

Submission by the Australian Nursing and Midwifery Federation

Response to the Department of Treasury Employment White Paper 2022

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Nursing &
Midwifery
Federation**



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Introduction

1. The 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 320,000 nurses, midwives, and personal care workers (PCWs) across the country. Approximately 89% of the ANMF's membership are women.
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, to 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 provide 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 welcomes the opportunity to contribute to the development of the Employment White Paper.
6. The ANMF understands the Employment White Paper will be a roadmap, containing frameworks and policy interventions that will address the primary government objectives of full employment and productivity growth, along with women's economic participation and equality.
7. The ANMF considers the objectives of economic prosperity and gender equality as inextricably linked. Significant policy intervention, designed to address gender equality and elevate the work of traditionally feminised industries like nursing, is required to underwrite a robust economy capable of delivering economic growth.



8. This submission seeks to identify fiscal and policy measures required to;
 - a. Deliver a sustainable aged care economy, with particular emphasis on ensuring a viable, skilled workforce in aged care equipped to provide safe and quality care.
 - b. Address drivers of gender inequality and underemployment experienced by nurses and healthcare workers including; lack of access to flexible working arrangements, childcare, secure work arrangements and exposure to gendered violence.

Aged Care and the Economy

9. Access to quality aged care services is not only fundamental to ensuring that older Australians receive safe, appropriate care; it is an essential feature of an economy capable of facilitating full employment, productivity growth, women's economic participation and gender equality.
10. As Australia's population ages and members of the 'baby boomer' generation begin to reach a time in their lives when their need to access aged care services is likely to increase, the demand for a larger aged care workforce will necessarily increase. It is estimated that nearly 1 million workers will be required to meet Australia's aged care needs by 2050.¹ This increase would represent an approximate three-fold increase on the current number of workers in the aged care sector.²
11. The current aged care workforce is on average older than the overall Australian workforce. In 2020, the average age for all nurses and midwives was 43.3 years of age. Almost 47% of the nursing workforce is aged 45 years and over with 24% 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.³
12. In addition to changes in the demography of aged care workforce, the aged care sector suffers from many challenges related to attraction and retention of workers. The sector has suffered from a historical undervaluation of work performed, driven by gender-based assumptions about work

¹ A Matter of Care Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce, June 2018, 1

² Mr Trevor Lovelle, Chief Executive Officer, Aged and Community Services Australia, Western Australia, Committee Hansard, 27 September 2016, p. 1.

³ Australian Department of Health, *National Health Work Dataset*, <http://data.hwa.gov.au/>



value, resulting in low wages for care workers. This undervaluation has resulted in a culture of high turnover and employee movement between organisations, casualization, underemployment and poor career prospects for workers.⁴

13. A shrinking formal aged care workforce alongside increasing demand for aged care services will inevitably lead to a greater number of Australian workers entering into informal care arrangements to fill the gaps left by an under-resourced aged care sector.

14. If government is seeking to build an economy capable of withstanding economic pressures and delivering economic prosperity and growth, a sustainable aged care economy with a viable, skilled workforce will be an essential pillar upon which that will be founded.

A sustainable aged care workforce

15. A major impediment to retaining and attracting suitably skilled and qualified workers to the aged care sector has been poor wages and conditions.

16. The two main instruments governing wages in the aged care sector are modern awards and enterprise agreements.

17. Unlike the public and private health sectors, the aged care sector is not well-developed industrially and this has affected wage and condition outcomes. Difficulties associated with organizing a very fragmented workforce, with high rates of insecure forms of employment (e.g. part-time work, casual, contractors) has led to poorer bargaining outcomes than those achieved in public and private sector health agreements.

