



HSU

NATIONAL OFFICE

SUBMISSION TO THE ACTU SECURE JOBS
BETTER FUTURE INQUIRY

INTRODUCTION

1. The Health Services Union (HSU) is a national union representing a diverse range of health professionals and employees in the health and community service sectors. The HSU represents members covering a broad range of skill sets including but not limited to radiographers, pathologists, psychologists, disability workers, aged care workers, mental health workers, ambulance officers, kitchen staff, cleaners and aboriginal health care. Our coverage varies from state to state and across Australia. The essential purpose of the HSU is to represent the interests of members in the workforce to improve member outcomes and contribute to the ongoing improvement of health and community care policy, services, and facilities for clients.
2. Whilst the HSU covers a broad range of professions and roles within the health care industry, the elements of insecure work are most acute in those service areas that are female dominated and feature low pay, disparate work locations, and unpredictable hours of work. These conditions are predominantly found in the Aged Care and Disability sectors.
3. HSU members care for some of the most vulnerable members of the community in environments of stress and at times crisis. Roles require not only technical specialist knowledge within the field but also advanced interpersonal skills, problem solving skills, and adherence to mandatory reporting requirements. Our members interact with their direct client and also family, friends, bureaucracy, and the broader community. Our research demonstrates the majority of members are female, work part-time, have low wages and find it difficult to make ends meet. Our research also informs us that our members are passionate about the work they do and are attracted to the work because of the contribution they can make to the community.

INDUSTRY

4. The health and community care sector in Australia is undergoing rapid change. The Aged Care and Disability sectors in particular have changed enormously. The Australian population is aging and people living with disabilities and mental health issues continue to be integrated into the community consistent with policy and programme advances recognising the intrinsic human rights of all people. Workplaces are diversifying as federal and state government policy and funding approaches seek to empower individual clients in decision making concerning their care needs including promoting home based care. This role of not for profit organisations providing services in the industry continues. The industry is growing in non-traditional forms of work and research tells us that we are unable to adequately quantify the characteristics of workforces. In combination, these factors continue to broaden the consumer group for health care services and

place greater demands on workers operating within the industry. Stakeholders need to develop innovative approaches to data collection within the industry.

5. The Community Services and Health Industry Skills Council (CSHISC) contend the community and health industries workforce is expected to grow by 25% by 2015-2016 whilst also supplying 25% of all new Australian workers¹. Further, CSHISC acknowledges the increasing complexity of clients' needs and the impact on skill development within this context² (ibid, pg.4). For workers, this means they are increasingly required to exercise greater skill and responsibility in the role. Coupled with these demands, there are specific labour shortages in rural and remote areas.
6. This increasing complexity has a direct impact on the skills and knowledge required to be exercised by workers in the sector. Evidence adduced in the recent Equal Remuneration case before Fair Work Australia clearly demonstrated the complexity of roles undertaken within social and community care fields³. Workers in the sector are required to split their time between direct care, indirect care and associated administrative responsibilities to achieve the care element of their roles. Workers are increasingly required to deliver services covering a broad range of issues including sourcing information and providing advice regarding drug and alcohol assistance, family violence issues, and financial stress.
7. For HSU members, the largest employment occupation within the health care and service assistance industry is Personal Care Workers in the Aged and Disability sectors. In the two years to 2010 Aged Carers experienced a 38.5% growth rate in employment and Personal Care Workers 11%⁴. The recent Productivity Commission (PC) report on Aged Care found the following;
 - aged care employees make up around 23% of the total health care and social assistance workforce;
 - aged care employees involved in direct caring activities represent around 25% of all employees engaged in health and community services occupations;
 - compared to the broader workforce this workforce is more likely to be female, work fewer hours and be 45 years or older;
 - a significant proportion of this workforce would like to work more hours;

¹ Community Services and Health Industry Skills Council (CSHISC) (2011). Environmental Scan 2012 - Key trends discussion paper – 3 November 2011, pp.3-7. Available at www.cshisc.com.au

² Ibid pg.4

³ See Briar and Junor report, ASU and others submissions 17 November 2011 (Attachment 1 at pg. 58) http://www.fwa.gov.au/sites/remuneration/submissions/jointSubRemedy_17-nov-2011.pdf

⁴ Skillsinfo (2011) available from <http://www.skillsinfo.gov.au/NR/rdonlyres/66356538-473E-4A8D-B795-F55F9F057D85/0/HealthCareandSocialAssistanceReport2011.pdf>

- low pay is problematic in the sector; and
- there is a need to develop career paths for workers to improve the number and skill levels of workers in the aged care sector⁵.

