



Draft National Care and Support Economy Strategy 2023

Submission



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ACKNOWLEDGEMENT OF COUNTRY

The Victorian Women's Health Services acknowledge that we live, work and play on unceded lands of Aboriginal and Torres Strait Islanders – the First People and First Nations of this country.

We pay our respect to elders, past present and emerging and acknowledge the care that our First Nations People have exercised over this country for thousands of years.

Always was, and always will be Aboriginal land.

WHO ARE THE VICTORIAN WOMEN'S HEALTH SERVICES

The Victorian Women's Health Services are a network of 12 not for profit feminist organisations in Victoria that promote health and wellbeing of all women with an intersectional gender lens. We are centres of excellence in gendered health promotion and prevention, winning awards for innovations and achievements.

Victoria's Women's Health Services Network:

- Provide a statewide infrastructure to promote Victorian women's wellbeing
- Promote good health and wellbeing to Victorian women
- Apply an expert intersectional gendered lens to health issues and systems to improve outcomes for women
- Prevent the underlying causes of ill-health and harm for women in Victoria

Funded by the Victorian Government we are the State's only primary prevention and health promotion infrastructure that seeks to improve the health and wellbeing of Victorian women and achieving measurable population health outcomes.

Addressing the social determinants of health our combined vision is to achieve optimal health and wellbeing of all Victorian women and increase gender equality. Our combined purpose is to lead, best practice health promotion and primary prevention in women's health, promoting gender equal health and wellbeing outcomes and the prevention of illness and disease in Victorian women.

We comprise:

3 State Wide Organisations

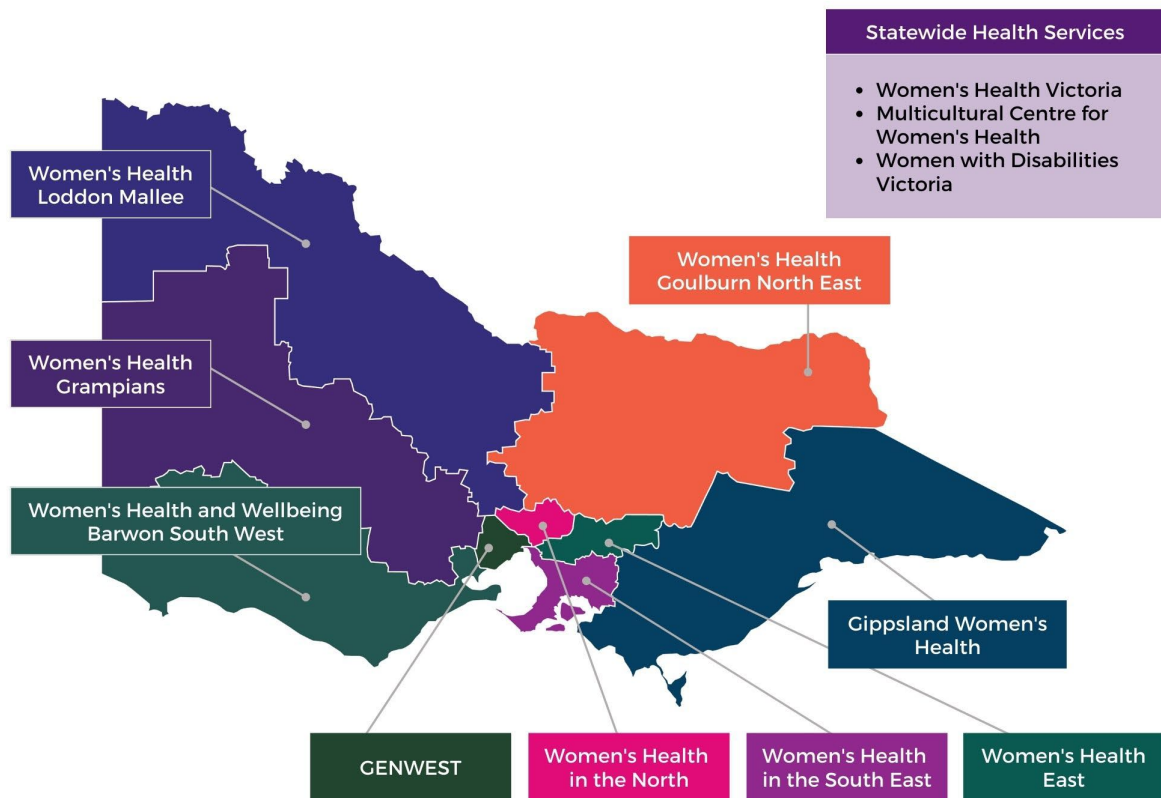
1. Women's Health Victoria
2. Women with Disabilities Victoria
3. Multicultural Centre for Women's Health

