

## IN THE FAIR WORK COMMISSION

Applicants: **HEALTH SERVICES UNION OF AUSTRALIA and others**

Matter: **APPLICATION TO VARY THE AGED CARE AWARD 2010 and  
APPLICATION TO VARY THE SOCIAL, COMMUNITY, HOME CARE AND  
DISABILITY SERVICES INDUSTRY AWARD 2010**

Matter No: **AM2020/99 and AM2021/65**

### HSU SUBMISSIONS RE: CLASSIFICATION AMENDMENTS

#### Introduction

1. These are submissions on behalf of the HSU in support of its proposed classification amendments with respect to the *Aged Care Award 2010* (**Aged Care Award**) and the *Social, Community, Home Care and Disability Services Industry Award 2010* (**SCHADS Award**), as set out in the draft determination filed on 28 September 2023.
2. In summary, the significant features of the HSU's draft determination include a proposal to do the following:
  - a. move home care workers performing work in the aged care sector out of the SCHADS Award and into the Aged Care Award, with consequent amendments to incorporate presently applying conditions specific to that work;
  - b. create a new seven-step classification structure for home care workers, with classification descriptors that disclose the true nature of the work and correct the internal relativities to reflect, as a minimum proposition, their true C10 alignment;
  - c. similarly expand the classification descriptors for residential care workers to properly describe the nature of aged care work by both direct and

indirect care employees and the demands of that work and re-align their internal relativities; and

- d. increase the rates of pay that emerge from this realignment by a further 10% as an additional work value component, for the reasons set out in the HSU's earlier submissions.

### **The new classification descriptions**

3. The proposed new classification structure differs from the position initially advanced in these proceedings by the HSU. This reflects the findings of the Full Bench in *Aged Care Award 2010 [2022] FWCFB 200*, in particular, the discussion of the contribution of 'invisible skills' to wage undervaluation in this sector and the conclusion that the current award descriptors do not reflect what the job actually requires.<sup>1</sup>
4. Although the conclusion was in part concerned with the Nurses Award (in that the findings are made with reference to Professor Junor's report), exactly the same defect is apparent in the Aged Care Award and current SCHADS Award classification descriptors for home care workers. As Professor Charlesworth said in her principal report:<sup>2</sup>

*'As in other feminised awards, skill classifications in the Aged Care Award are rudimentary and compressed. They not only fail to provide meaningful progression in terms of pay rates but also lack any relevant description and specification of the skills actually required in PCW jobs, including at different skill levels (Charlesworth & Smith 2018).'*

5. Associate Professor Smith and Dr Lyons expressed a similar conclusion as follows:<sup>3</sup>

*'The classification structures may lack relevant description and information of what is required in jobs, including the detailed specifications of the skills required at different skill levels. These omissions are critical as it means that the work undertaken is not properly described, recognised and valued. Weaknesses in*

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<sup>1</sup> *Aged Care Award 2010 [2022] FWCFB 200* at [814]-[829].

<sup>2</sup> Charlesworth Report, 31 March 2021, at [13].

<sup>3</sup> Report by Associate Professor Smith and Dr Lyons, October 2021, at [91].

*classification structures may also mean that there is no mechanism to recognise additional skills.'*

6. Professor Charlesworth further noted, both with respect to work in a residential care setting and in home care, that the lack of recognition in award classifications of the skills and competencies required and used, and the inadequate provision of additional on-the job training opportunities, together with the lack of any meaningful wage increases in progression up the limited skill classifications in the Awards works to reinforce a view of the workers as 'under-skilled'.<sup>4</sup>
7. In Background Paper 10, the Full Bench also identified that the Aged Care Quality and Safety Royal Commission Final Report emphasised the need to professionalise the personal care workforce' and made various observations about classification structures. These observations included that the PCW structure is very flat with limited career progression opportunities and that redefining existing roles and introducing new roles is a way to enable career progression opportunities.<sup>5</sup>
8. It is appropriate, in light of the Full Bench's findings and concerns, that these matters be addressed. The new classification descriptions have been developed in consultation with Professors Charlesworth and Meagher. Subsequently, as set out in the Charlesworth and Meagher Joint Supplementary Report dated 30 October 2023 and filed with these submissions, they have proposed further amendments, including (discussed below) some adjustment to the relevant indicative qualifications at the higher levels.
9. The Joint Supplementary Report sets out, in some detail, both the problem – that the current classification descriptions do not adequately describe the nature of the work, and the ultimate contribution of this to the devaluation of it – and the manner in which it is sought to be addressed by the proposed descriptions. In

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<sup>4</sup> Charlesworth Report, 31 March 2021, at [56]; Charlesworth Supplementary Report, 22 October 2021, at [73].

<sup>5</sup> Background Paper 10 at [75]-[79].

short, the report agrees that the proposed structures, and additional work value increase sought, is designed to:

- a. reflect the distinct nature of aged care work, and accurately describe the work that is actually required and the challenges it presents rather than focusing on the employees who may perform it;
- b. contain sufficient detail and precision to endeavour to ensure that employers locate employees at the correct classification level for the work to be performed;
- c. include far more relevant and accurate detail about the required level of qualifications and experience, accountability and extent of authority, judgement and decision-making and specialist knowledge and skills and different levels;
- d. recognise the context and work environment in which the work is undertaken in a manner that acknowledges the distinctive physical, environmental conditions and emotional demands of aged care work;
- e. address current lack of an appropriate career path through the correct application of the Metals C10 framework, albeit in a nuanced rather than robotic manner; and
- f. take into account the different work performed, and roles required of, home care rather than residential care workers,

and are a necessary amendment to meet the modern awards objective.

10. This is summarised pithily by Charlesworth and Meagher as follows:<sup>6</sup>

*'In our opinion, the proposed HSU classification structures and skill descriptors in the Draft Determination for the Aged Care Award not only respond to the concerns of the Commonwealth and the Royal Commission, but they also importantly focus on the nature of the aged care work performed by both direct*

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<sup>6</sup> Charlesworth and Meagher Joint Supplementary Report, 30 October 2023, at [25] and [27]-[28].

*and indirect care employees that is required at each classification level and the conditions in which the work is performed...this latter point is crucial if new classification structures are to avoid 'baking-in' unconscious gender undervaluation...*

*'Ideally, classification structures and descriptors should have sufficient detail and precision to ensure employers locate and pay employees at the correct classification level for the work to be performed. This is crucial in a sector such as aged care...'*

*'The proposed 'unpacked' levels in the HSU Draft Determination...recognise the diversity of clients/residents and the impact of their various physical, cognitive and psychosocial needs on the complexity of the work identified at different levels...In particular, these descriptors acknowledge the unique nature and scope of the work to be performed at different levels within the context of formal aged care services.'*

11. The proposed new structures, to the extent they do not speak for themselves, are discussed below.

**The new SCHADs structure**

12. The current SCHADs, Schedule E structure involves a 5 level structure with 2 pay points at each level bar level 1. Transition between both the levels and the pay points is generally treated as involving a hard barrier.<sup>7</sup>
13. The structure is highly compressed. The current internal relativities look like this:

<b>Classification</b>	<b>Current internal relativities</b>
Level 1	93%

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<sup>7</sup> *Thompson v Arbias* [2020] FCCA 2829 at [342]-[360].

Level 2.1	98%
Level 2.2	99%
Level 3.1	100%
Level 3.2	103%
Level 4.1	109%
Level 4.2	111%
Level 5.1	117%
Level 5.2	122%

14. This is striking when one considers that Level 5 in its current terms requires, without work experience, a degree or alternatively an advanced diploma in accordance with Schedule E.5.6. That is, at an absolute minimum the base level of the Level 5 classification ought to be properly aligned to C2(a) if not higher. The current structure plainly devalues work at the above-C10 level, and in its failure to provide a structured career path both undervalues the skills being used and contributes to long-term income inequality between these workers and their peers in other industries.
15. It appears that the pay point structure contributes to these difficulties with the present structure, in particular, given the lack of clarity as to how to progress through them (if the approach in *Thompson v Arbias* [2020] FCCA 2829 is taken as correct). It is also questionable, given the level of autonomy and independence

inherent in the performance of home care work, as to why someone ought to remain at Level 1 for 12 months.

16. As set out in the spreadsheet filed with the draft determination, the HSU's proposed structure removes the paypoint system in lieu of a seven-stage classification structure with clear descriptors. The internal relativities have been set based on the AQF indicators in the C10 scale, albeit using the compressed actual relativities rather than the true percentages:<sup>8</sup>

<b>Classification</b>	<b>C10</b>	<b>Notes</b>	<b>Proposed internal relativity</b>
HC1	C13	C14 inappropriate given level of autonomy	89%
HC2	C11	Cert II plus indirect supervision	99%
HC3	C10	Cert III - benchmark qualification	100%
HC4 - Senior Home Care	C8	Cert III, experience and involvement in training	106%
HC5- Specialist Home Care	C6	Cert IV, plus mentoring and training role	115%
HC6 - Home Care Supervisor	C4	Cert V, supervisory responsibilities, planning role	120%

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<sup>8</sup> Following the approach in *Re 4 yearly Review of modern awards (Pharmacy Award)* [2018] FWCFB 7621 at [191]-[192]; *Independent Education Union of Australia* [2021] FWCFB 2051 at [649]-[651].

HC 7 Care Coordinator	C2(a)	Degree or Advanced Diploma - midpoint selected	130%
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### Residential Care

17. The exercise in respect of residential care is simpler, in that the structure has broadly remained unchanged. However, the expansion of the classification descriptors which are proposed to more properly reflect the work performed, particularly at the above-trade levels, has made it clear that the internal relativities are presently extremely and inappropriately, compressed and provide inadequate recognition of the skills, responsibilities and qualifications required. The current structure looks like this:

Classification	Current internal relativities	Correct C10 equivalent
Residential Care Level 1	92%	C13
Residential Care Level 2	95%	C12
Residential Care Level 3	99%	C11
Residential Care Level 4	100%	C10
Residential Care Level 5	103%	C7



Residential Care Level 6	109%	C5
Residential Care Level 7	111%	C2(a)

18. A 19% internal variation over seven levels ranging from absolute entry level to a role which requires an associate diploma and has a significant level of responsibility is an extraordinary degree of compression. The proposed structure addresses this by reference to the current indicative qualifications, again in line with existing AQF indicators and the compressed relativities, as explained in the filed spreadsheet. The proposed results in:

<b>Classification</b>	<b>Correct C10 equivalent</b>	<b>Proposed internal relativities</b>
Residential Care Level 1	C13	89%
Residential Care Level 2	C12	95%
Residential Care Level 3	C11	99%
Residential Care Level 4	C10	100%
Residential Care Level 5	C7	109%

Residential Care Level 6	C5	115%
Residential Care Level 7	C2(a)	130%

### Differences in approach – Charlesworth and Meagher Report

19. As the Joint Supplementary Report sets out, Professor Charlesworth and Professor Meagher disagree in some respects with the C10 alignment process carried out by the HSU and set out above.<sup>9</sup> This is not because of any difference in respect of underlying *principle* as to the application of that scale. It arises from two differences:
20. *First*, the decision of Professors Charlesworth and Meagher to attach lower indicative AQF qualifications at Levels 6 and 7 of the Residential Care classification scale and Level 7 of the Home Care scale than in the HSU proposal, which has a flow on effect on benchmarking. *Second*, Professors Charlesworth and Meagher’s use of the notional or ‘true’ relativities set out in Schedule A.3.1 to the Manufacturing Award rather than the compressed relativities that presently exist in that Award, in an endeavour to decompress the historically compressed classification structures and properly recognize the skills and responsibilities involved in the work and the conditions under which it is performed.
21. In respect of the first matter, it can be accepted that the design of classification structures is not a precise science. These are matters about which reasonable minds can differ. The HSU’s proposal reflects the current indicative qualifications for each level in the Aged Care Award. The Joint Supplementary Report sets out the basis for Professors Charlesworth and Meagher’s alternative view. The differences in the Metals Framework Classification levels proposed in the Joint Supplementary

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<sup>9</sup> Charlesworth and Meagher Joint Supplementary Report, 30 October 2023, at [41]-[47].

