**Willing to Work: National Inquiry into Employment Discrimination against Older Australians and Australians with Disability**

# Submission No 338

**Name** Withheld

**Submission made by**

Older Australian in work

Australian with disability in work

Academic/social policy practitioner

# Submission regarding Older Australians / Australians with Disability / Both

### **Your experience**

**Have you (or the person you are submitting on behalf of) experienced employment discrimination?**

Yes

**Did you take any action in relation to the employment discrimination you experienced?**

No

**Please tell us more, for example, what action you took and how effective you felt it was; or why you chose not to take any action.**

I chose to not take action in the instance outlined below, because I was too sick and demoralised to pursue this matter.

**Did your experience of employment discrimination impact on your participation in the workforce? (For example, did you have to stop work, change jobs or take sick leave?)**

Yes

**Please tell us more**

One of the most significant barriers I have faced as an older worker with disability in the workforce is accessing appropriate accommodation and support in the workplace. In the story documented below, the impact of being unable to negotiate support in the workplace was felt not only by me, but also by my colleagues.

I have worked for 36 years at [**employer redacted**]. I am an experienced and productive researcher and teacher. **[Employer redacted**] has a commitment to supporting workers with disability, with comprehensive policies designed to support employees. One such policy to support workers with disability is the option of applying for a Work Adjustment Plan (WAP).

In 2004 I was diagnosed with Interstitial Lung Disease (LTD), a chronic, degenerative disease. I also have osteoarthritis and osteoporosis, a side effect from the medication I take. I have suffered a number of bone and ligament injuries over the past years and use a crutch to walk and often wear an Airboot following injuries to my ankle. I move slowly and tire easily. However, the quality of my work is not affected by my disability. My IQ has not diminished since I started using a crutch to facilitate mobility, and I am still a competent manager, teacher and researcher. Indeed having a chronic and debilitating illness has given me insights and understandings that I bring to my work.

5 years ago I sought advice from Human Resources on how to apply for and negotiate a WAP. I was advised that I simply needed to submit a request, detailing the type of support needed and apply to [**redacted manager**] for a WAP. [**Redacted manager**] would approve this request and the plan would be put into place. I was advised that if I experienced any difficulties, my next step was to seek assistance from the Equity Unit.

I immediately applied for a WAP, requesting minor accommodation to my working conditions. The [**redacted manager**] refused to even consider, let alone approve this request. [**Redacted manager**] ignored my emails and would not speak to or see me. If we crossed paths in the corridor, [**redacted manager**] would simply turn [**away from**] me and walk away. [**Redacted manager**] ignored my request for support.

After a couple of months, I sought assistance from the Equity Unit. The head of this unit was very supportive and negotiated tenaciously on my behalf. She had the same experience, her requests were ignored and dismissed. After several more months of carrying a very heavy workload and with no end in sight to the negotiations, I got very sick, was in hospital for 3 weeks and spent a further 4 months on sick leave recovering.

When I returned to work, the [**redacted manager**] had been promoted to a more senior position and a new [**redacted manager**], had been appointed. I applied to [**redacted new manager**] for a WAP. [**Redacted new manager**] was very supportive and approved the plan immediately. This WAP has now been in place for several years and works very well for me. At the start of each year, I apply to renew the WAP, with the requisite doctor’s certificate and the plan is put into place. I cannot even begin to express my gratitude to my [**redacted new manager**] for this support, and most importantly, for [**the**] expression of confidence in my ability to continue to work and to make a valuable contribution.

My experience with my former [**redacted manager**] was humiliating and disempowering. The personal impact was devastating. But more importantly, the impact of [**this**] behaviour on the staff of the [**employer** **redacted**] and indeed, the entire institution was also devastating. Those from the Equity Unit were as powerless as I was and felt marginalised and angry. When I went off sick, it happened very suddenly and my coworkers had to take over the teaching and coordination of a very large subject unit. My coworkers were also angry and demoralized. The students also suffered and there was a deluge of student complaints. Morale in [**employer** **redacted**] was very low.