18. In relation to modern award rates of pay, the ANMF, HSU and UWU have sought to address minimum rates of pay for aged care workers through an application to the Fair Work Commission (FWC) to vary modern awards applying to aged care workers for work value reasons. An interim decision of the Commission has recommended an increase of 15% to wages for aged care workers involved in the provision of direct care.⁵

⁴ A Matter of Care Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce, June 2018, 1

⁵ [Decision \[2022\] FWCFB 200 of 4 November 2022](#)



19. Whilst the FWC has indicated this is an interim decision and not exhaustive of the potential increase, this interim figure falls well short of the recommended 25% increase put forward by the ANMF and other unions to address the historic undervaluation of work in the sector and provide an incentive to retain and attract workers.
20. The Commonwealth Government have expressed their support for a wage increase for aged care workers and have made commitments to fund any increase determined necessary to address issues of work value by the Commission.
21. The ANMF has welcomed the commitments of the Commonwealth to fund the increase in award wages for aged care nurses and personal care workers. What is yet to be determined however, is the finalized percentage wage increase and the funding model through which the Commonwealth intends to deliver those increases.
22. The ANMF considers the interim work value decision as an important first step in dealing with wages in the sector and the increase proposed by the Commission should be urgently passed onto workers and reviewed at such time a final figure is reached.
23. The design of the funding model to deliver those increases represents an important opportunity to encourage sustained wage growth in the sector through fiscal policy and frameworks.

Proposed Funding Model for Work Value Decision

24. The ANMF considers the work value decision as an important opportunity for government to deliver fiscal policy and frameworks that will encourage sustained wage growth in the sector through above award wage increases, funding transparency and incentivising enterprise bargaining across the sector.
25. The ANMF would propose the following policy interventions be applied to the distribution of funding attributed to the work value decision of the FWC:



1. Accountability and transparency measures to ensure funding is acquitted in the manner prescribed by the Commonwealth. These measures should include a requirement to report on a regular basis regarding the allocation of funding received, the amount spent on staffing, hourly rates of pay by classification and how the amount spent on staffing translates to a percentage per unit cost of funding;
2. Measures to incentivise and tie bargaining to the allocation of funding; and
3. A requirement that where an organisation is already paying staff at a rate equal to, or above, the revised award rates, any additional funding received must be passed onto aged care workers in the form of a permanent pay rise.

Accountability and Transparency

26. A requirement to report on the allocation of funding was covered in the recommendations of the Royal Commission into Aged Care Quality and Safety⁶. The Commission made a series of recommendations to deal with the overwhelming lack of accountability and transparency requirements across the aged care sector. Among those recommendations was a requirement that aged care providers report on a quarterly basis the total direct care staffing hours provided each day at each facility and that providers be required to report on the allocation of funding as it relates to the provision of direct care minutes.
27. Transparency, or a lack thereof, has also hampered previous attempts by Governments to raise wages in the Aged Care Sector through additional funding.
28. The *Living Longer, Living Better* aged care reforms introduced in 2013 by the Labor government aimed to provide up to 1.2 billion dollars to the residential and home care sectors to address workforce pressures through two programs: an Aged Care Workforce Compact and Supplement (the workforce supplement) and an Aged Care Workforce Development Plan. They were targeted at assisting providers to build the capacity of the workforce by increasing wages, improving conditions, and providing better training and career opportunities.

⁶ Royal Commission



29. Payment of the workforce supplement was linked to enterprise agreements, providing a transparent mechanism to ensure the additional funding met policy objectives – to improve wages and conditions of aged care workers.
30. The workforce supplement was introduced via the *Aged Care (Residential Care Subsidy Workforce Supplement Amount) Determination 2013* in June 2013. However, following the election of the Abbott Government in September 2013, the Determination was repealed. This resulted in the entire program folding the 1.2 billion workforce supplement into ACFI via a one off 2.4% increase into the basic subsidy and the funds no longer being linked to improving wages and conditions for aged care staff.
31. The incoming Government's shift in policy and lack of transparency requirements regarding how funds were spent, saw the funding allocated to the workforce supplement simply reabsorbed into general funding for providers with no tangible improvement for workers' wages.
32. This example demonstrates the importance of transparency around funding. Without adequate transparency measures, workers and government will simply not know whether additional funding has been utilised to boost wages across the sector.
33. The ANMF contends that transparency measures for the allocation of funding should include a requirement to report on a regular basis regarding the allocation of funding received, the amount spent on staffing and how the amount spent on staffing translates to a percentage per unit cost of funding

Incentivising Bargaining

34. As mentioned at paragraph [17], award reliance for workers is much higher in aged care than other parts of health due to the difficulties associated with organizing a very fragmented workforce, with high rates of insecure forms of employment (e.g. part-time work, casual, contractors). The lack of enterprise bargaining agreements in the sector has contributed to lower wages and poor wage growth.