8. The Disability Services sector has also experienced recent rapid growth. Data collection regarding workforce is severely hampered by the nature of the growth in the industry and the concentration of individual care occurring in non standard workplaces. The 2011 Productivity Commission Inquiry Report into Disability Care and Support surveyed 1507 workers and 397 service providers and extrapolated responses to provide a snapshot of the sector. It is estimated there are about 34,000 fulltime equivalent employees (FTE) in the sector. Given the lack of specific data collected on the workforce it is estimated that the FTE equates to there being between 70,000 – 97,000 workers providing services in the sector⁶. Of this number about 80% are women and around one third of workers are aged between 40-59. It also found that weekly wages in the sector were about one third less than wages for all other female workers in the workforce⁷.

9. Of deep concern is the rate of casual work, estimated to be 31% of non-professionals (see Table 1). It is this cohort defined as “*Personal carers, home care workers and community care workers, and Disability or residential support workers*”⁸ that provides the bulk of caring work to clients in the Aged Care and Disability sectors. The rise of casual employment in the sector is the result of a number of factors including the breakdown of the standard employment relationship characterised as full-time, continuous employment underpinned by a robust industrial instrument that has improved terms and conditions of employment overtime. In addition, funding arrangements have impacted significantly on the rise of the non-standard employment relationship. We are advised that funding issues are cited by employers as a reason not to employ members on a full-time, on-going basis. This issue coupled with low wages and high casual rates means this sector must act quickly to provide security for workers and clients alike.

⁵ Productivity Commission (2011), *Caring for Older Australians*, Report No. 53 Chapter 14.

⁶ Martin, B and Healy, J (2010). *Who Works in Community Services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services*, pg.110

⁷ Productivity Commission 2011, *Disability Care and Support*, Report no. 54, Canberra. Chapter 15

⁸ Martin, B and Healy, J (2010). *Who Works in Community Services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services*, pg.111

Table 1

Employment type of disability service sector employees in the last pay period, by occupation, 2009 (per cent)

	Non-professionals	Professionals	Managers and administrators	Total
Permanent full-time	14	52	68	25
Permanent part-time	55	44	27	50
Casual	31	3	3	24
Contract	0	1	2	1
Total	100	100	100	100

Source, Martin, B and Healy, J (2010). Who Works in Community Services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services, pg.113

DATA

10. The health care and social assistance industry⁹ is the highest employing industry in Australia employing 1,179,300 (12.6%) of people in August 2010¹⁰. This industry also represents the largest growth industry in Australia; in the 10 years to February 2011 the industry grew by 51.5%¹¹. The below graph indicates the percentage of employees in the health care and social assistance industry to total employees by state in 2011.



Source: Labour Force, Australia, Detailed, Quarterly (cat. no. 6291.0.55.003)

⁹ The industry definition includes all HSU covered workers as well as nurses, veterinary services and child care services.

¹⁰ ABS (2011) *Employee earnings, benefits and trade union membership*, cat. no. 6310.0, pg.17

¹¹ Skillsinfo (2011) *Industry Employment Projections, Healthcare and Social Assistance*, pg.3 available from <http://www.skillsinfo.gov.au/NR/rdonlyres/66356538-473E-4A8D-B795-F55F9F057D85/0/HealthCareandSocialAssistanceReport2011.pdf>