Report at Levels 5-8 for residential care classifications for the purposes of setting internal relativities are, in summary, as follows:<sup>10</sup>

- a. Level 5 is, in the Professors' model, aligned with C8 rather than C7 on the basis of their opinion that the classification descriptors at that level align more accurately with C8, where the indicative qualifications can be reasonably read as assuming a Certificate III or equivalent with additional skills or experience.
  - b. Level 6 is aligned with C6 rather than C5 on the basis of the Professors' opinion that the classification descriptors at that level align more accurately with C6, where the indicative qualifications should assume a Certificate IV or equivalent with additional skills and experience rather than a Diploma or equivalent as in the current structure.
  - c. Level 7 is aligned with C4 rather than C2(a) on the basis of the Professors' opinion that, in a residential aged care context, a supervisor is not likely to be the principal supervisor in an aged care facility but will typically report to the Director of Nursing or Facility Director or Manager and a proposed change in the qualification requirement.
22. Although the HSU maintains its position, it accepts that the structure proposed in the Joint Supplementary Report is a legitimate alternative option.
  23. The second matter is perhaps a little more complex. The HSU's calculations use the compressed relativities, largely on the basis that this is the course the Commission has adopted in recent work value exercises in response to Union claims involving decompression: *Re 4 yearly Review of modern awards (Pharmacy Award)* [2018] FWCFB 7621 at [191]-[192]; *Independent Education Union of Australia* [2021] FWCFB 2051 at [649]-[651].
  24. That said, the *Teachers Case* does not involve an immutable rule that the compressed relativities must be used in all circumstances; it is a question of

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<sup>10</sup> Charlesworth and Meagher Joint Supplementary Report, 30 October 2023, at [46].

appropriateness that must be considered on a case by case basis. The circumstance that arose in the *Teachers Case* involved a pay scale that *started* at the top of the C10 scale. The effect of compression had less of an impact (and decompression would have been more stark) than would be the case in relation to the Aged Care Award, where using the compressed rates affects the entire pay scale and will potentially operate to defeat the objective of ‘unpacking’ the classification structure, providing appropriate recognition of the specialist knowledge, skills and responsibilities at different levels in the classification structure and encouraging skilled workers to remain in the industry.<sup>11</sup>

25. The Joint Supplementary Report explains that, like the HSU’s underlying approach, the C10 scale has been used not as a hard barrier or robotic mechanism but in its true sense as a *tool* to guide the evaluative exercise of assessing the relativity between pay grades necessary to properly reflect increased skill and experience, and avoid the ‘*baking in*’ of gender-based undervaluation.<sup>12</sup> Given that compression within the Manufacturing Award exists not because of any matter of principle but simply because of a mathematical outcome arising from totally separate considerations,<sup>13</sup> it is unsurprising that the Report concludes that its proper use as a tool in this sense requires regard to be had to the true relativities, as established within the structural efficiency principle proceedings.
26. The matter might be different if the *sole* basis for the work value claim was the unpacking of compressed relativities. That is the approach that was rejected explicitly in *Re Pharmacists Award*. In this matter, however, the position is reversed: there is an identified undervaluation, and an identified need to address it via, among other things, a more coherent and reflective classification structure which provides concrete progression. Additionally, there is no indication that these

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<sup>11</sup> Charlesworth and Meagher Joint Supplementary Report, 30 October 2023, at [46].

<sup>12</sup> Charlesworth and Meagher Joint Supplementary Report, 30 October 2023, at [35].

<sup>13</sup> That is, decisions, in a particular economic climate, to award flat rate increases, which it ought be observed were not consistently urged by the trade union movement in whole or in part: see, e.g., Safety Net Review – Wages 1997 at ch.2; Safety Net Review 1999 (PR1999) at [92]; Safety Net Review 2000 (Print S5000) at [2]; Safety Net Review 2001 (PR002001) at [139]).

classifications were ever properly fixed with regard to this scale, outside of the alignment of the benchmark classification. There are cogent reasons in the particular circumstances of this case to refer to the percentages at Schedule A.3.1 as a reference point for the correct internal relativities.

### **The additional 10% increase**

27. The new classification structure for Home Care and the realignment of residential care rates produces a wage outcome as set out in the spreadsheet filed with the draft determination. In respect of that calculation it should be observed that the relativities have been calculated on the existing Level 1 rate rather than backwards from the existing Level 3/4 (as relevant), for the purpose of avoiding any classification moving *backwards*.
28. It is, however, not the end of the exercise. Further adjustment is needed to ensure the rates are properly work valued. As the HSU previously submitted in some detail, the C10 framework is a critical, albeit not determinative, mechanism for appropriately assessing and fixing wages with regard to their work value. In simple terms, the AQF reference points serve as a signpost for the relative level of skill and expertise required of a particular job, such that it is an indicative starting point for the correct valuation of the roles relative to one another. It is necessary to ensure that historical approaches to setting minimum wages in female-dominated industries do not perpetuate gender-based undervaluation.<sup>14</sup>
29. As also previously submitted, that framework has its limitations. One obvious one is the historical compression of rates through flat-rate rather than percentage increases to award minimum wages. This leads to a situation where:

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<sup>14</sup> See discussion in *Re Annual Wage Review 2022-2023* [2023] FWCFB 3500 at [120]-[139].

- a. the relative basal work value of a role requiring a particular qualification has been set as being worth a particular amount more than a less skilled qualification; and
  - b. the actual rate that it attracts no longer reflects that, for unrelated historical reasons.
30. This is not to suggest that there are not and were not at the time proper reasons for adopting a flat rate approach in any given year; it just means that the reality is that the function of the C10 scale as a true measure of work value has diminished over time (at least if compressed rates are used).
31. Additionally, (as the Full Bench found in *Aged Care (No 1)*) it cannot be relied on as a *sole* indicator of work value. Industry and position-specific factors unique to any particular job still fall to be considered. The internal realignment proposed above does not complete the work value task. As such, as a necessary second step, a further work value adjustment is required. For the reasons set out in the HSU's primary submissions, that ought to be 10% to properly reflect the work value of the work of the employees.

**MARK GIBIAN SC** | H B Higgins Chambers

**LISA DOUST** | 6 St James Chambers

**LEO SAUNDERS** | Greenway Chambers

Dated: 1 November 2023

IN THE FAIR WORK COMMISSION (FWC) Matter No **AM2020/99, AM 2021/65 - Work Value Case - Aged Care Award, Social, Community, Home Care and Disability Services Industry Award and the Nurses Award**

**SUPPLEMENTARY STATEMENT OF:  
SARA CATHERINE MARY CHARLESWORTH & GABRIELLE ANNE MEAGHER**

We, Dr Sara Catherine Mary Charlesworth, Professor Emerita at RMIT University in the State of Victoria, and Dr Gabrielle Anne Meagher, Professor Emerita at Macquarie University in the State of New South Wales, state as follows:

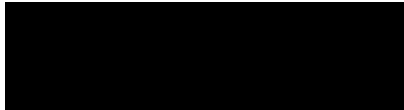
1. We have prepared a supplementary report dated 30 October 2023 which we prepared at the request of the Applicant for the purposes of these proceedings (Joint 2023 Supplementary Report).
2. A copy of the Joint 2023 Supplementary Report is annexed to this statement and marked SCGM-5.
3. The Supplementary Report draws on four reports we have individually provided in relation to these proceedings, which reports were annexed to our statements in those proceedings, identified and dated as follows:
  - Witness Statement of Sara Catherine Mary Charlesworth, 31 March 2021 (Charlesworth Report): available at: <https://www.fwc.gov.au/documents/sites/work-value-aged-care/submissions/am202099-ws-sc-hsu-310321.pdf>.
  - Supplementary Statement of Sara Catherine Mary Charlesworth, 22 October 2021 (Charlesworth Supplementary Report) available at: <https://www.fwc.gov.au/documents/sites/work-value-aged-care/submissions/am202165-ws-sc-hsu-291021.pdf>.
  - Witness Statement of Gabrielle Anne Meagher, 31 March 2021 (Meagher Report) available at: <https://www.fwc.gov.au/documents/sites/work-value-aged-care/submissions/am202099-ws-gm-hsu-310321.pdf>.
  - Supplementary Report of Gabrielle Anne Meagher, 26 May 2022 (Amended Meagher Supplementary Report) available at: <https://www.fwc.gov.au/documents/sites/work-value-aged-care/submissions/am202099-63-65-corr-amend-report-hsu-260522.pdf>.
4. A copy of the letter of instruction issued to us by the Applicant in relation to this joint Supplementary Report is annexed to this statement and marked Annexure D.
5. A copy of each of our Curriculum Vitae are annexed to this statement and marked Annexure SC and Annexure GM. Our Curricula Vitae contain a summary of our respective training, qualifications and experience which has provided us with the specialised knowledge to prepare the Supplementary Report annexed to this statement.

6. The opinions we have expressed in the Supplementary Report are based wholly or substantially on specialised knowledge arising from our individual training, study and experience as well as further research we have conducted in relation to this matter.

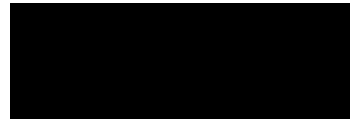
7. We have made all the enquiries that we believe are desirable and appropriate and no matters of significance which we regard as relevant have, to the best of our knowledge and belief, been withheld from the Fair Work Commission.

8. We have been provided with a copy of the Federal Court of Australia Expert Evidence Practice Note dated 25 October 2016, and we have each read and understood the Practice Note, agree to be bound by it, and have complied with it in preparing this Supplementary Report.

9. We have also read the Expert Witness Code of Conduct and individually and jointly agree to be bound by its terms.



Dr Sara Charlesworth  
30 October 2023



Dr Gabrielle Meagher  
30 October 2023



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**Annexure GM:** Curriculum Vitae of Gabrielle Meagher

## **Annexure SCGM-1: Joint 2023 Supplementary Report**

### **Basis of this Joint Supplementary Report**

1. In our report we have responded in substance to key questions raised in the letter of instruction issued to us by the Applicant (Annexure SCGM-2). The letter of instruction relates to the Draft Determinations filed by the HSU (HSU Determinations), containing its proposed amendments to the Residential Award, and the Social Community Home Care & Disability Services (SCHCDS) Award in respect of employees covered by these awards in the aged care sector.
2. In this Joint Supplementary Report, informed by the reports we have previously provided in these proceedings, our knowledge and experience of the history of the awards and the industries in which they operate, the work performed by the workers in the classifications in the determinations, and having regard to the factors in the amended Modern Award Objective subsection 134(1) of the Fair Work Act 2009 we provide our expert opinion on the following issues:
  - The proposed HSU changes to the pay and classification structure for both residential aged care employees and home care employees in the Residential Award Determination;
  - The advantages and/or disadvantages of having a separate classification of Senior Personal Care Worker, as proposed in the HSU Determinations;
  - The advantages and/or disadvantages of including the administration of medication as a skill exercised by workers at the proposed classification of Senior Personal Care Worker. Relatedly whether the administration of medication might be better compensated for by an allowance;
  - The advantages and/or disadvantages in having a separate classification of Specialist Care Worker as proposed in the Residential Award Determination. Relatedly whether the additional duties to be performed by workers at the proposed Specialist Care Worker classification, might be better compensated for by an allowance.
3. We address the issues raised in the letter of instructions after first setting out the relevant context in which we have evaluated the HSU proposed changes to the pay and classification structures for both residential aged care employees and home care employees in the Draft Aged Care Award Determination.

4. The following section sets out the relevant context informing our conclusions on the HSU proposed changes to the classification structure and pay rates for both residential aged care employees and home care employees in the Determination.

### **Aged care work is a distinctive form of work**

*Aged care work is undertaken in a specialised regulatory environment*

5. Aged care work is a distinctive form of work that is regulated, not only by the relevant industrial awards under the *Fair Work Act 2009*, but also by the *Aged Care Act 1997*, the Aged Care Quality Standards, the Code of Conduct for Aged Care and the Charter of Aged Care Rights. Such aged care regulation broadly aims to protect and enhance the safety, health, well-being and quality of life of people receiving aged care services, including through ensuring that workers have the skills, support, time and tools to provide good quality care.
6. Under the *Aged Care Act 1997*, approved aged care providers have responsibilities in respect of the quality of care they provide; the user rights of people receiving care; and being accountable for the care provided. Providers of both residential aged care services and home care services delivered through Commonwealth Home Support Program (CHSP) and the Home Care Packages Program (HCPP) must comply with the Aged Care Quality Standards. Under these standards, provider responsibilities extend to ensuring the workers involved in delivering aged care services have the appropriate level of qualifications and experience, accountability, judgement and decision-making, specialist skills and knowledge and the work environment to enable them to deliver, for example, safe, effective personal and clinical care (Standard 3) and provide the services and supports for daily living that support service users to live as independently as possible and enjoy life (Standard 4). Such standards are directly relevant to our evaluation of the HSU proposed classification structure.
7. Provider obligations in respect of their workforce are specifically set out in Standard 7 Human Resources which requires organisations ‘to have and use a skilled and qualified workforce, sufficient to deliver and manage safe, respectful, and quality care and services, which meet the Aged Care Quality Standards’.<sup>1</sup> Standard 7 includes ‘four key concepts’, linked to specific requirements, which are directly relevant to our evaluation of the HSU proposed classification structure:
  - *The sufficiency of the workforce* – Organisations are expected to have enough skilled and qualified staff to meet residents’ and clients’ needs and to ensure that ‘they have the staff numbers and mix of skills needed to provide consumers with quality care, including engaging or appointing infection prevention control lead(s).’

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<sup>1</sup> See Standard 7 Human Resources at: <https://www.agedcarequality.gov.au/providers/standards/standard-7>. Note while worker health and safety is dealt with in other state and federal regulation, it is clear in Standard 7 that ensuring the health and safety of an organisation’s workers is a central aspect of employer obligations in providing organisational support for the workforce.