35. The ANMF notes the recent improvements to the bargaining framework proposed under the Secure Jobs, Better Pay Bill.⁷ The introduction of supported and expanded multi-employer bargaining streams are a welcome inclusion under the bill that will assist our members in aged care to bargain more effectively and achieve above award wages.
36. The ANMF supports the submissions made by the ACTU in relation to the bill and the steps that could be taken to further strengthen the bargaining provisions contained therein. A copy of that submission can be found at [Submissions – Parliament of Australia \(aph.gov.au\)](https://aph.gov.au/submissions).
37. The commitment to fund the work value decision presents an opportunity for government to utilise fiscal policy to incentivise bargaining in a sector that has previously struggled, for the reasons outlined above, to achieve decent levels of agreement coverage and effective wage outcomes. Greater enterprise agreement coverage is a well-established driver of wage growth, which is desperately needed across the sector.⁸
38. The ANMF considers measures to incentivize bargaining should feature in the funding model adopted by the government in order to facilitate sustained wage growth across the sector. These measures would include ensuring workers receiving above award wages receive a portion of funding allocated to address work value and that funding, or elements of funding, be tied to agreement coverage.

Gender Equity

Working Conditions

39. The drivers of gender inequality in the context of employment are well documented. Key among them, is the fact that 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.⁹ 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.

⁷ [Fair Work Legislation Amendment \(Secure Jobs, Better Pay\) Bill 2022 – Parliament of Australia \(aph.gov.au\)](https://aph.gov.au/submissions)

⁸ From 2012 to 2021, wage increases in enterprise agreements grew in real terms by 9.1%, while the Wage Price Index only grew by 1.4% over the period (before then heading into negative territory). <https://www.dewr.gov.au/enterprise-agreements-data/resources/historical-trends-data-approved-quarter>⁸

⁹ Deloitte Access Economics: *The Value of Informal Care in 2020*. deloitte-au-dae-value-of-informal-care-310820.pdf



40. The economic and social consequences of women assuming unpaid care responsibilities are well documented. Women providing unpaid care are often forced to take time out of the workforce, have their workforce participation interrupted and/or curtailed and consequently experience reduced earning capacity, leave accruals, and superannuation contributions, directly impacting on financial security and retirement outcomes.¹⁰ This harm is compounded by higher rates of insecure types of employment.¹¹
41. 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.¹² The ANMF's membership base is consequently overwhelmingly composed of women, and more likely to experience the impacts of combining care and work. It is therefore crucial that the industrial infrastructure governing the workforce that will deliver aged care are supported in their ability to work and care to address issues of workforce participation and productivity.

Flexible Working Arrangements

42. The implications of a highly feminised workforce mean health workers are more likely to experience the impacts of combining care and work and will often require a flexible working arrangement at some point during their working lives.
43. Access to these arrangements can be determinative as to whether our members remain in the workforce and/or face underemployment or insecure work arrangements. The provisions within the Fair Work Act (2009) (*FW Act*) are therefore critically important when examining barriers to workforce participation and gender equality for our members and working women more generally.
44. The ANMF welcomes the changes under the Secure Jobs, Better Pay Bill that will grant all workers recourse in the event a worker wishes to challenge the validity of a refusal to grant a request.

¹⁰ 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/sites/default/files/2016-12/australian-unpaid-care-work-and-the-labour-market.pdf)

¹¹ 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)

¹² <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.



However, as outlined in our submissions to the Senate Inquiry pertaining to the bill, the inclusion of reasonable business grounds as the bar against which requests can be refused has proven problematic and obstructive for our members in obtaining flexible working arrangements since its inception.

