage. The ANMF supports provision of measures that allow casual employees to access personal and carer's leave, such as the scheme recently introduced in Victoria, the Victorian Sick Pay Guarantee<sup>34</sup>. Provision in the NES of paid personal and carer's leave for casual employees would be a significant measure to support casual workers in the long term and to reduce the spread of infectious diseases such as COVID-19.

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<sup>34</sup> [Victorian Sick Pay Guarantee | Victorian Government \(www.vic.gov.au\)](https://www.vic.gov.au/victorian-sick-pay-guarantee)



***g. Consideration of gendered, regional and socio-economic differences in experience and in potential responses including for First Nations working carers, and potential workers;***

74. Formal care options, for child care, before and after school care and aged care are not equally available across Australia due to geography and socio-economic reasons. For example, provision of services in regional and remote Australia are sometimes not available, or are too distant to be easily accessed. This means, that until such time as gaps in formal care are addressed, the burden of care falls more significantly on individuals as informal carers in regional and remote Australia and in areas of socio-economic disadvantage.

75. Planning and funding for care services, such as child care, aged care, respite care and before and after school care must be a central part of any review and policy change with respect to how care is delivered in Australia.

76. Access to and provision of leave to provide care must be culturally competent and aware. This requires policy that allows for recognition of individual and community circumstances and diverse needs to be met in the provision of care.

77. With respect to Aboriginal and Torres Strait Islander peoples, the Human Rights Commission notes that

*'responsibilities to family, community and culture are extremely important. Due to family obligations, Aboriginal and Torres Strait Islander peoples may have more of a role in in caring for children and elderly family members. Care may include financial care, health care and general care. This means Aboriginal and Torres Strait Islander peoples may have more responsibility outside their immediate family.'*

78. The ANMF supports the following areas of reform to improve access to leave for Aboriginal and Torres Strait Islander peoples:



- Amendment to the flexible work arrangements entitlement to ensure requests from Aboriginal and Torres Strait Islander peoples are considered in light of a Working with Aboriginal and Torres Strait Islander Peoples Cultural Competence and Awareness Policy (howsoever named), which in turn is beneficial for recruitment and retention of indigenous employees and
- Provision of an amount of paid cultural and ceremonial leave, in addition to any unpaid component.

***h. Consideration of differences in experience of disabled people, workers who support them, and those who undertake informal caring roles;***

83. People with a disability who require care often have care needs that will be lifelong and in some cases care needs will be progressively greater over time. A sustainable, well funded scheme is essential to ensure all people with ongoing care needs receive safe and quality care that supports participation in all aspects of life, including working life. Equally, people who provide informal care for a person with a disability must be supported, including through provision of respite care and adequate financial support. The National Disability Insurance Scheme has played a vital role in supporting people with a disability, but must continue to be funded and supported to ensure its longevity and broader access to the scheme.

***i. Consideration of the policies, practices and support services that have been most effective in supporting the combination of work and care in Australia, and overseas; and any other related matters.***

84. The ILO report 'Care at work'<sup>35</sup> provides comparative data and examples of successful practices and support services from across a range of countries, including Australia.

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<sup>35</sup> Op cit n15 [https://www.ilo.org/global/topics/care-economy/WCMS\\_838653/lang--en/index.htm](https://www.ilo.org/global/topics/care-economy/WCMS_838653/lang--en/index.htm)



## Conclusion and recommendations

85. The intersection of work and care is complex and one that many Australians must navigate at key points in their lives, raising children, caring for family members with chronic illnesses or disability, ageing and at the end of life. It is still the case that lion's share of the work involved in caring, whether paid or unpaid falls to women. As outlined in this submission, the impact of providing unpaid care on women's earning capacity, working and retirement income, wellbeing and participation in the workforce are multi-faceted and entrenched. This unpaid work occurs in the context of women working in low paid work, often undervalued because it has been historically considered 'female' work associated with delivering care. This is particularly relevant to ANMF members working in aged care.
86. In order to improve the ability for people to participate in both work and fulfil caring responsibilities requires policy and legislative reform that values care and that does not further entrench the social and economic cost of care, predominately borne by women.

The ANMF supports reform in the following areas:

### **Carer's leave**

- Extend the application of paid and unpaid carers leave under the NES to cover informal carers to older people, those with a disability and with chronic illnesses.
- Increase paid carers leave under the NES to 20 days a year
- Increase the quantum of unpaid carers leave that is supplemented by a paid carer's leave scheme
- Implement job security measures associated with taking extended carer's leave, for instance the right to a flexible working arrangement, the right to bring a dispute if a request is refused and the right to return to pre-leave employment status.
- Paid carer's leave to be available to casual employees

### **Programs to support availability of formal care**

- Significant investment and improvements to the accessibility of form care supports including home care support packages, respite care in both aged care and disability care



- Early childcare reform that includes full-fee relief funded by government and/or employers
- Expansion of childcare services for shift workers providing essential services, working outside standard working hours
- Before and after school care reform that includes full-fee relief funded by government and/or employers
- Before and after care for early childhood education/kindergarten centres
- Investment in the ECEC workforce by addressing issues of work value
- Increased services in rural and remote Australia

### **Parental leave**

- Leave entitlements to be increased to a minimum of 26 weeks for each caregiver
- Paid leave to be determined by reference to a worker's ordinary rate of pay
- Encourage sharing of care-related entitlements between men and women and
- Offer flexibility in how entitlements are utilised

### **Superannuation**

- Payment of superannuation on all periods of parental leave
- Payment of superannuation on all periods of paid and unpaid carer's leave
- Increase superannuation contributions for part-time workers to mitigate against inequalities in retirement income

### **Industrial instruments and legislation**

- Minimum hours to reflect hours regularly worked and to be subject to review;
- Variations to hours to be at the employee's request only;
- Over-time to be paid on hours performed beyond minimum contracted hours;
- Provision for rostering patterns to accommodate caring responsibilities.
- Regular review of employment status, with employees having the right to request conversion to ongoing employment
- Preference for direct employment



- Consideration of a reduction of maximum weekly ordinary hours to enable all employees a better opportunity to balance work with care responsibilities;

### **Aboriginal and Torres Strait Islander peoples**

- Amendment to the flexible work arrangements entitlement to ensure requests from Aboriginal and Torres Strait Islander peoples are considered in light of a Working with Aboriginal and Torres Strait Islander Peoples Cultural Competence and Awareness Policy (howsoever named), which in turn is beneficial for recruitment and retention of indigenous employees and
- Provision of an amount of paid cultural and ceremonial leave, in addition to any unpaid component.