- *The attributes, attitude and performance of the workforce* – Organisations are expected to ensure their workforce have ‘the right skills, qualifications, and knowledge. They are expected to be able to do their job effectively and be able to communicate and build positive relationships’ with residents and clients.
  - *Organisational support for the workforce* – Organisations are expected to support their workforce to enable them deliver the Quality Standards outcomes. ‘Organisational support means that the service gives the workforce *the time and the tools needed* to deliver quality care to consumers every day while maintaining the health and safety of their workforce...’ [emphasis added].
  - *Assessment, monitoring and review* – Organisations are expected to ‘regularly assess, monitor, and review their workforce, through an effective human resources system ... to deliver[] safe, respectful, and quality care and services that meet consumers’ needs and preferences.’
8. The Code of Conduct for Aged Care was introduced in December 2022 ‘to improve the safety, health, wellbeing and quality of life for people receiving aged care, and to boost trust’ in aged care services.<sup>2</sup> The Code applies to aged care providers,<sup>3</sup> governing persons and all aged care workers, including direct care and indirect care workers and contractors and subcontractors. The Code sets out 8 elements that describe the behaviours expected of providers, their aged care workers and governing persons.<sup>4</sup> Examples of these elements include:
- Act in a way that treats people with dignity and respect and values their diversity;
  - Act with respect for the privacy of people;
  - Provide care, supports and services in a safe and competent manner with care and skill.
9. Providers are expected to support, equip and prepare workers to carry out their work, *including providing training*, making sure policies and procedures are easily accessible, and *making sure workers observe the Code*.
10. The Charter of Aged Care Rights, a requirement of the *Aged Care Act 1997*, sets out the rights of service users, including to safe and high-quality care and services, to be treated with dignity and respect, to have their identity, culture and diversity valued and

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<sup>2</sup> From the fact sheet for workers on the Code see: <https://www.agedcarequality.gov.au/providers/code-conduct-aged-care-information-workers>.

<sup>3</sup> While CHSP providers are not covered by the Code, we note, however, that many home care service providers that provide CHSP services also provide HCPP services, which *are* covered by the Code. In any event as set out in the Code, *all* providers are still required ‘to provide care and services that are safe, respectful and behave in a way that align with the Code’.

<sup>4</sup> These 8 elements are set out in the Code of Conduct for Aged Care fact sheets for providers, governing persons and workers. See for example: [https://www.agedcarequality.gov.au/sites/default/files/media/code\\_of\\_conduct\\_for\\_aged\\_care\\_worker\\_fact\\_sheet\\_0\\_0.pdf](https://www.agedcarequality.gov.au/sites/default/files/media/code_of_conduct_for_aged_care_worker_fact_sheet_0_0.pdf).

supported, to have control over and make choices about their care, personal and social life including where the choices involve personal risk, and to live without abuse and neglect.<sup>5</sup> The Charter imposes obligations on providers of aged care services pursuant to the *User Rights Amendment (Charter of Aged Care Rights) Principles 2019*. The Charter reflects the policy emphasis in Australia's aged care system on 'person-centred care', that is the right of every older person to be safe, treated with dignity and respect and receive high quality care and services. The delivery of high-quality person-centred care is mediated through the individual relationships that aged care workers establish with service users, their families, carers and support people, fostering trust and establishing mutual respect.

### *The nature of aged care work*

11. Aged care work is performed overwhelmingly in residential aged care services and home care services. Aged care services are substantially subsidised by Commonwealth public funds allocated to providers and delivered by workers. Services are provided to increasingly frail, dependent and vulnerable older people, who have diverse and individual backgrounds and needs, and who have been assessed as requiring various additional levels of care and support. As per the evidence presented in the Meagher Report and the Amended Meagher Supplementary Report and the additional and updated evidence presented in Appendix 1 to the present report, the varied characteristics and requirements of older people assessed as needing care and support impact the nature and demands of the work undertaken by aged care workers. As the complexity of older peoples' needs increase, because of physical, cognitive and/or other psychosocial concerns, the practical, technical, clinical, and interpersonal skill demands of aged care work increase, as do the scope and type of judgement and problem-solving required, and the responsibility for monitoring client/resident well-being.
12. Above all, the work of aged care, be it performed in the delivery of residential aged care or home care services, or be it direct care work (such as that performed by registered nurses, enrolled nurses or personal carer workers) or 'indirect care' work (such as that performed by general, administrative or food services workers), is distinguished by the 'regular irregularities' that characterise the aged care service provision across the day and across the week. Such 'irregular irregularities' take the time, skill and situational judgement of aged care workers to manage when they occur. For example, the Decent Work Good Care project led by Professor Charlesworth found<sup>6</sup> that the changing needs of a diverse range of individual service users on a day-to-day basis in home care and residential aged care. In addition, sudden but not infrequent events involving an individual residents, such as severe agitation or a fall, or involving a number of residents,

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<sup>5</sup> For full detail of the Charter of Aged Care Rights see:  
<https://www.agedcarequality.gov.au/consumers/consumer-rights>.

<sup>6</sup> See the [2020 submission](#) from the Decent Work Good Care Research Team to the Royal Commission into Aged Care Quality & Safety, 6 January 2020 at [14].

such as a gastroenteritis outbreak are a feature of aged care. In the context of understaffing, these changing needs and unpredictable events mean the shifting time demands on workers to provide good quality relationship-focused care are rarely able to be accommodated. Indeed, the time, skill and judgement required to settle new residents, establish relationships with new clients, empathetically de-escalate the sudden agitation of a client or resident with dementia, and the inevitable transitions in aged care such as end of life care are rarely factored into staffing rosters or schedules.

*Differences between the work of home care and the work of residential aged care*

13. As set out at [186] of the Stage 1 Decision in this matter, the FWC considered the difference between home care and residential aged care workers and made the following observations:

*'We accept that the 2 sectors have different features but as acknowledged by the Joint Employers, 'at the end of the day ... that might not mean very much ... the Bench might ... weigh all that up and come to the view that ... on balance, while there are some differences ... to arrive at the same conclusion.'*

*We are satisfied in respect of direct care workers in the residential and in-home aged care sector that the evidence establishes existing minimum wage rates do not properly compensate employees for the value of the work performed. Accordingly, we do not propose to distinguish between residential aged care and home care in terms of the application of an interim increase.<sup>7</sup>*

14. The Commission's conclusion raises the issue of whether any differences between the settings home care and residential aged care should be reflected in respect of the classification structures covering home care work and residential aged care work. As we conclude below and as covered in some of our proposed amendments to the HSU's classification structures descriptors, there are some differences between these forms of aged care work. Such differences are reflected in terms of the *average* frailty, co-morbidities and cognitive function of the service users who access these respective aged care services (see Appendix 1). There are also some differences between home care work and residential aged care work in the level of judgement and decision-making required, the accountability and extent of authority workers have and the environmental conditions of the work.

15. Based on our research and much of the evidence already before the Commission in this case, there are also some differences between the nature and organisation of work in

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<sup>7</sup> Stage 1 decision at [930]–[931].

residential and home care services. These differences are due at to a number of factors which include:

- There are differences in the nature of the work performed in home care and residential aged care services and the conditions in which that work is performed. Work in home care is undertaken predominantly in clients' private homes and in a variety of geographical locations, although supervisors and home care coordinators mainly work from office settings. Home care work, even at entry level, is undertaken by individual workers who work by themselves without direct supervision. Work in residential aged care is typically undertaken within the confines of an aged care facility in one geographical location by the workers employed by the provider of that aged care facility. Residential aged care work at the entry level is undertaken by workers who may be directly supervised and who may work in a team environment with peers and more senior workers.
- There are different staffing arrangements and work organisation in these two types of aged care services that affect the nature of the supervisory roles covered in the Aged Care Award. Even in large providers of home care services, a Care Coordinator (Level 7 under the proposed HSU home care classification) is typically the role responsible for the organisation and management of a home care service and may report directly to the Commonwealth. At a residential aged care facility, a Registered Nurse will typically be in charge of the delivery of direct care and clinical services including by enrolled nurses, where they are employed, and by personal care workers. There will also be a Director or Facility Manager of the aged care facility, who may be nursing-qualified, who will typically carry out the overall day-to-day management of that facility and to whom the supervisors of different groups of personal care/RAO, administrative, general and food services workers may report. In some facilities, services such as cleaning, laundry and food services may be contracted out and the Director/Facility Manager will manage the contracting arrangements. Directly employed workers in residential aged care are covered by the Aged Care Award or by the Nurses Award and in many cases by an enterprise agreement (EA) that sits 'on top' of these Awards. Those employed at the Director/Facility Manager level are not to our knowledge covered by an award or EA, being typically employed on a negotiated salary subject to an individual employment contract.
- The nature of the work undertaken in clients' private homes may be regular but is more episodic than in residential aged care. This both reflects and underpins funding arrangements and the organisation of work by home care providers. Both produce conditions of work such as more fragmented hours worked across the day, including

for permanent part-time workers, and working time insecurity.<sup>8</sup> Evidence from the 2016 National Aged Care Census and Survey summarised in the Charlesworth Report and the Charlesworth Supplementary Report, also indicates home care workers work on average fewer average hours per week and are much more likely to be underemployed than personal care workers in residential aged care. Home care workers are also more likely be employed on a casual basis. There was also some indicative evidence in the Department of Health's 2020 Aged Care Workforce Census which suggests that casual and contractor employment of home care workers in the HCPP (44%) was much higher than under the CHSP (25%). This difference may reflect the different funding arrangements and ownership structures across the two programs. Under the HCPP, funds are allocated to the older person, who chooses a provider, while CHSP providers are grant-funded. Further, 36% of HCPP providers are operated for-profit compared to 11% of CHSP providers.<sup>9</sup>

- Home care and residential care are delivered to different but overlapping client groups under the three main programs of the Australian aged care system: the Commonwealth Home Support Program (CHSP), the Home Care Packages Program (HCPP), and the residential aged care program (RACP). The nature of the work and of the client groups for these programs at the time of submissions in 2021 is discussed in detail in the Meagher Report and the Amended Meagher Supplementary Report. Since that evidence was prepared, the HCPP has grown significantly, as has the share of higher level home care packages, in which personal care is a principal service (see Appendix 1). As the number of high-level packages increases, the need for highly skilled personal care workers also increases significantly. Appendix I below provides additional information on developments in these programs and changes in their client groups in the intervening years.

16. However, on balance, it is our view it is sensible to align the classification structures for non-nursing qualified employees in both home care and residential aged care work as far as possible. We recognise that in practice, the average staffing profile across the home care classification structure may be more weighted towards the middle of that structure, while the staffing profile across the residential classification structure may be more weighted towards the upper end of that structure. At the same time, given the increasing complexity of client groups in home care, there is growing potential to assign more complex personal care work to specific home care workers than there is in residential aged care where most residents are very frail, ill and many have moderate to profound cognitive decline (as set out in the Meagher Report) so that the majority of employees will be involved in, or supporting, their care.

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<sup>8</sup> See Macdonald F, Bentham E and Malone J (2020) 'Day in the life of a care and support worker'. RMIT University.

<sup>9</sup> Department of Health and Ageing (2023) *Financial Report on the Australian Aged Care Sector 2021-22*, DoHA, Canberra.



## Historical gender undervaluation of aged care work

17. The Fair Work Commission's decision of 4 November 2022 recognised the historical gender undervaluation of aged care work. The Full Bench accepted the proposition (among others) that the:

'Gender-based undervaluation of work in Australia arises from social norms and cultural assumptions that impact the assessment of work value. These assumptions are impacted by women's role as parents and carers and undertaking the majority of primary unpaid caring responsibilities. The disproportionate engagement by women in unpaid labour contributes to the invisibility and the under recognition of skills described as creative, nurturing, facilitating or caring skills in paid labour'.<sup>10</sup>

18. In short: the valuation of paid care work has been impacted by its association with unpaid care undertaken typically by women and often within family relationships. This 'informal' care is undervalued in society. However, even if some tasks may overlap, *paid care work* carried out *within the context of paid employment* through aged care providers, *is not the same* as informal care for older people carried out within families and other private relationships. There are two important dimensions relevant to explaining this difference.

19. First, care in private relationships is, ideally, offered and received within long-standing bonds of affection, reciprocity and marital or filial obligation. Care relationships in formal care services such as aged care are not carried out within these kinds of long-standing bonds. Instead, person-centred care relationships within formal services are developed between workers and clients/residents who typically do not initially know one another. In establishing effective person-centred care relationships, aged care workers require and use considerable situational judgement, interpersonal and other skills to develop and sustain those relationships with large numbers of different individual older people in diverse situations. Further, as noted above, unlike informal care in private relationships, caring relationships in formal care services are governed by publicly mandated instruments such as the Code of Conduct, and the Charter of Aged Care Rights, which require workers and providers to maintain high standards of respect and service quality at all times.

20. Second, the Full Bench accepted in its November Decision 'overwhelming evidence that the needs of those living in residential aged care facilities and those being cared for in their homes, have significantly increased in terms of clinical complexity, frailty and cognitive and mental health'.<sup>11</sup> Many older people receive aged care services *precisely because their needs exceed the capacities and skills of informal carers*. Aged care workers exercise a range of capacities and skills beyond those of many informal carers, in accordance with the level of skill, knowledge, training, experience demanded by the

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<sup>10</sup> [2022] FWCFB 200 at [19].

<sup>11</sup> [2022] FWCFB 200 at [63].

nature and extent of the needs of the diverse cohorts of older adults using federally subsidised residential aged care and home care services and by the aged care regulation outlined above.