45. In industries such as health and aged care, employer's regularly rely on reasonable business grounds under s65A(5) to refuse requests, specifically claiming that requests for flexible working arrangements will have a significant negative impact on service delivery.
46. Where an enterprise agreement has provided the right to challenge a refusal of flexible working arrangement by way of arbitration before the Fair Work Commission (*the Commission*), our experience has been that members of the Commission are reluctant to overturn refusals of requests that cite impact to service delivery as the grounds upon which the refusal is made.
47. The retention of reasonable business grounds under the bill therefore poses significant risks in undermining the intent of the provision, namely, to retain workers and increase workforce participation rates amongst those with protected attributes or circumstances.
48. The ANMF considers the test for refusal of flexible working arrangement requests should be narrowed and the Commission should be able to apply an objective test. For example, the provisions could be brought into alignment with the concept in anti-discrimination law, and only allow employers to reject requests for flexible working arrangements on reasonable business grounds if it was to cause them 'unjustifiable hardship'. This is an objective and more rigorous test which is well understood, and will not allow employers to exaggerate inconvenience as a reasonable business ground and hence a reason to reject requests for flexible working arrangements. The introduction of an objective test was a recommendation of the Interim Report from the Senate Inquiry into Work and Care.
49. Alternatively, in the event s65A(5) of the Act is retained, amendments should be made to improve the operation of the provision. Employers should be required under s65A(2) to provide a detailed explanation as to how the grounds they seek to rely upon apply to the request in the context of the applicable industry and/or organisation to better guide the Commission in their assessment of the reasonableness of the refusal. Furthermore, the threshold for s65A(5) should be clarified by way of an explanatory note explaining that inconvenience arising from a request will not meet the test of reasonable business grounds for refusal.



50. In addition to amending the threshold for refusal, the ANMF considers the circumstances in which an employee can make a request for flexible working arrangements should be expanded to include employees experiencing reproductive health concerns.
51. Many workers, disproportionately women, require changes to working arrangements for reasons related to their reproductive health.
52. For example, 20% of women experiencing menopause have severe symptoms that can range from extreme fatigue, recurrent migraines, anxiety, and other physical and mental health concerns which significantly affect them at work.¹³ Menopausal workers are generally highly skilled and experienced, but many feel forced to leave work because of menopausal symptoms despite the fact many symptoms can be managed effectively through the making of reasonable adjustments and access to flexible working arrangements.
53. The average age for all nurses and midwives was 43.3 years of age. Almost 47% of the nursing workforce is aged 45 years and over. This represents a sizeable portion of the nursing and midwifery workforce likely to experiencing menopausal symptoms. The availability of flexible working arrangements would significantly aide in the retention of workers in this age cohort, who are likely to be those with the most experience, specialist qualifications or expertise.¹⁴

Part-time employment definitions under awards – Nurses Award

54. Overwhelmingly, nurses and midwives are employed on a part time or casual basis. In 2020, half (51%) of all employed nurses and midwives worked less than 35 hours per week. Approximately 62% of enrolled nurses worked less than 35 hours per week compared with 49% of registered nurses (registered nurse only division). For those registered as midwife only, 63% work less than 35 hours per week
55. Research commissioned by the Australian Government Department of Health in 2016 found that a high proportion of the direct aged care workforce (44%) want a change in their hours of work with 30% indicating they want to work more hours. This indicates there is a significant degree of under employment and potential to increase hours of care within the existing workforce.¹⁵

¹³ [Symptoms of menopause | Jean Hailes](#)

¹⁴ Australian Department of Health, *National Health Work Dataset*, <http://data.hwa.gov.au/>

¹⁵ [Ibid](#) at page 26.



56. The issue of underemployment is exacerbated by the definition of 'part-time employment' in the Nurses Award¹⁶, which is commonly adopted in enterprise agreements. 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. "

57. 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.

58. In effect, this results in nurses, midwives and assistants in nursing being engaged in precarious employment, that resembles casual work. 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.

59. The ANMF considers, measures to improve the security of part-time work and access to ongoing employment will increase workforce participation and job security amongst support health workers.

60. The definition of part-time work under the nurses award should be reviewed to provide:

- a. Minimum hours to reflect hours regularly worked and be subject to review;
- b. Variations to hours to be at the employee's request only;
- c. Overtime to be paid on hours performed beyond minimum contracted hours;
- d. Provision for rostering patterns to accommodate caring responsibilities.
- e. A right to conversion to full-time employment where hours worked exceed contracted hours over a 6 month period.

