HSU NATIONAL

Health Services Union

SUBMISSION: Department of Home Affairs

Review of Regional Migration Settings Discussion paper

July 2024

About the HSU

The Health Services Union (HSU) is one of Australia's fastest growing unions with over 100,000 members working in the health and community services sector across the country.

Our members work in aged care, disability services, community health, mental health, alcohol and other drugs services, private practices and hospitals. Members are health professionals, paramedics, scientists, disability support workers, aged care workers, nurses, technicians, doctors, medical librarians, clerical and administrative staff, managers and other support staff.

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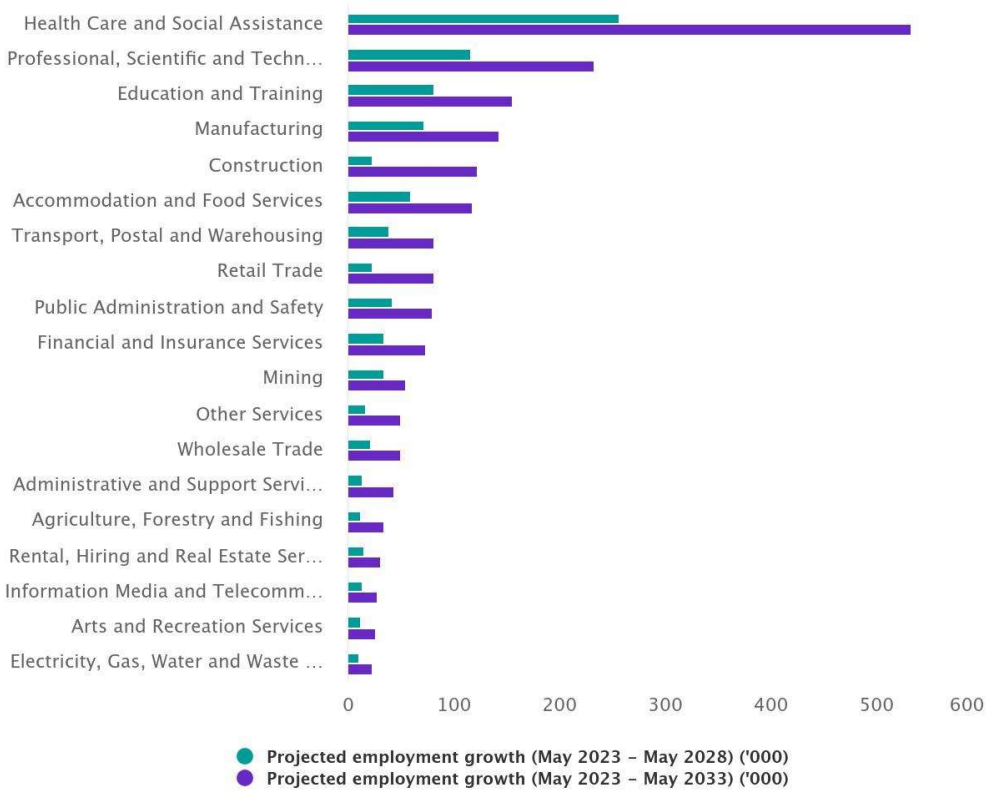
Recommendations

- Health and care professions are in national shortage so should not be given a regional migration lens. Professionalisation and workforce development, in conjunction with appropriate migration, is required to support health and care workforces.
- The PALM scheme should be supported, with appropriate changes to the Working Holiday scheme to ensure it is not being undermined.
- Housing provision is an issue for migrants in regional areas and migrants should be supported by active government policy
- We support the ACTUs recommendations.

Introduction

The HSU has areas of coverage across the Health and Care economy in which workforce shortages are deep and across the board, from Allied Health, where 25,000[1] Allied Health workers are needed by 2033 sector to Aged Care workers where estimates start from 110,000 by 2031[2] as a conservative guess.

Shortages in the health care and social assistance sector are evidenced by Jobs and Skills projections for the next 5 and 10 years, which projects employment growth of more than 500,000 roles.