### **Proposed HSU pay and classification structures in the Draft Aged Award Determination**

21. In its Background Paper 10, the FWC summarised the parties' views on principles underpinning classification structures at [72]-[95]. There is general agreement among the parties that the new classification structures: should be career-based; clearly state the skills, qualifications and experience required at each level; and provide a clear means to transition from one level to another.
22. As set out in Background Paper 10 at [80]-[82], the Commonwealth, which subsidises Australian aged care services, supports the classification changes proposed by the HSU to the Aged Care Award and at [84] also invited the Commission to consider changes to the classification structure applicable to home care workers under the SCHADS Award.
23. The Commonwealth drew on expert evidence provided earlier in this case that the existing classification structures in relation to the Aged Care and SCHCDS Awards are 'rudimentary and compressed'; 'lack relevant description and information with the result that the work undertaken is not properly described and recognised in value'; and that there is a 'lack of recognition of the skills and competencies required and used' in award skill classifications'.<sup>12</sup> The Commonwealth also cites the Aged Care Quality and Safety Royal Commission (Royal Commission) Final Report,<sup>13</sup> which emphasised 'the need to professionalise the personal care workforce' and which made various relevant observations about classification structures including that:
  - the PCW structure is very flat with limited career progression opportunities;
  - redefining existing roles and introducing new roles is a way to enable career progression opportunities;
  - now is the right time to review and modernise occupational and job structures so that pay classifications reflect the competency, qualifications and complexity of the work.
24. The HSU have proposed a new classification structure for residential aged care employees, currently covered in the Aged Care Award. This new classification structure is broadly consistent with a new proposed classification structure for a home care employee stream to be inserted into the Aged Care Award. Currently home care employees are covered by the SCHCDS Award classification definitions set out at Schedule E of that Award. The HSU Draft Determination in respect of the SCHCDS Award

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<sup>12</sup> Commonwealth submissions dated 8 August 2022 at [213]-[214], cited In the FWC Background Paper 10 at [73]-[74].

<sup>13</sup> Commonwealth submissions dated 8 August 2022 at [210]-[212], cited In the FWC Background Paper 10 at [75]-[76].

is to remove the aged home care stream from that Award by amending coverage of the SCHCDS Award at cl 4.1(c) 'to *home care sector*.'

25. In our opinion, the proposed HSU classification structures and skill descriptors in the Draft Determination for the Aged Care Award not only respond to the concerns of the Commonwealth and the Royal Commission, but they also importantly focus on the *nature of the aged care work* performed by both direct and indirect care employees that is required at each classification level and the conditions in which the work is performed, *not on the workers* who perform it. This latter point is crucial if new classification structures are to avoid 'baking-in' unconscious gender-undervaluation. As the Commission has found, drawing the evidence of Professor Junor on the 'invisible skills' used in aged care work, the knowledge and skills aged care workers use tend to be 'naturalised' as female attributes rather than skills because aged care workers are overwhelming women.
26. Consistent with research and practice in gender-neutral job evaluation/classification, to avoid gender bias, one of the first steps is to factually identify the skills required in a job. This is to avoid any subjective evaluation of the people doing the job, and to instead examine the actual demands and responsibilities of the job itself.<sup>14</sup> Further, in Australia, in the metal and engineering industry, for example, the long-standing process of addressing any classification disputes starts, after consultation with the parties, with a consideration of the work to be performed and the skills required to perform it, not with an assessment of the skills of a particular worker.<sup>15</sup> In establishing new classification structures, as the HSU has proposed both in respect to residential aged care work and home care work, the focus is, in our view, correctly *on the demands of the work to be performed* at different levels, *not the employees who may perform it*.
27. Ideally, classification structures and descriptors should have sufficient detail and precision to ensure employers locate and pay employees at the correct classification level for the work to be performed. This crucial in a sector such as aged care. The complexity and demands of direct and indirect care work will differ according to the needs of different cohorts of service users. Some clients/residents who need care and support are able to make decisions about the care they need, while other clients/residents are unable to make such decisions. Clients/residents also vary in the level of frailty, physical

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<sup>14</sup> See for example, Chordiya, R., & Hubbell, L. (2023). Fostering internal pay equity through gender neutral job evaluations: A case study of the federal job evaluation system. *Public Personnel Management*, 52(1), 25-47; Unison (2019) 'Negotiating job evaluation schemes' available at: <https://www.unison.org.uk/content/uploads/2019/12/Job-evaluation-schemes.pdf>; also WGEA (2012) 'Guide to Australian Standards on gender-inclusive job evaluation and grading' available at: <https://www.wgea.gov.au/sites/default/files/documents/Guide%20to%20Australian%20Standards%20on%20gender-inclusive%20job%20evaluation%20and%20grading.pdf>.

<sup>15</sup> See for example the 5-step classification process set out in the 1999 edition of *National Metal and Engineering Industry Competency Standards* Implementation Guide at 52-70. This bi-partite process is still used today in resolving classification issues or disputes at the workplace level.

disability, cognitive impairment and psychosocial concerns they experience. These conditions may co-occur, incur periodic emergencies and exacerbate over time.

28. The proposed 'unpacked' levels in the HSU Draft Determination in relation to the Aged Care Award in the home care worker classification structure and the residential care classification structures recognise the diversity of clients/residents and the impact of their various physical, cognitive and psychosocial needs on the complexity of the work undertaken at different levels. The HSU proposed classification descriptor headings appear to have drawn to some extent on the SCHCDS Award Schedule E home care employee classification descriptor headings. However, the content the HSU Draft Determination includes under these headings provides far more relevant and accurate detail than in the SCHCDS Award about the required level of qualifications and experience, accountability and extent of authority, judgement and decision making, and specialist knowledge and skills at different levels. Importantly at the beginning of each classification level there is a brief description of the distinctive nature of the work to be performed at that level. This is consistent, as noted above, with good classification practice. In particular, these descriptions acknowledge the unique nature and scope of the work to be performed at different levels within the context of formal aged care services.
29. The classification descriptors also recognise much of the context or environment in which the work is undertaken. Importantly the 'work environment' descriptor acknowledges some of distinctive physical, environmental conditions and emotional demands of aged care work. The work environment in aged care settings, whether in private homes of clients or in residential aged care facilities, can present specific challenges and potential hazards for aged care workers. These challenges and especially occupational health and safety risks in aged care have been well documented by researchers. They include 'dirty' work involved for example in intimate body care, physical and psychosocial risks, including infection and disease, musculoskeletal injuries, violence, harassment and stress.<sup>16</sup> We note that although non-direct care workers in residential aged care have not been the subject of as much published research, they are also subject to many of the same risks as direct aged care workers including unpleasant conditions, infection and disease, musculoskeletal injuries, violence, harassment and stress.

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<sup>16</sup> See for example Clarke, M., & Ravenswood, K. (2019). Constructing a career identity in the aged care sector: Overcoming the 'taint' of dirty work. *Personnel Review*, 48(1), 76-97; Ostaszkiwicz, J., O'Connell, B., & Dunning, T. (2016). 'We just do the dirty work': dealing with incontinence, courtesy stigma and the low occupational status of carework in long-term aged care facilities. *Journal of Clinical Nursing*, 25(17-18), 2528-2541; Jefferson, T., Adams, V., Austen, S., Sharp, R., Lewin, G., & Ong, R. (ND) Dirty Work and Maldistribution in Aged Care Work; Seaward, L., Morgan, D., & Thomson, A. (2023). Key issues of health and safety for workers in residential aged care: An expert study. *Frontiers in Public Health*, 10, 1041949; European Agency for Safety & Health at Work (2023) *Psychosocial Risks in Health & Social Care*; Hanson, G. C., Perrin, N. A., Moss, H., Laharnar, N., & Glass, N. (2015). Workplace violence against homecare workers and its relationship with workers health outcomes: a cross-sectional study. *BMC public health*, 15, 1-13.

30. The classification descriptors provide for clear and meaningful progression through the attainment of increased skill and experience including through additional qualifications, such as Certificate III or IV and/or equivalent skills and experience, and increased responsibilities including, for example, the greater complexity and demands of the work as clients'/residents' capacities diminish.
31. Further, additional specialized knowledge, skills, qualifications and experience required, such as those used in the induction, training, mentoring of other home care/ residential care employees and in administering medication and/or in undertaking clinical procedures, such as PEG feeding or changing catheters, form part of the higher level of Senior Care Worker in the proposed classification structures. Likewise, the classification of Specialist Care Worker recognizes the additional responsibilities and skills required in, and the demands of, both home care and residential aged care. These include high level situational judgment in adjusting care and support to meet the needs of a particular client/resident or cohort of clients/residents as well as additional qualifications at the Certificate IV level and/or experience and specialist knowledge and skills such as required in dementia care, palliative care and in the household model of care.

#### **Proposed amendments to HSU classification descriptors**

32. The detailed descriptors in the HSU's proposals have much of the necessary detail. However, in our view, some of the individual descriptors could be strengthened in several key ways. We have attached an annotated copy of the HSU classification descriptors for both home care and residential aged care classifications at Annexure A, which sets out our proposed changes and additions which are aimed at strengthening and future proofing the new classifications.
33. In Annexure A, we have proposed some changes to the classification descriptors at each level for both residential aged care and home care classification structures. Our main changes include the following:
- Under 'Description of the Work', we have inserted:
    - Some small clarifications in most levels in both the home care and residential care classification structures in respect to naming the aged care industry context in which the work is carried out.
    - In the home care classification structure for the Level 7 Care Coordinator, we have '*Organisation and management of the*' before 'provision of person-centred care to a diverse range of frail dependent older adults in clients' private homes'. This is to make clear the level of responsibility of this position in the day-to-day operation of a home care service.
  - Under 'Qualifications and experience' in the residential classifications structure, we have:

- Aligned the levels for Certificate III /equivalent and Certificate IV or equivalent qualifications and experience for personal care employees and RAO employees.
- Under 'Qualifications and experience' in the home care classification structure, we have:
  - Changed the requirement for a Level 7 Care Coordinator from 'A relevant Diploma or Degree with equivalent knowledge and relevant skills' to 'A relevant Diploma/substantial progress towards an Advanced Diploma or equivalent knowledge and relevant skills, and experience in the aged care industry'. In our view this description more accurately captures the qualifications and industry experience required at this level.
- Under 'Specialist Knowledge and skills' we have:
  - Inserted in in most classifications the following introductory phrase. 'The work requires 'employers to provide sufficient induction/on-the job training to ensure employees have:' before the list of knowledge and skills required at different classification levels. Our rationale for doing so is because of the specific aged care regulation outlined above, which obliges employers to ensure that their employees have the skills and knowledge to undertake the work of aged care including through sufficient on-the job training. If better quality aged care is to be achieved, including through the 'professionalisation' of the aged care workforce as advocated by the Royal Commission and as set out in the aged care regulation described above, employer obligations to provide and monitor on-the job training will be crucial. Robust and accurate Award classifications can make a tangible contribution to this goal.
- In the residential classification structure, we have separated out the requirements of the job for RAO and personal care employees where they differ and spelt out, where relevant, the additional and distinctive specialist knowledge and skills required in each job, particularly at Levels 4, 5 and 6.
- Under 'Work environment', we have:
  - Clarified and simplified details where possible.
  - In the residential classification structure, ensured details of relevant physical effort, environmental conditions and emotional demands for *indirect care employees are included* at Levels 4, 5 and 6 for general, administrative and food service stream employees.
  - In the home care classification structure, given the nature of the work undertaken by home care supervisors who also visit clients in private

homes, we have added in at Level 6, Home care Supervisor 'environmental conditions' as in other lower home care classification levels.

34. Finally, we support the HSU's application to include home care employees (aged care), who are currently covered by the SCHCDS Award, in the Aged Care Award. Within the SCHCDS award, home care employees are already located in a separate classification and pay structure from other community service workers. Given the distinctive nature of aged care work, it is our view that the proposed home care employee (aged care) classifications and descriptors, as well as the relativities between classification levels, should be as consistent as possible with the proposed residential employee classifications and relativities in the Aged Care Award. We have made some minor changes to classification structures to that end, as set out in Annexure A. The most important of these changes is to clearly distinguish the work of the Level 7 Care Coordinator from the Level 7 Supervisor in the residential aged care structure and the Level 6 Supervisor in the home care structure. There is some variation in current pay rates which are reflected in Annexure C discussed below, which will impact the final pay rates at each comparable level in the home care and residential aged care classification structures. However, these pay rates can be harmonised over time.

### **Relativities and Pay Rates**

35. The HSU Draft Aged Care Determination sets out proposed relativities between classification levels for residential aged care and for home care. The proposed relativities between *classification levels* draw on those set out in the classification structure at Schedule A: A.3.1 in the Manufacturing and Associated Industries and Occupations Award 2020 (Manufacturing Award). The use of what is known as the 'C10 Metals Framework Alignment Approach' was considered by the Commission in its Background Paper 10 in this matter. While in its Stage 1 Decision, the Commission found that this Framework was a useful tool in the statutory task of properly fixing modern award minimum rates, it also noted that this approach is subject to a number of limitations which are set out at [157]. These limitations include:

- alignment with external relativities is not determinative of work value;
- while qualifications provide an indicator of the level of skill involved in particular work, factors other than qualifications have a bearing on the level of skill involved in doing the work, including 'invisible skills';
- the expert evidence supports the proposition that the alignment of feminised work against masculinised benchmarks (such as in the C10 Metals Framework Alignment Approach) is a barrier to the proper assessment of work value in female-dominated industries and occupations; and
- alignment with external relativities is not a substitute for the Commission's statutory task of determining whether a variation of the relevant modern award rates of pay

is justified by 'work value reasons' (being reasons related to the nature of the work, the level of skill and responsibility involved and the conditions under which the work is done).