¹⁶ Nurses Award 2020 [MA000034]



Occupational Violence & Work Health and Safety

61. Exposure to gendered violence and aggression from residents and their families is disturbingly common for workers in health care and has significant implications for levels of full employment, productivity and gender equality across the sector.
62. In 2018, the NSW Nurses & Midwives' Association collaborated with Dr. Jacqui Pich of the University of Technology, Sydney to conduct an extensive survey of nurses and midwives in NSW looking at their exposure to patient related violence and aggression. The findings formed the report 'Violence in Nursing and Midwifery in NSW: Study Report (the Pich report).'¹⁷
63. Of the total number of participants surveyed, 47% reported experiencing an episode of violence in the previous week and 80% in the 6 months prior to completing the survey. Of the respondents, 79% had experienced violence in the 6 months prior to completing the survey.
64. The impact of occupational violence was outlined in the report with 28% of participants reporting they had suffered a physical or psychological injury as a result of an episode of violence. Nearly a third of those sought medical attention and over a third took time off work ranging from the remainder of a shift to over a year.
65. Some participants elaborated on the impacts by saying they ended up resigning, were forced into retirement or took random days off when too distressed to work. The impact of violence can be highly detrimental to the working lives of nurses and midwives in terms of time away from work, significantly impacting productivity across the sector. Absence from work impacts colleagues, management of services and care of patients and health care recipients.
66. Dr. Pich concluded that:

"the negative effects of patient related violence extend to the workplace and can lead to difficulties with the recruitment and retention of nurses, decreased productivity and efficiency, increased absenteeism and fewer resources for nurses."

¹⁷ Jacqui Pich, Christopher Oldmeadow and Matthew Clapham 'Violence in Nursing and Midwifery in NSW: Study Report' (The Pich Report)



67. The prevalence of occupational violence has a considerable cost flow on to the recruitment and retention of nurses and the volume of workers compensation claims.
68. Participants were asked to identify the workplace issues they felt contributed the risk of experiencing violence from patients or their families at work. The responses related to the numbers of staff, the experience and skill of staff and workload and work design.⁶⁴
69. The ANMF applauds the current government for the introduction of the The Aged Care Legislation Amendment (Implementing Care Reform) Bill 2022 and the requirements contained therein that will assist with increasing staffing through mandated minimum care staffing minutes and requirements for a registered nurse to be onsite 24/7 in an aged care setting.
70. The legislative changes, whilst most welcome, do not assist in settings such as public hospitals, private hospitals or clinical settings and do not address other drivers of occupational violence such as work design, workload and appropriate skills mix. Recourse on these issues remain largely the domain of work health and safety regulation.
71. Occupational violence has been dealt with to a degree under amendments to the model WHS laws regarding psychosocial risks. A person conducting a business or undertaking (PCBU) must eliminate psychosocial risks, or if that is not reasonably practicable, minimise them so far as is reasonably practicable.
72. However, the effectiveness of these statutory obligations is always going to be a product of their enforceability.
73. The feedback we have received from our branches and their members is that WHS regulators in Australian jurisdictions are currently not operating consistently or effectively to enforce compliance with the Model Laws. Complaints made to the relevant regulator often go without investigation or if they are investigated, often involve wait times that expose workers to unacceptable periods of ongoing risk of injury.



74. To address the scourge of occupational violence faced by health workers, and the consequential disruptions it has on workforce participation and productivity, the issues around enforceability must be addressed. The ANMF would recommend that, in addition to examining funding for work health and safety regulators and their ability to monitor compliance, work health and safety laws should provide unions with a right to prosecute breaches.
75. Increasing worker representation will have a significant and powerful impact on enforcement and compliance and consequently workforce participation and productivity. Workers would no longer be reliant on under-resourced regulators to address unacceptable risks/a lack of appropriate controls within their workplace, rather, they could address safety concerns with the assistance of their union.
76. In addition to the barriers to full employment created by industrial and work health and safety frameworks, health workers are denied adequate access to structural supports that would increase workforce participation and productivity whilst allowing workers the opportunity to balance care responsibilities. Key amongst these structural barriers are accessible, affordable childcare options.