4 Metro Organisations

4. Women's Health in the North
5. Women's Health East
6. Gen West
7. Women's Health in the South East

5 Rural Organisations

8. Women's Health Loddon Mallee
9. Women's Health Goulburn North East
10. Gippsland Women's Health
11. Women's Health and Wellbeing Barwon South West
12. Women's Health Grampians



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SUBMISSION

Care work, both paid and unpaid, is at the heart of humanity and our societies. Economies depend on care work to survive and thrive. Across the world, women and girls are performing more than three-quarters of the total amount of unpaid care work and two thirds of care workers are women. Demographic, socio-economic and environmental transformations are increasing the demand for care workers, who are often trapped in low quality jobs. If not addressed properly, current deficits in care work and its quality will create a severe and unsustainable global care crisis and further increase gender inequalities in the world of work

(International Labour Organisation, 2018)

Introduction

For the Victorian Women's Health Services (WHS), the participation of women in work, and the quality of that, is a social determinant of their health and wellbeing. The WHS care and are concerned about women's participation in the Australian workforce and in particular the care sectors or as defined by the draft national strategy the system of care and support. Not only are these sectors significant employers of women and diverse people, their success is critical for women's participation in the Australian workforce, economy and society as a whole.

As noted in the Australian Government's Issues Paper for the Jobs and Skills Summit (Australian Government, The Treasury, 2022) "The health care and social assistance sector has more than doubled in size over the past 20 years, rising from 10 to 15 per cent of the workforce and now employs more than 2 million people. Employment in the sector is projected to grow by 15.8 per cent over the next five years."

Any conversation with the Australian community about the vision for our care and support system needs to be centered on the reality that these sectors suffer from the negative impacts of intersectional gender inequity and the stereotypes, norms and attitudes that our society has to care work.

Specifically that:

- The workforce is feminized and therefore suffers from the perception that the work of the sector is low skilled and therefore not well remunerated
- The services that are delivered by these sectors do not attract "prestige" as other industries due to the gendered stereotypes of care and care work and as such, suffers from higher forms of contention and contest that funding for the services is as equitable and/or deserved as other industries.

Our submission will speak to the need to address these key realities for without doing so, any "proactive approach" to address the issues of the care sector, will not succeed.

Pending our submissions discussion on these "key realities" we will then highlight three key areas of reform that are required within horizon 1 and 2 to address these concerns.

The impact of the gender and intersectional inequity on the care sector: Implications for the Strategy

This submission notes that the Draft Strategy recognises care and support economy are a significant contributor to employment, economic growth and societal well-being in Australia.

The draft strategies acknowledgement that the care and support work has not traditionally been considered by governments through an economic policy lens, is appreciated as it has resulted in its associated economic benefits being neglected. More importantly because of this lack of economic recognition, the needs of the sector/industry have not prioritised mainly due – we argue – to the gendered views of the core business of this sector. That is care work.

Gender Segregation of our Workforce

In spite of significant increases of women participating in the Australian workforce the gender (from 30% in 1966 to almost half of the paid workforce in 2020) (Australian Bureau of Statistics, 2021) segregation of our labour market does not “match the gender balance of the overall labour force”. (Lind & Colquhoun, 2021).

This segregation is vertically, horizontally, in composition and working hours and of course in conditions and pay. Studies for Australia on gender segregation tend to show “little or no change for over a century”. (Lind & Colquhoun, 2021) Since 1989 Australia’s health care and social assistance sector has been uniquely characterised by the highest share of female employment across all industries – with over 78% of the workforce in 2022 comprising females. (Australian Bureau of Statistics, 2022) In spite of increases levels of education trends in segregation and composition of the Australian workforce have “done little to affect the overall level of gender segmentation of the Australian labour market” (Preston & Burgess, 2003)

In addition to this characteristic, women’s work in Australia is also characterised by short term work, underemployment (Preston & Burgess, 2003) higher risks of harassment and gender based violence (Victorian Government, 2020) and of course, lower pay due to the persistent pay gap.

Feminised work forces Gendered Work and Care Work

If remuneration and income for work is an indicator of value – then care work is not valued. The persistence of the pay gap in Australia is driven by many factors, but key to that is the segregated labour market that has resulted in Australia having “jobs that men do” and “jobs that women do”. The impact is regularly researched:

The gender gap in pay is the result more of men and women working in different jobs than of the sexes being paid differently in the same work... Research on comparable worth shows that predominantly female jobs pay less than male jobs, after adjusting for measurable differences in educational requirements, skill levels, and working conditions

(England, 2005)