36. In our judgement, these limitations go mainly to the use of the Metals Framework Alignment Approach to compare pay rates in another award with the actual pay rates in the Manufacturing Award at each classification level where there are similar indicative qualifications.
37. The percentage pay relativities in the Framework were originally set down in 1990 in *Re Metal Industry Award 1984*, as set out at A.3.1. of the Manufacturing Award. In its 2023 Annual Wage Decision, the Commission outlines the history of the development of the Metals Framework at [133]-[135]. In essence, the Metals Framework has historically provided a clear qualification or competency-based mechanism for progression from entry level at C14, which requires only up to 38 hours induction training, through to Degree qualified classifications at level C1. However, over time, as noted in the current Manufacturing Award at A.3.2, the minimum pay rates in the Award no longer 'reflect the original relativities [at A.3.1] because some wage increases since 1990 have been expressed in dollar amounts rather than as percentages and as a result have reduced the 'relativities.
38. It is important to note that, unlike the proposed HSU classification structures, the location of work at a particular level in the Metals Framework depends on qualifications and/or competencies and in some instances progression towards such qualifications /competencies. The Metals Framework *does not* take into account such factors as *accountability and the extent of authority or judgement and decision-making* which are crucial factors in the work undertaken in the delivery of person-centred aged care. Moreover, the work covered by the Metals Framework in the Manufacturing Award is quite distinct from the person-centred work performed in aged care as outlined above.
39. However, the Metals Framework is useful in that it provides an established and well-understood approach to determining meaningful relativities *between* classification levels. The Metals Framework provides, in our view, a useful guide to what might constitute meaningful relativities *between different* and increasing levels of skill, experience and qualifications demanded in the work of aged care.
40. The HSU has proposed using relativities based on the Metals Framework to establish relativities between levels in its classification structures. The Union is not proposing the alignment of pay rates with those in the Manufacturing Award at the same C level, but the use of the Metals Framework as a way of providing what we refer to as 'anchor points' to decompress historically compressed classifications structure in the Aged Care Award. Thus, the HSU proposal for the residential aged care classification structure pins the bottom level at C13. This to us appears entirely logical, as the entry level classification in



residential care (Level 1) requires less than 3 months experience in the aged care industry, which is in excess of the C14 requirement of up to 38 hours induction training.

41. We have a concern, however, about the comparative alignment of the home care and residential aged care classification structures against the Metals Framework anchor points. That is, comparable work, requiring similar specialist knowledge and skills, levels of judgement and decision-making in home care and residential care are misaligned. To illustrate this misalignment, we focus for comparison purposes on personal care work. In its proposed residential aged care classification structure, the HSU has pinned entry level personal care work at Level 2 which requires up to 6 months experience in the aged care industry at C12 of the Metals Framework. The location of this work at C12 is in our view appropriate as is the pinning of Level 4, where the work to be performed requires a relevant level Certificate III qualification (or equivalent knowledge skills and experience), to the C10 level. The Senior Care role (Level 5) is pinned at C7, with the Specialist Care role (Level 6) pinned to C5. The Level 7 supervisor role is pinned at C2(a).
42. The HSU's proposed home care classification structure also goes from Level 1 to Level 7. However, Levels 4-7 Levels are pinned to lower, but in our view, more appropriate anchor points in the Metals Framework (see Annexure B). The entry level is Level 1, pinned to the C13 anchor point. Level 3 is where the work to be performed requires a relevant level Certificate III qualification (or equivalent knowledge skills and experience) and, as in the residential aged care structure, is pinned to C10. However, the Senior Care role at Level 4 is pinned to C8 (*below* the Senior Care role in the residential structure at C7), with the Specialist Care role pinned to C6, rather than C5 as in the residential structure. The Level 6 supervisor role is pinned to C4, *well below* the C2(a) anchor point assigned to the Level 7 Supervisor role in the residential structure. Finally, the Level 7 Care Coordinator role is pinned to C2(a), *the same* as the Level 7 supervisor in residential aged care. As we have outlined above, the Care Coordinator role is quite distinct from the supervisor role in residential aged care, given the role of RNs in the residential care staffing structure. A Care Coordinator in home care assumes far more responsibility than supervisor level employees in residential care, given the organisation of home care services in the aged care system.
43. This slippage may have occurred as the personal care role including supervisor goes from Level 1 to Level 6 in the home care residential structure and from Level 2 to Level 7 in the residential aged care residential structure.

There are two other issues in the proposed HSU classification frameworks that we address in our proposed amendments. The first is the C levels in the Metals framework to which some classifications in the residential aged care structure are pinned in the HSU proposal. The second is the relativities used between levels, which do not appear to follow the relativities between levels in the Metals Structure.

## Proposed amendments to Metals Framework alignment in HSU proposal

44. We have proposed some amendments to the C levels in the Metals framework to which some classifications in the residential aged care structure are pinned and have used the relativities between levels in the Metals framework to ensure meaningful relativities between classification levels. At Annexure B we provide an overview of the Metals Framework classifications and the anchor points in this Framework that we have aligned with the different levels in the residential aged care structure and the home care structure. We align the indicative qualifications / experience and examples of indicative work undertaken at these levels with the relevant anchor points in the Metals Framework. This overview summarises the logic underpinning our proposed amendments to the *relativities between levels* in the two classification structures in the HSU Draft Determination.
45. Our detailed amendments are set out in Annexure C, which compares the HSU's proposed C10 anchor points with our proposed amendments to the relativities between levels.
46. In Annexure C the first table sets out the *current* pay rates for each classification level for residential aged care employees<sup>17</sup> and the HSU's proposed internal relativities which are said to be based on C10 equivalents (columns 2, 3 and 4). The following columns set out:
- First, our proposed Metal Framework Classification levels, which differ from those proposed by the HSU for Levels 5-8 (column 5). We have used the indicative qualifications/competencies in the Metal Framework *in the distinct context of aged care work in residential aged care settings* to align:
    - i. Level 5 with C8 rather than C7. In considering the detail of the classification descriptors at this level, in our judgement this would align this level more accurately with C8, where the indicative qualifications can be reasonably read as assuming a Certificate III or equivalent with additional skills and experience. C7 requires a Certificate IV level qualification or equivalent.
    - ii. Level 6 with C6 rather than C5. Likewise, in considering the detail of the classification descriptors at this level, this level would align more accurately with C6, where the indicative qualifications can be reasonably read as assuming a Certificate IV or equivalent with additional skills and experience, with the addition of substantial additional skills and responsibilities set out in the Level 6 descriptors. C5 assumes the work requires a Diploma or equivalent. Classification at this level in our view is not plausible even with the addition of substantial additional skills and responsibilities at level 6.

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<sup>17</sup> This rates are the current rates for direct care employees in Aged Care Award and thus include the interim 15% work value wage increase which came in on 30 June 2023.

- iii. Level 7 at C4 rather than C(2)a. In considering the supervisor role in a residential aged care setting and consistent with our amended classification descriptors, the C4 level indicative qualifications and the C4 group descriptor emphasis both progress or equivalent towards further advanced qualifications and work experience in being able to schedule staff. While C2(a) refers to a Principal supervisor, a supervisor in an aged care facility is not the principal supervisor in the workplace. As noted above, supervisor level employees in residential care typically report to the Director of Nursing and/or the Facility Director or Manager. Classification at C2(a) also assumes that the work requires an advanced Diploma or equivalent to meet the demands of a Principal Supervisor or Co-ordinator role.
- Second, we set out our proposed classification relativities and their relativity to the C10 benchmark in the Metals Framework (column 6).
  - Third, we detail the impact of the proposed changes to classification levels and relativities on increases to pay rates pre any further work value adjustment and then set out percentage change from the current rates and the pre further work value adjustment pay rates (columns 7 and 8).
  - Finally, we then show the net wage increases from current rates if the full work value wage adjustment claimed by the HSU were to be awarded and the percentage change from the current rates (columns 9 and 10). Our proposal would provide higher pay increases for employees at Levels 5 and 6 than does the HSU proposal including the additional work value adjustment. In our view, this is important given the nature of the specialist knowledge and skills and responsibilities required at these levels and to encourage those skilled workers to remain in the industry. Likewise, the supervisor role at Level 7 would also be aligned with pay rates which in our view recognise and value the nature, skill and responsibilities of the work undertaken at this level.
47. In Annexure C, the second table sets out the current pay rates for each classification level for home employees, the HSU's proposed classifications and internal relativities (columns 2-4) and the HSU's proposed rates based on these (column 5). Our proposals are as follows:
- First, as shown in this table, we agree with the HSU's proposed Metals Framework Alignment for the seven levels in the home care classification structure (column 3). We have also considered and agree with the location of home care employee Level 2 (entry level personal care work) at C11, rather than C12 as used for entry level personal care work in the proposed residential aged care structure. This is because in our view anchoring home care work at Level 2 to the C11 anchor point recognises the additional level of responsibility in home care work at this level in undertaking

personal care work without direct in-personal supervision and in monitoring and reporting on changes in clients' social, emotional and clinical status.

- Second, while we agree with the HSU's proposed classifications, we do not agree with the HSU's proposed internal relativities. As in our amendments to the HSU residential aged care proposal, we have used the indicative qualifications /competencies and associated relativities in the Metals Framework in the distinct context of aged care work in home care services to devise internal relativities between levels (column 6). These relativities are the same for corresponding roles in residential aged care structure. The only exception is the relativity included between Level 6 (Supervisor) and the Care Coordinator role at Level 7, which as discussed at 46 iii above, is a role which does not exist in residential care.
- Third, we detail the impact of the proposed changes to classification levels and relativities on increases to pay rates pre any further work value adjustment and then set out percentage change from the current rates and the pre further work value adjustment pay rates (columns 7 and 8).
- Fourth, we then show the net wage increases from current rates if the full work value wage adjustment claimed by the HSU were to be awarded and the percentage change from the current rates (columns 9, 10 and 11). Our proposal would provide higher pay increases for employees at Levels 5 and 6 than does the HSU proposal including the additional work value adjustment (HSU rates not shown in the table). In our view, this is crucial given the nature of the specialist knowledge and skills and responsibilities required at these levels and, as in residential care, to encourage highly skilled workers to remain in the industry.

*Alignment of proposed residential aged care classification structure with ANMF proposed EN pay rates*

48. For the sake of completeness, we have also considered the relationship of the amended proposed Aged Care Award residential aged care classification pay rates with the proposed enrolled nurse pay rates in the ANMF Nurses Award Draft Determination.
49. In their Draft Determination, the ANMF have set out adjusted minimum rates of pay for Enrolled Nurses (ENs) at 15.2(a). The adjusted rates of pay have five pay points and range from \$1,376.50 at pay point 1 to \$1,448.00 at pay point 5. The adjusted rates of pay for ENs do not yet include any additional work value increase above the 15% interim increase already awarded.<sup>18</sup>

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<sup>18</sup> In the ANMF submission dated 15 September 2023 at [72], the ANMF has indicated that it will not at this stage claim *specific* additional work value increases for RNs, registered nurses or nurse practitioner classifications above the 15% interim increase coming from the FWC Stage 1 Decision in this matter. Instead on the basis of its previous evidence and additional evidence to be filed, the ANMF will ask the Commission to issue a determination aligning RN level 1, pay point 1 with level C1(a) of the Metals Framework,

50. The alignment of proposed rates of pay for ENs in the Nurses Award and the relativities between these rates of pay and the proposed rates of pay for residential care Level 6 employees in the Aged Care Award might need further consideration.
51. An EN at pay point 1 will have completed qualifications to enrol as an EN. This typically involves the completion of a Diploma of Nursing but requires no relevant experience in the aged care industry. The work at the Level 6 specialist care classification may require, for example, specialist knowledge in palliative care and dementia care, acquired through Cert IV and/or previous experience as a Level 4 or 5 employee.
52. The Nurses Award Cl 15.3 indicates progression for full-time employees is by annual movement and for part-time or casual employees at 1786 hours of experience. Thus, it can be expected that further progression up the EN classification structure to Pay Point 5 would be reasonably straightforward. Apart from possible promotion to limited supervisor Level 7 roles, there is no further progression for a Level 6 Specialist Care employee available in the residential aged care classification structure.
53. Currently, however as set out in Annexure C, the pre-further wage adjustment pay rates we propose for Level 6 in the Aged Care Award is \$1,597.00 per week. It may be preferable to consider whether in any post wage adjustment pay rates for ENs should exceed pay rates Level 6. This might be addressed by anchoring the pay rates for ENs at C5 in the Metals framework, which requires Diploma level qualifications. As set in out Annexure B, this would locate ENs above Level 6 as residential care Level 6 employees are anchored at C6.

#### **Consideration of an allowance or higher classification at the Senior and Specialist Care levels**

54. We have been asked to consider whether additional duties to be performed by workers at the proposed Senior Care Worker classification, such as the administration of medication, might be better compensated for by an allowance. We have also been asked to consider whether the additional duties to be performed by workers at the proposed Specialist Care Worker classification, might be better compensated for by an allowance.
55. As set out in the proposed amended classifications structures at Annexure A, the work at the proposed Senior Care classification at Level 5, in the residential aged care structure and Level 4 in the home care structure not only may involve the administration of medication but also responsibility for inducting new employees, and on-going training and mentoring of employees at lower levels. Likewise, at the proposed Specialist Care classification, Level 6 in the residential aged care structure and Level 5 in the home care structure, the work involves the provision of a range of advanced personal care and support as well as Certificate IV qualifications or relevant experience in domains of

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retaining the internal relativities of all other classifications applicable to ENs (including student ENs), RNs, and NPs.'

specialised practice, including working with residents/clients with moderate and profound dementia, in end of life care, and/or the household model of care in residential aged care settings.