11. Of the 1,179,300 workers 942,300 (79.9%) were female and 237,000 (20.01%) male; of full-time employees, 455,500 (72.4%) were female and 173,500 (27.6%) male; of part-time employees, 486,800 (88.46%) were female and 63,500 (11.54%) male¹².
12. Being a trade union member for women translates to higher wages. Total mean¹³ weekly earnings in main job in the health care and social assistance industry found that females had mean weekly earnings of \$807.00 and males \$1,362¹⁴. Female trade union members mean weekly earnings were \$958.00 and non-trade union members was \$748.00; for male employees, trade union members mean weekly earnings were \$1,154.00 and non trade union members were \$1,423.00; of total persons in the health care and social assistance industry median weekly wages was \$991.00 for trade union members and \$890.00 for non trade union members¹⁵.
13. Mean weekly earnings for all employees across all sectors in their main job were \$1,024 and in the health care and social assistance industry \$917.00. Thus, other employees received earnings 10.5% higher than mean earnings for employees in the health care and social assistance industry¹⁶. The occupation with the greatest reliance on the award method of setting wages were community and personal service workers, 31%¹⁷.
14. Trade union membership demonstrates that 27.5% of female employees employed in their main job in the health care and social assistance industry were trade union members and 22.4% of males were trade union members¹⁸. Trade union membership data is further broken down into a number of sector categories which demonstrate that (allowing for a standardised error of 306,900 persons not knowing if they were trade union members in their man job) of 1,179,300 workers in the overall sector the following sub-sectors had trade union membership densities of;
- 47% in hospitals;
 - 15% in medical and other health care services;
 - 23% in residential care services; and
 - 15.8% in social assistance services.

¹² ABS (2011) *Employee earnings, benefits and trade union membership*, cat. no. 6310.0, pg.17

¹³ Defined as total earnings by number of employees

¹⁴ ABS (2011) *Employee earnings, benefits and trade union membership*, cat. no. 6310.0, pg.16

¹⁵ ABS (2011) *Employee earnings, benefits and trade union membership*, cat. no. 6310.0, pp. 38-40

¹⁶ ABS (2011) *Employee Earnings and Hours*, cat. no. 6310.0, pg.16

¹⁷ ABS (2011) *Employee Earnings and Hours*, cat. no. 6306.0, pg.6

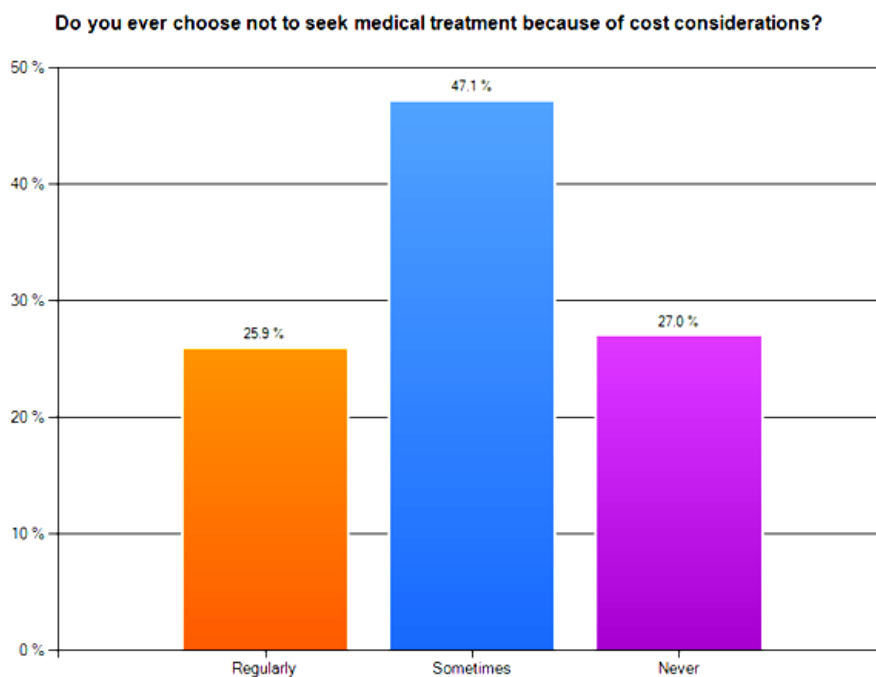
¹⁸ ABS (2011) *Employee earnings, benefits and trade union membership*, cat. no. 6310.0, pp.30- 32

INSECURE WORK

15. The HSU submits a number of indicia can be used to assess levels of insecurity in work including;

- low pay;
- unpredictable pay;
- unpredictable hours;
- casual employment relationship;
- multiple employers; and
- disparate workplaces.