There are a number of reasons behind this devaluation and include cultural bias against care work, stereotypes that care is a public good, that it is a skill that should be given altruistically or that it is something that comes “naturally” and is therefore not requiring valuing through remuneration or safe conditions/protections of work. Further the result of devaluation and misconception of the skilled care workforce, is that it becomes “invisible” resulting in discrimination, lower conditions, wages and education. (Milgrom & Oster, 1987)

Further, it is the culture and self-efficacy of the workers in care itself that can perpetuate this devaluation. Research into child care workers show that the “meanings that child care workers construct to make sense out of their participation in the occupation result from a social psychological process wherein the workers try to sustain a favourable image of self while engaging in a low-paid low-prestige gendered occupation” (Murray, 2000)

Ensuring decent jobs requires the strategy to ensure that care work is considered equitable work by the national economy and society. This will require creating work environments that are safe, equitably paid with limits on short term, casualised and contract work that significantly impacts women’s quality of life over the long term. It will also require deliberate and strategic action over the long term to address gender and intersectional stereotypes that contribute to poor perceptions of work that women undertake.

Safety of Care Sectors

The importance of a safe work place as been well understood for some time. The importance that workers have a work environment that is safe physically and psychologically has been part of our national legislative, regulatory and corporate/public environment for many years. A well workplace and well workers result in more productive workplace and importantly for this submission, better services and care to community.

The Victorian Women’s Health Services are concerned about the safety and care given to the workers in the care sector. The 5th national survey on workplace sexual harassment – Time for Respect – reports that 24% of workplace sexual harassment incidents occurred in the health care and social assistance sector. And further it estimates that:

Women were more likely to be sexually harassed in nearly all industries. Nine in 10 Australian women (89%) have experienced sexual harassment at some point in their lifetime.

Four out of 5 people with a disability have been sexually harassed on at least one occasion over the course of their lifetime, compared with three quarters of those without disability

Almost all people with an intersex variation (92%) have been sexually harassed in their lifetime, compared to 77% of those without such a variation

Almost 9 in 10 Aboriginal and Torres Strait Islander people (86%) have experienced sexual harassment in their lifetime.

(Australian Human Rights Commission, 2022)

The advent of the national workplace health and safety model laws rightly strengthens employers responsibilities to identify and mitigate psychosocial risks which are prevalent in the care industries including workplace sexual harassment.

Psychosocial risks also include the following which are often characteristic of the care and health sectors at the heart of this strategy:

- Significant and changing job demands where there is often high mental and emotional effort to do the job.

- Frequent remote or isolated work particularly for care workers in outreach and home care programs which result in limited communications
- Exposure to traumatic events frequently
- Inadequate reward and recognition of the skills utilised and deployed (as a consequence of the gender inequity faced by the labour force)
- Exposure to risks of violence and aggression from clients and customers and well as other workers.

We note that in the Safe Work Australia 2021 Key WHS Statistics Australia (Safe Work Australia, 2021) of the number of serious claims for mechanism of incidence made for mental stress, 13% were from women compared to 6% of men and, for serious claims by nature of injury/diseased 14% of women claims for mental health conditions compared to 6% of men. We also note that of the serious claims made by occupation, community and personal service workers (feminised workforce) made up 19% of the serious claims and 18% of the serious claims by industry were from health care and social assistance – the highest industry.

Research on the impact of psychosocial risks in health settings across global peer reviewed academic and authoritative grey literature as a result of the pandemic, found that women health workers and nurses reported worst outcomes with the pandemic, and that there were “higher prevalence rates of anxiety stress and depression” with risks expanding to “non-clinical health workers”. (Franklin & Gkiouleka , 2021) The research makes the specific point that “women and nurses are usually the majority with the samples used in the analysed empirical studies” and that globally:

It emerges that women more often than not report higher levels of mental health problems including anxiety, stress, post-traumatic symptoms and depression compared to their men colleagues

(Franklin & Gkiouleka , 2021)

The professional skills and load experienced by workers in the care and support system needs to be respected and itself cared for. Full implementation and capacity building to prevent sexual harassment and gendered workplace violence as well as identifying and reducing psychosocial risk will be vital to ensure that positive workplace environments are made to attract and retain skills.

Care work and the wage penalty

The Workplace Gender Equality Agency (WGEA) Industry Analysis of Health Care and Social Assistance pay gap (Data Explorer) shows the pay gap for this sector is 13.6%, with hospitals having a 14.3% pay gap, residential care 4.9%, medical and other health care 31.6% and social assistance 5%. For Preschool and school education (which includes ECEC) the paygap is 7.6% (Workplace Gender Equality Agency, n.d.)