56. Acquiring additional skills adds to home care/residential aged care employees' scope of practice and enables providers to better provide high quality person-centred care to a diverse range of clients and residents in the context of their increasing frailty, physical incapacity and cognitive decline. As documented in the Meagher Report, the Amended Meagher Supplementary Report, and in Appendix I below, older people who live in residential care or who receive home care services are increasingly frail and living with complex needs. In our view then, the exercise of these additional responsibilities, specialist knowledge and skills enhance the capacity of providers to provide responsive high quality of care to clients and residents. The payment of an allowance rather than the location of an employee at the Senior or Specialist care levels in both classification structures would work to atomize the work of aged care and undercut both classification structures and the opportunity for career progression they provide. We further note that it is not the frequency with which an employee may use a specific skill, such as in the administering of medication or working with clients or residents with severe to profound cognitive decline, but the fact that the work will, depending on the needs of particular clients and residents, require the exercise of such skills whether it be several times a day or once a week.

#### **Relevant Modern Award Objective considerations**

57. We have been asked to have regard to the factors in the Modern Award Objective in subsection 134(1) of the Fair Work Act 2009 in drawing our conclusions about the proposed classifications structures in the HSU Draft Determination. That is because in considering whether to vary classification structures in modern awards, the Commission must be satisfied that any such variations are necessary to provide a fair and relevant minimum safety net of terms and conditions in order to achieve the Modern Awards Objective (MOA). The relevant considerations the Commission must take into account are set out in subsection 134(1)(a)-(h). All of these considerations are important in the Commission's deliberations and were considered in its 18 May 2023 reasons for decision to grant the 15% interim increase in this matter ([2022] FWCFB 93). We provide a brief summary of our evaluation as to how the proposed decompressed classifications structures, including classification descriptors and relativities between levels (including our amendments to these) might address several of the key considerations the Commission must take into account in achieving the MOA in Stage 3 of this matter.
58. *Relative living standards and the needs of the low paid.* The full 25% work value increase sought by the HSU for both indirect and indirect care employees in residential aged care and for home care employees in the Draft Determination will clearly address the living standards and the needs of low-paid aged care workers across Australia. The proposition that these workers are both low-paid and underpaid relative to other workers and

relative to the value of the work they perform was a key finding of the Royal Commission into Aged Care Quality and Safety and is recognised in the Australian Government’s Draft National Care and Support Economy Strategy.<sup>19</sup> The Fair Work Commission also recognised the lack of work value and its gendered underpinnings in its interim decision in this matter, awarding 15% pay increase to direct aged care employees in both the SCHCDS award and Aged Care Award and several groups of indirect care employees covered by the Aged Care Award. In its 18 May 2023 reasons for its decision to grant the 15% interim increase, the Commission accepted that the consideration under the MOA of ‘relative living standards and the needs of the low paid weighs in favour of the interim increase’.<sup>20</sup> In our view *this consideration is also highly relevant in consideration of the additional wage value increases* sought by the HSU. Further, we note that the proposed classification structures also address the needs of low paid aged care employees by providing a clear mechanism to recognise and remunerate employees where they are required to take on more demanding and skilled work with very frail residents/clients with complex needs. These new structures will provide aged care employees with a clear means of career progression which will improve their living standards.

59. *The need to improve access to secure work across the economy*, The Commission found that ‘this consideration is a neutral one’ in the current matter.<sup>21</sup> We respectfully disagree. In our view providing aged care employees access to a clear career path, as set out in proposed new classifications structures with our amendments, will enhance career security by providing access to career progression and increased pay over time, which is an important factor in improving access to secure work, even for employees employed on an ongoing basis. To date, the compressed classification structures for home care and residential aged care employees under the SCHCDS and Aged Care Awards have limited access to meaningful career progression both through the low relativities between limited classification levels, as well as the lack of adequate descriptors in those structures that fail to recognise and remunerate the distinctive work of aged care undertaken by aged care employees.

60. *The need to achieve gender equality in the workplace by ensuring equal remuneration for work of equal or comparable value, eliminating gender-based undervaluation of work and providing workplace conditions that facilitate women’s full economic participation*. This MOA consideration is central to the current matter which is directly concerned with eliminating gender-based undervaluation of home care work currently covered for home care employees under the SCHCDS Award and for residential aged care work covered for residential aged care employees under the Aged Care Award. In its 18 May 2023 reasons for its decision to grant the 15% interim increase), the Commission found that this consideration in ‘weighs in favour of the interim increase’ while noting that the ‘Stage 1

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<sup>19</sup> <https://www.pmc.gov.au/resources/draft-national-strategy-care-and-support-economy>

<sup>20</sup> [2023] FWCFB 93 at [436].

<sup>21</sup> [2023] FWCFB 93 at [171].

decision provides for an interim increase and does not conclude consideration of the Unions' claim for a 25% increase for all employees'.<sup>22</sup> Given the nature and conditions of aged care work required to be undertaken in the Australian system of aged care, which have been described as above in the amended HSU proposed classification descriptors for residential aged care, the full 25% originally claimed by the unions party to this matter is warranted. This includes extending the full 25% to the indirect aged care employees not covered by the interim 15% wage increase – for evidence in support of the value of their work, see Meagher Report at [21-23]. Further, access to a decompressed classification structure which recognises and remunerates appropriately the different and increasing demands of aged care work, would be a significant step towards addressing the extent of the gender undervaluation of this work. Not to take this opportunity would undermine the achievement of gender equality in the conditions of work in this sector.

61. Relatedly, and as canvased at some length in the 2021 Charlesworth Supplementary Report, is the continued failure to recognise the time home care employees spend travelling between clients as work time. This is a direct issue of work value relevant to these proceedings as it marks a particularly egregious example of the gender undervaluation of home care work in the Modern Award system. As noted at [7] of that Report, in the initial award modernisation process under the *Fair Work Act 2009*, 23 different state and federal social and community services awards were aggregated into the SCHCDS Award. Some of the improvements won in several individual predecessor awards, including payment for travel time between clients for home care employees, were lost in this process and have not been reinserted in the SCHCDS Award. In our view the proposed transfer of home care employees into a home care employee classifications structure in the Aged Care Award offers an important opportunity to address this continuing gendered undervaluation of the work of home care by providing for payment for travel time between clients for home care employees at the relevant pay rate attached to a particular level in the classification structure. We propose that this matter be addressed in the Commission's deliberations on the proposed Draft Determination for the Aged Care Award.

62. *The need to promote flexible modern work practices and the efficient and productive performance of work.* Because of the relational character of direct care work in aged care, productivity cannot be improved by simply increasing the 'output' of care per unit of time. In fact, the opposite can be true, as rushed and missed care undermine the quality of care and can drive avoidable problems in the health and safety of both clients/residents and employees. Rather, in direct care productivity improvement is better conceptualised as increasing the quality of care provided within a given time. Aged care employees with higher level skills, whose work is organised in ways that give them the opportunity and time to exercise their skills, will be more productive. Similarly, aged

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<sup>22</sup> [2023] FWCFB 93 at [174].



care workers who have the opportunity to get to know the clients/residents to whom they provide care and assistance are more able to meet those older people's needs, and so will be more productive in their work: they come to understand an older person's preferences and routines and can work empathetically with them to carry out often sensitive tasks in a timely fashion.

63. Current award arrangements do not promote these ways of working and so do not promote efficient and productive performance of work. The Royal Commission, linked a suite of problems, including high staff turnover and problems with maintaining the quality of care, to 'low wages and poor employment conditions, lack of investment in staff and, in particular, staff training, limited opportunities to progress or be promoted, and no career pathways'.<sup>23</sup> Recognising the value of aged care work through improved pay, classification structures, and relativities is an important remedy to the problems of quality and productivity in the aged care sector. Other drivers of productivity in direct care work are in the hands of employers: these include work organisation practices, such as consistency of assignment of employees to clients/residents, to enable continuity in the care relationships that underpin productive, high quality care work, and offering better and more ongoing training and career progression.
64. *The likely impact of any exercise of modern award powers on business, including on productivity, employment costs and the regulatory burden.* It is our expert opinion that the proposed classification structure, with the description of work to be performed and the employers' role in ensuring staff have skills and knowledge, will assist aged care providers (employers) to address their regulatory obligations as discussed in this Supplementary Report at [5-10]. The proposals, if awarded, will underpin new industry norms to increase the quality of jobs and care in aged care across the sector.

### **Final considerations**

65. In preparing this Supplementary Report here are two further issues that have arisen in that we consider may be useful to bring to the attention of the Commission:
66. Firstly, both the HSU's detailed proposed classification definitions and our amendments to those proposed definitions could be expected to provide some more certainty and security to employees that they will be located at the *correct classification level*. However, if the *under classification* of employees in the new structure becomes an issue, it may be useful for the Commonwealth and the parties to this matter to consider establishing a bipartite classifications disputes process as has long existed in the Metal and Engineering Industry industry.<sup>24</sup>
67. Secondly in this report we have addressed only the classification structures, their pay rates and the classifications descriptors for each level for residential care employees and

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<sup>23</sup> Royal Commission into Aged Care Quality and Safety (2021) *Final Report: Care, Dignity and Respect Volume 2: The current system*, at [213].

<sup>24</sup> Earlier in the Report we refer to this bipartite process at [26].

home care employees in the HSU proposed Draft Determination. We have not addressed the other amendments in that Draft Determination. Inserting relevant clauses from the SCHCDS Award into the Aged Care Award is a complex task. In the HSU Draft Determination:

- There are some (understandable) errors in transposing SCHCDS provisions in that the amendments or internal subclauses of those amendments refer to the clause numbers of the relevant provisions in the SCHCDS Award rather than the relevant provisions in the Aged Care Award – these internal inconsistencies can be easily addressed.
- There are other transpositions which are incomplete and may leave home care employees worse off than they are currently under the SCHCDS award – once again these can be easily remedied. For example, Cl 15.8 First aid allowance for Home Care Employees only reproduces only the *first* sub-section of the SCHCDS Award that applies to full-time employees that relating to part-time or casual employees in the SCHCDS award.

68. A more significant issue is that a comparison of the Aged Care Award and the SCHCDS Award shows home care employees currently have poorer working time conditions than residential aged care. These poorer working conditions include payment for sleepovers as well a wider span of hours, with shift allowances and penalty rates less favourably defined with different and lower rates. These issues *are not under consideration* in this matter. However, in our view such working time discrepancies are also an issue of work value and could be addressed via the Modern Award Review 2023-2024. While the designated awards to be reviewed include the SCHCDS award, they do not currently include the Aged Care Award. In our view, consideration might be given to including this award in the Modern Award Review, especially if home care employees currently in the SCHCDS Award will ultimately be covered by the Aged Care Award.

## **Appendix I:**

### **Further evidence on the needs profile of older people receiving aged care services**

#### ***Developments in the structure of aged care provision***

An important goal of aged care policy is to help older people to ‘remain living independently in their own home for as long as possible’.<sup>1</sup> This goal has driven change in the structure of the aged care service system away from residential care towards care at home (delivered through the Home Care Packages Program (HCPP) and the Commonwealth Home Support Program (CHSP). The Amended Meagher Supplementary Report presented evidence on the changing structure and client profile of the aged care system.<sup>2</sup> Since the tendering of that report, further changes have occurred that strengthen the evidence of the increasing size, diversity and complexity of the group of older people receiving support at home, most notably in the HCPP. These trends have implications for the level of needs of people entering residential aged care.

The earlier report noted that ‘the share of people aged 65 and over who lived permanently in residential care during the year fell from 65 per 1,000 in 2011-12 to 56 per 1,000 in 2019-20, while the share receiving a home care package increased from 23 per 1,000 to 41 per 1,000 across the same period’.<sup>3</sup>

In the two years for which additional data are available, the trend away from residential care and towards home support has continued: the share of older people living in permanent residential care fell further to 54 per 1,000 in 2021-22, while the share receiving a home care package increased to 58 per 1,000.<sup>4</sup>

At the population level, there is evidence of an almost direct substitution of permanent residential aged care with Level 4 home care packages (See Figure 1). The declining share of older people living in residential aged care may reflect the preferences of older Australians to remain in their own homes. However, this trend also increases the level of frailty, disability and illness among home care recipients and it is likely that those who eventually enter residential aged care have increasingly high needs.

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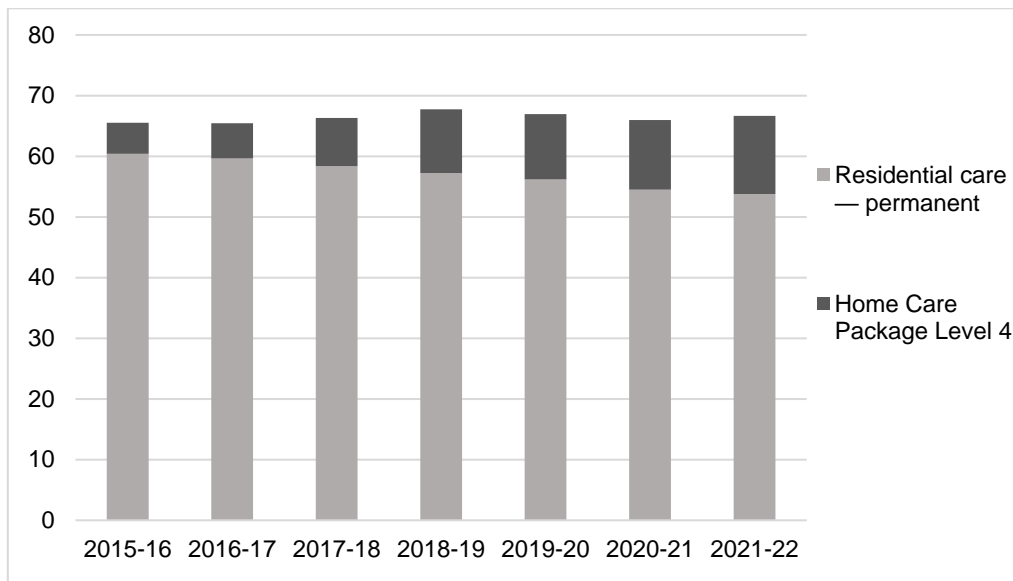
<sup>1</sup> Department of Health and Ageing (2022), *Report on the Operation of the Aged Care Act* at [31].