This story illustrates that unfortunately, good policies are not sufficient. Competent and compassionate managers, are needed to implement these policies. The policies, in this instance, could not deal with a manager who was incapable of relating to or managing people. There were no checks on [**the manager’s**] power. Beyond the Equity unit, there was nowhere for staff to go. It appeared that no one above [**the manager**] was monitoring, curbing or challenging [**the**] appalling management. My experience illustrates how good managers can make a huge difference by supporting, rather than undermining, workers with disability.

### **Barriers**

**Do you think older Australians/Australians with disability face barriers when they look for work or are in a job?**

Yes

**Does employment discrimination have an impact on gaining and keeping employment for older Australians/Australians with disability?**

Yes

**Are there any practices, attitudes or laws which discourage or prevent equal participation in employment of older Australians/Australians with disability?**

Yes

### **Good practice**

**Are there examples of good practice and workplace policies in employing and retaining older Australians/ Australians with disability?**

Yes

**Please tell us of examples of good practice in employing and retaining older Australians/ Australians with disability in work that you are aware of.**

The case studies of good practice outlined in this section are drawn from my research on the aged care workforce. The aged care workforce is one of the fastest growing sectors of the workforce, providing employment opportunities for older workers, particularly older women. This growth will continue as the demand for care workers increases with the implementation of the NDIS and the Aged Care Reforms, providing employment opportunities for older workers, particularly older women.

The aged care workforce is over 90% female, with a high percentage of older workers, 73 percent were 45 years and over, (compared to 38 percent of workers 45 years and over in the labour force overall). Most care workers and care managers come to work in this sector as older workers, with decades of paid work experience, (for example, nurses, teachers, police). They are well educated and qualified with 62 percent having had one or more years’ specialised training for work with older people or people with a disability. They also have extensive informal care responsibilities, with 65 percent having in the past cared informally for older relatives or friends with a disability and 47 percent of careworkers caring for one or more older relatives and juggling this informal care with their paid care work (Mears and Garcia, 2011). Care work is an attractive option for older women who are looking to a career change, returning to work after a period of informal care, or wanting to work fewer hours.

This is one sector of the workforce where being an older worker, with experience as an informal carer for those with disability and older people, is the norm rather than the exception. As one care manager reported, ‘this is an area of work where there is little age discrimination’ (Mears, 2006). Indeed, this care manager had herself changed careers from a well paid job as an executive secretary, where she had experienced discrimination due to her age, having lost her job in her late 40s.

Now a care manager, she routinely employed older women and outlined the advantages. “You get people with lots of experience. They have done lots of caring in their lives and are compassionate, knowledgeable and highly skilled' (Mears, 2006).

Care provider organisations have implemented policies to prevent injury and to support care workers with disabilities to return safely to the work after injury. For example, the 'no lift' policy adopted by home care providers in NSW prevents injury and enables injured workers to return to work. 'I was working in residential care and injured my back. I told them here (the care provider organisation) about the injury when they interviewed me for the job and they employed me. There is a 'no lift' policy and the work in community care is far less physically taxing than in the nursing home' (Mears, 2006)

Another good practice was the recruitment of care managers from the care workforce, providing care workers with a career path and promotion opportunities. Following is the story of one care manager who came to care work after 10 years out of paid work.

When she was 40 her parents were both badly injured in a car accident. She was a teacher. She gave up paid work and moved into her parent’s home and cared for her parents for 10 years. After they died, she had no money and no work and very little confidence. ‘I had never even turned on a computer', so felt returning to teaching was not an option. The care manager who had been supporting her caring for her parents, suggested she ease herself back into work by taking a part time job as a care worker. 'This was work I knew I could do.' She worked for 12 months as a care worker, then a care manager job came up, and she applied. She had been working for 5 years as a care manager when I spoke to her (Mears, 2006).

Care workers report that working conditions are generally good. Work satisfaction is high and care workers reported having time to care and relatively low pressure and stress. Care work suits these older women, with 96 percent reporting that their family responsibilities fitted well with their working hours.

However, there is systemic discrimination in this sector, with appalling employment conditions. Most care workers have insecure employment. 87 percent worked part-time and 30 percent worked split shifts. there are few opportunities for promotion, a paucity of training opportunities, no formal training and little formal recognition of prior knowledge or experience, paid or unpaid. The greatest cause of dissatisfaction is the appalling pay. The average pay rate, in 2011, was $A19 per hour (Mears and Garcia, 2011). It was the very poor pay rates that were given as the main reason for care workers leaving the sector.