Childcare

77. 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.
78. 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.
79. The barriers to accessing childcare are heightened for shift workers, with childcare options virtually non-existent or cost prohibitive during non-standard business hours, leaving essential workers like nurses without sustainable childcare solutions.
80. 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.



81. 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 the required increased productivity and workforce participation in the context of the health care, the ECEC sector must have the capacity to accommodate the days and hours typically worked by those in the sector.
82. Without access to suitable childcare options, the issue of attraction and retention of a highly feminised workforce will be problematic. The ANMF proposes the following for health and aged care workers to incentivise more workers to join the sector and to allow for increased workforce participation amongst those in the sector seeking to balance work and care:
- (a) Early childcare reform that includes full-fee relief for health and aged care workers;
 - (b) Before and after school care reform that includes full-fee relief for health and aged care workers;
 - (c) A Commonwealth-led inquiry examining accessibility of childcare services for health and aged care workers, and the impact of accessible childcare services during non-standard business hours on workforce participation, productivity and gender equality.

Conclusion

83. A robust and sustainable aged care economy is essential to furthering the government objectives pertaining to full employment, productivity, women's workforce participation and gender equality.
84. Without significant investment in the workforce delivering aged care services, the rates of informal care amongst Australian workers will increase significantly, resulting in lowered workforce participation and economic security amongst those shouldered with care responsibilities.
85. Additionally, industrial, work health and safety and structural supports for working women must be improved and expanded to ensure greater rates of economic participation by women and the realisation of gender equity outcomes.



86. The ANMF proposes the government adopt the recommendations contained within our submission, as summarised below;

87. **RECOMMENDATION 1**

Prioritise implementation of the interim increase awarded to aged care workers by the FWC and develop a funding model that;

- incentivises bargaining across the sector, an established driver of wage growth¹⁸;
- Provides guaranteed pay rises for workers receiving above award wages; and
- Provides transparency around funding directed at improving wages for aged care workers.

88. **RECOMMENDATION 2**

Flexible working arrangements be made more accessible for workers by:

- Narrowing the test for refusal of flexible working arrangement requests through an objective test (see paragraph [48])
- Requiring a detailed explanation as to how the grounds an employer seeks to rely upon to refuse a request apply to the request in the context of the applicable industry and/or organisation (see paragraph [49])
- An expansion of circumstances in which an employee can make a request for flexible working arrangements to include employees experiencing reproductive health concerns (see paragraphs [50]-[53]).

89. **RECOMMENDATION 3**

A review of the definition of part-time employment under the Nurses Award to provide:

- a. Minimum hours to reflect hours regularly worked and be subject to review;

¹⁸ From 2012 to 2021, wage increases in enterprise agreements grew in real terms by 9.1%, while the Wage Price Index only grew by 1.4% over the period (before then heading into negative territory). <https://www.dewr.gov.au/enterprise-agreements-data/resources/historical-trends-data-approved-quarter>



- b. Variations to hours to be at the employee's request only;
- c. Overtime to be paid on hours performed beyond minimum contracted hours;
- d. Provision for rostering patterns to accommodate caring responsibilities.
- e. A right to conversion to full-time employment where hours worked exceed contracted hours over a 6 month period (see paragraphs [54] – [60]).

90. **RECOMMENDATION 4**

An examination of funding available for work health and safety regulators to monitor compliance with work health and safety laws in the context of occupational violence and the provision of a right to prosecute breaches of work health and safety laws for unions (see paragraphs [74] – [76]).

91. **RECOMMENDATION 5**

Increasing accessibility to childcare for health and aged care workers through;

- (a) Early childcare reform that includes full-fee relief for health and aged care workers
- (b) Before and after school care reform that includes full-fee relief for health and aged care workers
- (c) A Commonwealth-led inquiry examining accessibility of childcare services for health and aged care workers, and the impact of accessible childcare services during non-standard business hours on workforce participation, productivity and gender equality (see paragraph [82]).