KPMG’s 2022 update to the “She’s Price(d)less” report shows that the equity problem is due to gender discrimination and it “remains the leading driver of the pay gap contributing 36%” to it. KPMG also state that the other driver of the gap is the type of “job and industry sector of employment (24%)”. (KPMG DCA and WGEA, 2022)

However, perhaps more pervasive than the pay gap prevalent in the industries for this strategies, is the penalty that care work received because of the gendered norms surrounding care where “The way one thinks about this work is strongly affected by schemas about gender and motherhood that come from the culture, or from early relationships with mothers or other caregivers” (England,

Budig, & Folbre, Wages of Virtue: The Relative Pay of Care Work, 2002) and the “sex composition of jobs, affects their wages” (England, Budig, & Folbre, Wages of Virtue: The Relative Pay of Care Work, 2002). This penalty is so significant for care work that there is even evidence that the decline experienced when entering an occupation in that industry is reversed when leaving the care sector. (England, Budig, & Folbre, Wages of Virtue: The Relative Pay of Care Work, 2002). This is a significant problem for our social and economic wellbeing:

there is the equity problem that those who do care work, mostly women, earn less than other workers at their skill level. This contributes to the gender gap in pay...it is an equity problem even if care workers were not disproportionately from any gender or race/ ethnic group... because of the relatively low pay, care may be undersupplied to those who need ...this is a social problem because neither individuals nor society can flourish without care.

(England, Budig, & Folbre, Wages of Virtue: The Relative Pay of Care Work, 2002)

The schemas of discrimination driving poor conditions and pay of workers in the care and support system is influenced by society’s assumptions about unpaid care work which as identified by the ILO, “is carried out mainly by women and girls from socially disadvantaged groups”. (International Labour Organisation, 2018) The ILO highlight that there is a link between unpaid work, and paid work where:

...undervaluation of unpaid care work .. leads to lower wages and a deterioration of working conditions in care sectors, in which women are largely over-represented. Care workers themselves have care needs that often go unmet, due to their low wages and long working hours.... The availability and quality of care services are directly related to the levels of employment and the working conditions of care workers, and affect the supply of labour, particularly that of women...

(International Labour Organisation, 2018)

Creation of a strong roadmap for the care and support system is a direct contribution to gender equality for Australia Workers in the care and support system need A) professional care provided to them, to participate in the workplace and B) to have skills that they deploy to the community not discriminated against in the form of inadequate remuneration and poor working conditions. Without both of these items coming together, inequity will be perpetuated.

Calls for change of paradigm.

The United Nations Economists Network (UNEN) has called for nations to address the “fragility of the care economy” that is created “by the disproportionate reliance on women’s unpaid and underpaid labour and under-investment in the care sector” (United Nations Economist Network, 2023) The paradigm shift requires a “shift in economic thinking and policies whereby”:

care is no longer reduced to a commodity, a personal choice or a family obligation – but recognized for what it is: a public good that generates benefits that extends beyond the individual care recipient to societies at large and into the future;
where societies stop freeriding on women’s unpaid and underpaid labor, and collectively assume the costs of quality care for all; and

where all workers in the care sector enjoy equal pay for work of equal value, with value being redefined to recognize social contributions, not merely market based rewards

(United Nations Economist Network, 2023)

The UNEN highlights the need for nations to redefine their framing of the care or, purple economy. That “Public spending...(needs to be seen).. as investment instead of consumption expenditure” but argues the prevalence of “conceptual, methodological, and political constraints for integrating the Purple Economy into the mainstream economy at the country level.” (United Nations Economist Network, 2023)

Individualism and the primacy of rational choice which have traditionally formed the core of economic analyses fail to capture the complex dynamics and motivations that shape care provision

(United Nations Economist Network, 2023)

For this reason, any questions posed by the Strategy and roadmap around the level of provision of care that the Australian budget should fund **need to address the underlying reality that our society, our economy and our public systems fundamentally devalue care work because of gender.**

In 2018 the International Labour Organisation released a strategy for care work and care jobs that identified the level of systemic policy action to take that would “promote decent working conditions and representation for all care workers, paving the way to a high road for care work” (International Labour Organisation, 2018) The framework speaks to an interconnection between:

- Care policies – allocating resources in the form of money services or time to people who need care
- Macroeconomic policies that shape women’s and mens opportunities in paid employment and reduce gender inequalities
- Social protection policies delivering policy and regulatory frameworks that govern care responsibilities
- Labour policies regulation and protection to ensure workers and employers rights and obligations are clear about rights and entitlements for positive employment relationships
- Migration policies which determine the ability for care workers from migrant and refugee communities to work in care sectors. These policies are also vital in sending signals about the status and favourability of care work and impact positively or negatively the quality of the employment experience that migrants have.

The Roadmap must be a whole of government approach connecting with policies and programs across the Australian government including migration, economic and financial policies, social and safety reform, labour regulation and also, reforms to address the norms, attitudes, systems and structures that perpetuate gender inequality.

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