<sup>2</sup> Amended Meagher Supplementary Report at [6-8].

<sup>3</sup> Amended Meagher Supplementary Report at [7].

<sup>4</sup> These data are reported annually in the Report on Government Services. These and the data presented in Figures 1, 2 and 3 below are all derived from this report, specifically tables on ‘People receiving aged care services’.

**Figure 1: Proportion of older people using permanent residential aged care and HCP Lvl 4, per 1,000 over 65 years**



Focussing in on people aged 85 and over, the changing pattern of aged care use is stark across the last decade or so, and particularly in the most recent two years since the previous report. Figure 2 shows the declining proportion of 85- to 89-year-olds living in permanent residential care and the rising share in receipt of a home care package (all levels) since 2011. Around 22% of this age group lived in residential care at the high point in 2012-13 and 6% received a home care package. By 2021-22, the share living in residential care had fallen to 18%, while the share receiving a home care package had increased to 19%. Of those with a HCP, more than half (54%) received a Level 3 or 4 package.

**Figure 2 Utilisation of residential aged care and home care packages by 85-89 year olds, 2011 to 2022, per 1,000**

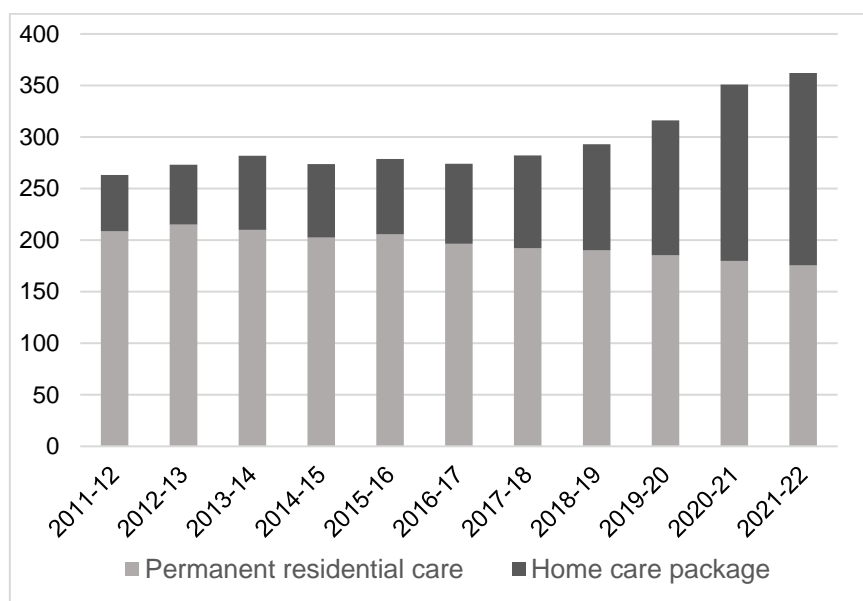
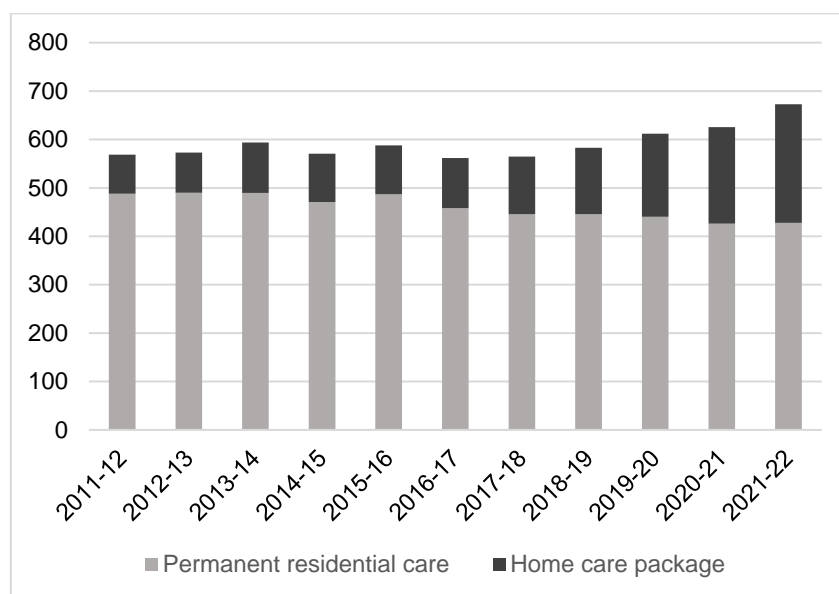


Figure 3 presents the same data for people aged 90 years and over. For this age group, at its highest point in 2012-13, almost half lived in residential aged care (49%), while 8% received a home care package. By 2021-22, the share living in residential care had fallen to 43%, while the share receiving a home care package had increased to 25%. Of those with a HCP, nearly two thirds (61%) received a Level 3 or 4 package.

**Figure 3 Utilisation of residential aged care and home care packages by 90+ year olds, 2011 to 2022, per 1,000**



These shifts in usage from residential to home care have been underpinned by growth in the availability of home care packages, as shown in Figure 4. Most notable is the strong growth in the number and share of home care packages at levels 3 and 4, which support older people with higher level needs.<sup>5</sup>

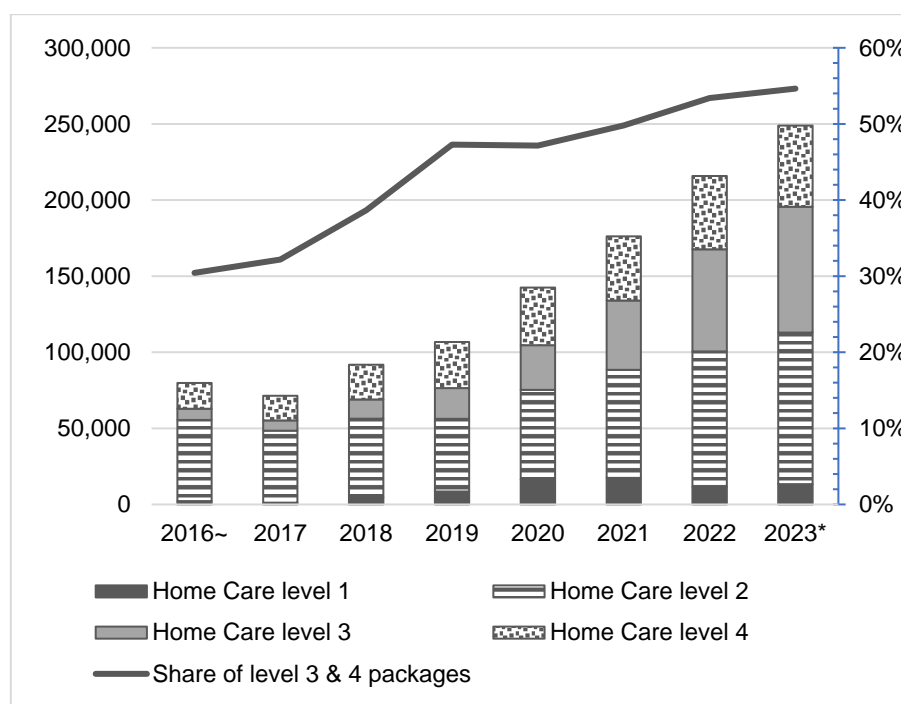
Insight about the nature of HCP client needs can be gained from the guidance framework that official assessors use to support their decision when recommending an older person is eligible for a specific level of home care package.<sup>6</sup>

This framework indicates that older people in receipt of a Level 3 package may be very vulnerable, have *moderate* cognitive decline and/or behavioural and/or psychosocial management issues requiring *regular* intervention; may need *high level (frequent)* assistance with social and community participation, maintaining caring relationships, and activities of daily living; and may need *frequent* management of their personal and physical health, including *high level* management of health conditions and medication.

<sup>5</sup> This figure extends for a further two years (2022 and 2023) Figure 1 in the Amended Meagher Supplementary Report at [8], using data from SCRGSP (Steering Committee for the Review of Government Service Provision) (2022, 2023), *Report on Government Services*, Productivity Commission, Canberra.

<sup>6</sup> See Department of Health: <https://www.health.gov.au/resources/publications/acat-guidance-framework-for-home-care-package-level>

**Figure 4: Number of home care packages at 30 June 2016-2022, and at 31 March 2023 (left axis), and share of level 3 and 4 packages 2016-2023 (right axis)**



Notes: ~ In 2016, the reported numbers are operational HCP places. Following the introduction of ‘consumer-directed care’ in 2017, reported numbers are people in packages as at 30 June. \* Data are available only to 31 March for 2023.

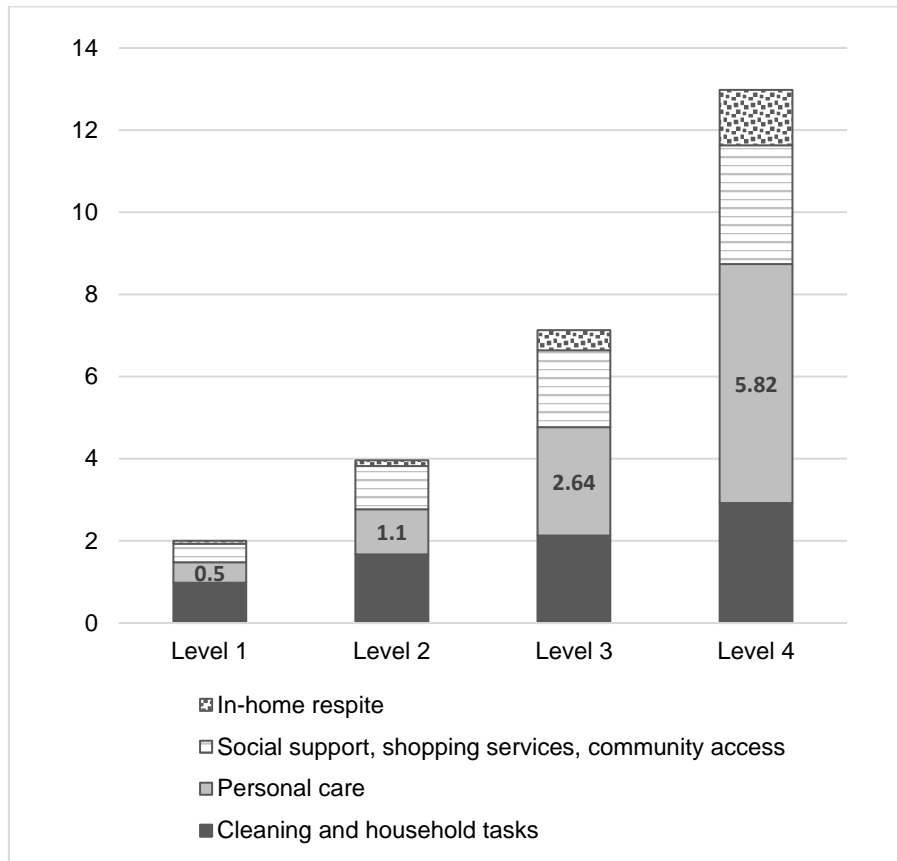
Older people in receipt of a Level 4 package may be *extremely* vulnerable, have *severe* cognitive decline and/or behavioural and/or psychosocial management issues requiring *frequent* intervention; may need *comprehensive* assistance with social and community participation, maintaining caring relationships, and activities of daily living; and/or need *specialised* management of their personal and physical health, and/or *complex* management of their health conditions and medication.

While complex health and medical management work in HCPs is undertaken by nurses and allied health professionals, the home care employees who provide practical assistance, personal care, routine clinical support, and social support to these clients with complex needs require significant levels of skill and are called upon to exercise high level situational judgement and responsibility.

The nature of the work changes significantly by package level, with implications for the level and kind of skills required by home care employees, and the judgement and responsibility they are called upon to exercise. Data presented in Table 3 of the Amended Meagher Supplementary Report, which remain the most recent available, show that both the number and proportion of hours of core SCHDS home care activities (personal care, social support and in-home respite) increase steeply with the level of home care package.

To demonstrate this trend more clearly, in this appendix some key data from that table are presented in Figure 5. Particularly notable is the increasing number of hours of personal care, from half an hour per fortnight at Level 1 (24% of service hours provided by SCHDS employees) to more than five hours and 48 minutes<sup>7</sup> per fortnight at Level 4 (44% of service hours provided by SCHDS employees).