[1] Not enough allied care workers to meet aged care standards | Aged Care Insite Aged Care Insite "Not enough allied care workers to meet aged care standards", accessed 6/5/24

[2] https://www.ceda.com.au/newsandresources/mediareleases/health-ageing/australia%E2%80%99s-dire-shortage-of-aged-care-workers-req AUSTRALIA'S DIRE SHORTAGE OF AGED-CARE WORKERS REQUIRES IMMEDIATE ACTION: CEDA

Whilst there may be regional variations to the shortages of health and care professions across Australia, there is a national shortage of workers in these roles. Regional approaches to these issues should be limited.

The HSU calls for workforce development and equitable treatment for migrants

All parts of the HSU's membership in the wider care sector therefore need increased workforce development, including increased training, wages and conditions, and continued professionalisation, to attract the workers in the numbers needed. Migration will play a role in meeting these workforce shortages, but migration works best when active workforce development and migration policy work together, not when migration is left to the market. Migration should not result in inequitable outcomes for migrants or take place in lieu of local workforce development. As we have stated elsewhere, the HSU calls for workforce development and equitable treatment for migrants.

Workforce development is needed, with migration focussed on areas of urgent need.

A thorough plan for more local training and development is required. Currently there is an ingrained reliance on migration to fill gaps. The focus must be on short term strategies to boost, and then long-term planning to support, local training. Migration must not be seen as the easier alternative to the development of good jobs and careers in the sectors that attract domestic workers.

Equally, quality support that benefits Australian communities can only be provided if both migrant and domestic workers have decent, well-paid jobs with access to skills development and adequate employer support. To protect Australia's ongoing economic prosperity and fairness there needs to be a genuine commitment to workforce development, both to the benefit of domestic and migrant labour, to ensure that migrant labour is not exploited or contribute to worse conditions for domestic labour.

As the Departments consultation paper on the reform of the points test noted, young migrants will spend a long time in the Australian workforce, and will benefit from workforce development initiatives such as training and professionalisation too.

> *Young migrants will also be the ones who help meet the skill needs of a growing care economy, complementing the contributions of Australia's existing care workforce. The care and support economy is projected to almost double as a share of the economy over the next 40 years, having doubled over the last 40. A young nurse who comes to Australia today could still be looking after people decades from now.*[7]

The HSU is working to support professionalisation initiatives, such as worker registration in aged care and disability, and in recognising the distinct role allied health professionals play in the health system. This work should not be undermined by lax migration rules.

The HSU supports migration policy that is tripartite and includes an active government role

The discussion around place-based investments at page 15 is welcome, such as "including better planning and facilities, improving services and investing in job creation". This recognition that social conditions and active state and government involvement influence the outcomes of migration in an area is welcome. Case studies used in the consultation paper such as Snowy Mountain and other successful migration examples have had state involvement and support.

Question 6: Noting the limitations of visa settings, what factors encourage more migrants to choose to settle in the regions and improve retention?

Housing can be an issue for many migrants to the regions, who may find it difficult to access appropriate accommodation. Government support in housing provision and supply, and in gaining access to housing, would support migration to the regions and retention of migrants in these areas.

Further, quality, well-paid jobs and quality professional work are part of what leads to retention in roles. This leads again to the HSU's point on the need for professionalisation of care economy work.

We support the ACTU's submission on migration.

We reiterate their first recommendation that temporary migration should adhere to the following principles:

- Temporary migrant workers must have mobility.
- Visa settings must not be used to drive temporary migrant workers to the regions.
- Close the loopholes in the migration system that enable employers to avoid minimum standards.
- Support PALM as the primary labour migration program for unskilled, low-skilled and semi-skilled positions.
- Worker protections in the PALM program must be expanded to other visa products where workers are vulnerable to exploitation.
- Regional occupations in shortage must be determined on the basis of advice from Jobs and Skills Australia.
- Genuine shortages must be met through skilled migration, with visas where work is the primary purpose.

Further, we agree with the concerns about the Working Holiday Maker scheme in recommendation 3. The PALM scheme has important protections and a tripartite role for unions in a way that prevents exploitation. In particular, we support the ongoing Aged Care Expansion pilot taking place and we do not want to see this important work undermined.

We look forward to continuing to take part in these tripartite discussions around migration.