16. The evidence cited above indicates that these factors are present in the Aged Care and Disability sectors. Evidence from our membership demonstrates the effects of these factors. Our members are struggling to make ends meet. Of deep concern to the HSU is the number of workers who have to make an economic judgement as to whether they can afford medical treatment themselves.

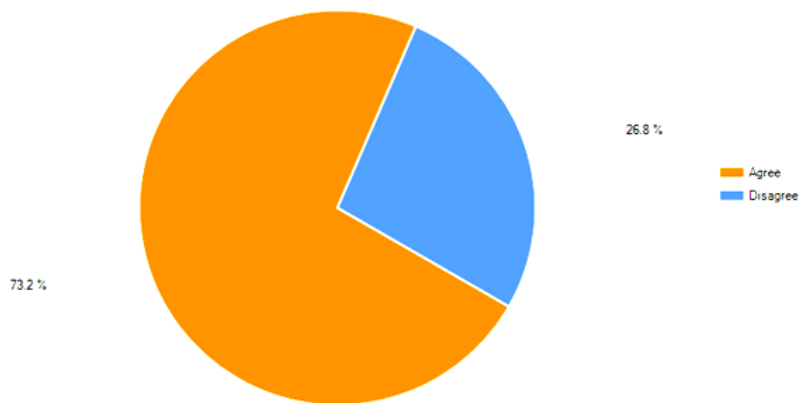


Members further advise that;

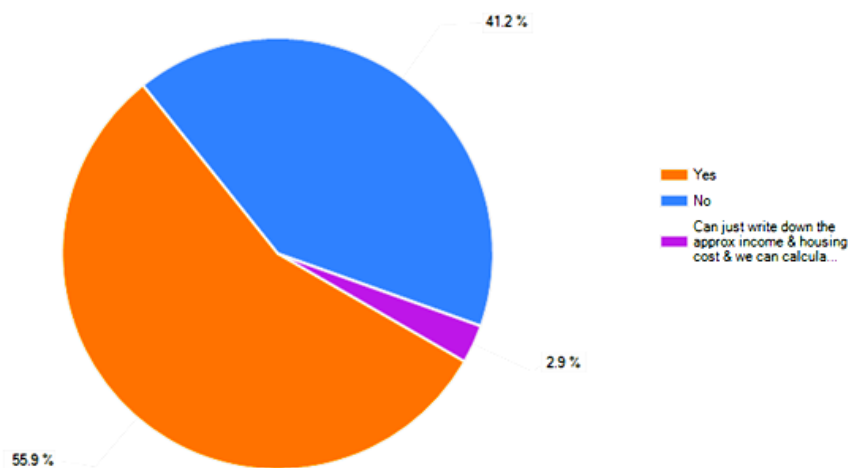
- 50% would like to work more hours, and
- 19.3% have a second job.

This is directly related to member's inability to survive on the low wages they receive.

"I find it really hard to make ends meet"



Is your rent or mortgage repayments equal to or greater than 25% of your take home pay?



Source: HACSU, Tasmania

17. The manner in which the health workforce has grown in the last decade poses a number of significant issues requiring redress. The growth of non-traditional workplaces is exacerbated by changes in funding. Workers in the Aged Care and Disability sectors are particularly vulnerable to these changes. Lacking in these changed conditions of employment is the requirement for employers to keep robust workforce data capable of empirical analysis. This deficiency is seen starkly in the PC Inquiry into the Disability sector cited above.

18. The data and stories above describe the position of wage earners in some parts of the health and community care sector. This sector is the fastest growing in Australia and will soon account for 25% of the workforce. The sector is also characterised by a number of unenviable characteristics including low pay, unpredictable hours of work, non-standard work and a lack of consistent data collection.
19. The HSU recommends legislative reform is necessary in the industry to adequately track the conditions of employment. In this connection we recommend that providers in the health care and social assistance industry provide annual data on;
- numbers of employees;
 - basis of employment contract;
 - length of service;
 - number of hours worked each quarter;
 - overtime paid in each quarter;
 - age of employees; and
 - gender of employees.

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