### **Solutions**

**What action should be taken to address employment discrimination against older Australians/Australians with disability?**

Care work is important work, carrying high levels of responsibility, requiring well trained, compassionate care workers and care managers. The provision of good quality care is a basic human right. The quality of care is dependent on the quality of the care workforce.

As outlined above, working conditions are good. Care workers in NSW have better working conditions than their Swedish colleagues; they have more control over their work, flexibility and opportunities to form relationships with those being cared for (Meagher et al, 2016). We need to ensure these working conditions are preserved, protected and improved.

Further, if we are serious about providing high quality care, we need also to ensure decent employment conditions for care workers. Top of the list is the pay rates. Also needed is good quality training, (most care workers are required to and Cert 4, the training provided is very uneven, with some very poor training from the private providers), access to further education in aged care, a career structure and promotion opportunities.

Following are some examples of good practices that have been adopted by some care provider organisations (Mears and Garcia, 2011). Underpinning these practices was an understanding that good care is based on ongoing relationships between care workers and older people and those with disability. Good care is social care that meets emotional and psychological needs, in addition to physical needs. Both care workers and older people and those with disability, value individualised, reliable, flexible, relationship based care.

These policies and practices relate to the organisation of care work, assessment, provision and delivery of care, and are practices that create and enhance the conditions under which compassionate, individualised and flexible care can be delivered by care workers.

**Good practice and care managers**

Care managers had implemented the following:

Incorporating social care into care plans, thereby acknowledging the importance of professional interpersonal relationships between the care worker and the client and enabling the delivery of individualised, personal health, and most importantly, social care.

Taking into account care workers’ skills and preferences when matching care workers with clients, through active involvement by care managers in drawing up care plans and seeking continuous input from care workers in regard to their preferences.

Supporting and enabling continuity of care by organising rosters so that care workers are able to care for one person over a period of time as far as possible.

Negotiating and regularly reviewing individualised care plans in face to face meetings with clients, with built in opportunities for care workers to deliver flexible, individualised care.

Organising the work to enable care workers to spend maximum time on direct care, through strategies such as minimising paperwork and travel time.

Taking the views, knowledge and experience of care workers into account when reviewing and refining policies affecting care workers.

Holding regular staff meetings with care workers to enable care workers to support each other, exchange ideas and solve problems.

Providing regular supervision sessions for care workers to discuss difficulties and challenges.

Organising short training courses in response to care workers’ requests.

**Good practices and care provider organisations**

Good practices were observed in organisations where:

Care workers and care managers were supported in gaining formal educational qualifications in ageing and disability.

The past experience of care workers was valued, particularly through formal recognition of skills and knowledge acquired through past informal and formal work experiences.

Care providers created career paths and promotion opportunities for care workers and care managers (Mears and Garcia, 2011)

**What should be done to enhance workforce participation of older Australians/Australians with disability?**

Invest in the aged care workforce and provide employment opportunities in a sector where being older and/or having disability, is the norm, rather than the exception. The predominance of older care workers in this sector is a distinct strength. Not only does the sector benefit from the additional experience and expertise these older workers bring to the job, but care work provides opportunities for older women to work in part time jobs that, for the most part, enable them to successfully combine work and family commitments.

**What outcomes or recommendations would you like to see from this National Inquiry?**

**Recommendations:**

That a proportional resources and support be allocated to support education, training and employment programs for the most discriminated against sector of the workforce, women over 45.

Invest in improving the employment conditions, in particular the pay, of those working with older people and those with disabilities.

**Training and Education**

Also, invest in training, and education in disability and aged care, in community care, residential care and group homes.

That training and education be provided in aged and disability care at universities throughout Australia, particularly for social and welfare workers, nurses.

Support for training and further education for aged and disability care workers, through TAFE and university courses.

Dedicated aged care training and education modules in all professional training courses, medicine, law, social work, teaching,

Support in sustainable, community based models of health and social care for older people, such as the OWN Wellness Centres.

‘I really hope some positive changes may occur as most care staff burn out quickly and find better paying less stressful jobs’ (care worker comment on the survey form) (Mears and Garcia, 2011).

**References**

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