**Figure 5 Selected hours of key home care tasks by HCP level, 2018-19**



Detailed information about the characteristics and needs of older people living in residential care was included in the Witness Statement of Gabrielle Anne Meagher, 31 March 2021 (Meagher Report). As noted above, the proportion of older people entering residential aged care is falling, as more remain at home and receive high level home care. As a brief reminder of the profile of older people living in residential aged care, the guidance framework used in aged care assessment is instructive. The framework includes residential care as ‘Higher level care’ than that provided in home care packages. The guidance states that:

Residential care is available to clients with a condition of frailty or disability requiring continuing personal care, who are incapable of living in the community without support. Eligibility is determined through an assessment of the clients medical, physical, psychological and social circumstances including evidence of: a medical condition; absence or loss of physical functions; absence or loss of cognitive

<sup>7</sup> Recall that hours are expressed in decimal terms in the data from which this figure has been compiled.

functioning; absence or loss of social functioning or evidence that the person's life or health would be at significant risk if the person did not receive residential care.

To summarise: the number of older people remaining at home and receiving high level care has increased significantly in recent years, which is driving a commensurate increase the share of home care work that requires more skill, judgement and responsibility. It is likely that the increased acuity among home care recipients flows on to increased acuity among older people now entering aged care later, with implications for residential aged care workers in both direct and indirect care roles.



## Annexure A

### ***Proposed revisions by Charlesworth and Meagher to Annexures B1 and B2 (classification descriptors) in the HSU's Determinations***

#### **B1: Residential Aged Care**

##### **Level 1: General, Administrative and Food Services streams only**

<b>Description of work</b>	General, administrative services or food services work that supports the provision of person-centered care to a diverse range of frail dependent older adults in a residential aged care facility.
<b>Qualifications and experience</b>	Has less than three months' work experience in the aged care industry.
<b>Accountability and extent of authority</b>	The work is performed under direct or routine supervision.
<b>Judgment and decision-making</b>	The work is performed with minimal responsibility and discretion.
<b>Specialist knowledge and skills</b>	<ol style="list-style-type: none"><li>1. No previous training or experience in <u>the</u> aged care industry; work is performed within established routines, methods and procedures.</li><li>2. <u>Employers are required to provide adequate On-the-job training to ensure employees have:</u><ol style="list-style-type: none"><li>a. Skills to undertake basic cleaning, laundry and food services while maintaining residents' and own and other employees' health and safety.</li><li>b. Basic knowledge of infection control and prevention and food handling protocols.</li><li>c. Basic communication and interpersonal skills in dealing respectfully with a range of residents, and/or their families.</li><li>d. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.</li></ol></li></ol>
<b>Work environment</b>	The work may involve: <ol style="list-style-type: none"><li>1. Physical effort in cleaning, laundry and kitchen assistance work and in the use of equipment such as vacuums,</li></ol>

polishers, heavy laundry and kitchen equipment.

2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids (including faecal and urinary incontinence)~~and matter~~.
3. Emotional demands such as verbal or physical aggression from residents, their family members; and experiencing death of residents.

## Level 2 Personal Care & General streams

<b>Description of work</b>	<p>Personal care work:</p> <ol style="list-style-type: none"><li>1. <del>p</del><u>P</u>rovides person-centred care to a diverse range of frail dependent older adults in a residential aged care facility who require basic personal care and social support and who are able to communicate and make decisions about the personal care and support they require.</li></ol> <p>General, administrative services or food services work:</p> <ol style="list-style-type: none"><li>1. Supports the provision of person-centred care to a diverse range of frail dependent older adults in a residential aged care facility.</li></ol>
<b>Qualifications and experience</b>	<p>Personal care work: entry level up to six months experience in <u>the</u> aged care industry.</p> <p>General, administrative services and food services work: more than three months work experience in the aged care industry and for general clerks between 3-12 months service.</p>
<b>Accountability and extent of authority</b>	<p>Personal care work and general, administrative services and food services streams: The work is performed under direct supervision, either individually or in a team.</p> <p>Personal care work: may involve observing and reporting any changes in residents' social, emotional and clinical status to supervisor.</p>
<b>Judgment and decision-making</b>	<p><u>The work requires</u> Basic situational judgement and problem-solving skills to adapt to changes in the individual needs of residents and immediately notifying supervisor in emergency situations.</p>
<b>Specialist knowledge and skills</b>	<p>Personal care work <u>requires employers to provide adequate on-the-job training to ensure employees are able to undertake</u><del>the</del> work <u>that</u></p>

may involve applying:

1. Knowledge and skills to undertake basic personal care, such as assistance with dressing and showering while maintaining residents' dignity and maintaining residents' and employees' health and safety.
2. Basic knowledge of hygiene practices, infection control and prevention.
3. Basic relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.
4. Sound communication and interpersonal skills in dealing respectfully with a range of residents who are able to make the decisions about the personal care and other support they need.
5. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.
6. Capability to organise and prioritise work within allotted time.

General, administrative services and food services work: the work requires employers to provide adequate on-the-job training to ensure employees are able to undertake ~~the~~-work may involve applying:

1. Adequate skills to undertake cleaning, laundry and food services while maintaining residents' and own and other employees' health and safety.
2. Basic knowledge of infection control and prevention and food handling protocols.
3. Basic communication and interpersonal skills in dealing respectfully with a range of residents and their families.
4. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.

Food services work: requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake ~~the~~-work that may involve ~~applying~~:

1. Assisting in the preparation of food for cooking.
2. Preparation of light refreshments.
3. General waiting/table service and clearing duties.;

## Work environment

In the personal care stream, the work may involve:

1. Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of hoists, and in assisting residents in and out of wheelchairs, and with use of mobility aids such as walking frames, zimmer frames and other equipment.
2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence).~~and matter~~
3. Emotional demands such as from resident distress, verbal or physical aggression from residents' families, experiencing death of residents.

In the general, administrative and food services stream, the work may involve:

1. Physical effort in cleaning, laundry and kitchen assistance work and in the use of equipment such as vacuums, industrial washing machines, polishers, heavy laundry and kitchen equipment.
2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids (including faecal and urinary incontinence)~~and matter~~.
3. Emotional demands such as from resident distress, verbal or physical aggression from residents or their family members and experiencing death of residents.

## Level 3: Personal Care & General streams

### Description of work

Personal care work:

1. ~~p~~Provide person-centred care to a diverse range of frail dependent older adults in a residential aged care facility, including with those who may have physical disabilities and/or mild cognitive impairment but have the capacity to make decisions about their care. The work may include a range of individualised personal care and support such as: intimate personal care, supervising personal hygiene, toileting, social and emotional support, assistance with communication, mobility and eating.
2. May include documentation of care provided and resident condition.

Recreational /life style activities (RAO) work:

1. Provide basic person-centred recreational or life style activities for a diverse range of frail dependent older adults on an individual and group basis in a residential aged care facility.

General, administrative ~~&~~and food services:

1. Supports the provision of person-centred care to a diverse range of frail dependent older adults in a residential aged care facility.

### **Qualifications and experience**

Personal care work: 6 months or more experience in aged care industry.

RAO work: entry level up to 6 months experience in the aged care industry.

General, administrative services and food services work: more than 6 months' work experience in the aged care industry and for general clerks 1 years ~~s~~ or more of experience in the aged care industry.

### **Accountability and extent of authority**

Personal care /RAO work: the work performed is subject to some direct supervision and requires a medium level of individual responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents, accountability for monitoring and reporting any changes in residents' clinical, social and emotional status to supervisor.

General, administrative services or food services work is subject to some direct supervision and requires a medium level of individual responsibility, accountability and discretion.

### **Judgment and decision-making**

1. The work requires Bbasic situational judgement in adjusting care and support to the specific needs of each resident.
2. The work may involve the immediate resolution of minor problems that relate to the provision of basic personal care and other services and recognising and knowing how to deal promptly with emergency situations.

### **Specialist knowledge and skills**

Personal care /RAO work requires employers to provide adequate on-the-job training to ensure employees are able to undertake work

that may involve applying:

- ~~1. Knowledge and skills to undertake intimate bodily personal care with frail aged residents, while maintaining residents' and employees' health and safety.~~
- 2.1. Basic knowledge of medical conditions associated with aging and clinical procedures, and of working with residents after discharge from hospital.
- 3.2. Knowledge of hygiene practice, infection control and prevention.
- 4.3. Good relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.
- 5.4. Knowledge and skills to work empathetically with residents with mild cognitive impairment including understanding and appropriately responding to individual residents' specific behaviours and triggers for distress or agitation.
- 6.5. Sound communication and interpersonal skills in dealing respectfully with a range of residents including those who may not be able to make the decisions about the personal care and other support they require, and their families.
- 7.6. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.
- 8.7. Capability to organise and prioritise work as situation requires within scheduled times.

In addition, personal care work requires employers to provide adequate on-the-job training to ensure employees are able to undertake work that may involve applying:

1. Knowledge and skills to undertake intimate bodily personal care with frail aged residents, while maintaining residents' dignity and maintaining residents' and employees' health and safety.

General, administrative services and food services work: the work requires employers to provide adequate on-the-job training to ensure employees are able to undertake the work that may involve applying:

1. Skills to drive a less than 3-ton vehicle, undertake and provide food services while maintaining residents' and own and other employees' health and safety. Good knowledge of infection control and prevention and food handling protocols.

2. Good knowledge of infection control and prevention and food handling protocols.
3. Good communication and interpersonal skills in dealing respectfully with a range of residents and their families.
4. Knowledge and observance of the Charter of Aged Care Rights and the maintenance of residents' dignity and confidentiality.
5. -Capability to organise and prioritise work within scheduled times.

Food services work:— requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake the work that may involve applying:

1. B Applying basic knowledge of the specific nutritional needs, cooking processes and requirements of older adults and of individual residents.
2. Assisting in the preparation and cooking of food.

Admin/clerical work: requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake ~~the~~ work that may involve applying:

1. sSkills to undertake a range of basic clerical functions within established routines methods and procedures.

## Work environment

In the personal care stream, the work may involve:

1. Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, and in assisting residents in and out of wheelchairs, and with use of other mobility aids and zimmer frames and other equipment.
2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence)and matter.
3. Emotional demands such as from residents and residents' families, including communicating with residents with mild cognitive decline, experiencing verbal or physical aggression and and/or experiencing death of residents.

In the general, administrative and food services stream, the work may involve:

1. Physical effort in cleaning, laundry and kitchen assistance work and in the use of equipment such as vacuums, industrial washing machines, polishers and kitchen equipment.
2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids (including faecal and urinary incontinence)~~and matter~~.
3. Emotional demands such as from resident distress, verbal or physical aggression from residents or their family members; and experiencing death of residents.

#### **Level 4: Personal Care & General streams (Cert III or equivalent)**

##### **Description of work**

Personal care work:

Provision of person-centred care to a diverse range of frail dependent older adults in a residential aged care facility, including those requiring additional assistance and support due to physical incapacity and /or frailty or cognitive decline, ~~including those~~and who may not have the capacity to make decisions about their care. The work:

1. May include a range of advanced personal care and support such as: intimate personal care, medical/clinical assistance, provision of social and emotional support in line with residents' care plans.
2. May include documentation of care provided and resident condition.

Recreational /life style activities (RAO) work:

1. Run—Organisation and provision of person-centred recreational or life style activities for a diverse range of frail dependent older adults on an individual and group basis.

General, administrative & food services:

1. -Supports the provision of person-centred care to a diverse range of frail dependent older adults in a residential aged care facility.



**Qualifications and experience**

Personal care work: A relevant Certificate III qualification (or equivalent knowledge skills and experience). If an employee holds a Cert III they must be classified no lower than this level.

RAO work: A relevant Certificate III (or equivalent knowledge skills and experience) and from at least 6 months experience in the aged care industry.

General, administrative services and food services work: formal qualifications and/or relevant skills training and experience in the aged care industry.

**Accountability and extent of authority**

Personal care /RAO work:

1. The work is performed with limited direct supervision. The work may involve a medium level of individual responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents, accountability for monitoring and reporting any changes in residents' clinical, social and emotional status to supervisor.

General, administrative services and food services work:

1. The work is subject to limited direct supervision and requires a medium level of individual responsibility, accountability and discretion.

**Judgment and decision-making**

1. The work requires Moderate situational judgement in adjusting care and support to the specific needs of each client.
2. The work may involve the immediate resolution of moderate problems that relate to the provision of personal care, support and other services in accordance with residents' care plans and recognising and knowing how to deal promptly with emergency situations.

**Specialist knowledge and skills**

Personal care work/RAO work:- requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake the work that may involve applying:

- ~~1. Knowledge and skills to induct and support other aged care employees to acquire relevant skills.~~
- ~~2. Knowledge and skills to provide intimate bodily personal care to frail aged residents, while maintaining residents' and employees' health and safety.~~
- 3.1. Knowledge of medical conditions associated with aging

and performance of clinical procedures, and in working with residents with chronic health conditions, and/or after discharge from hospital.

~~4.2.~~ Good K knowledge of hygiene practice, infection control and prevention.

~~5.3.~~ High-level relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.

~~6.4.~~ Knowledge and skills to work empathetically with residents with moderate cognitive impairment, (including dementia), including understanding and appropriately responding to individual residents' specific behaviours and triggers for distress or agitation.

~~7.5.~~ Sound communication and interpersonal skills in dealing respectfully with a range of residents who may not be able to make the decisions about the personal care and other support they require and their families.

~~8.6.~~ Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.

~~9.7.~~ Capability to organise and re-prioritise work as situation requires scheduled times.

In addition:

Personal care work requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake work that may involve applying:

1. Knowledge and skills to undertake intimate bodily personal care with frail aged residents, while maintaining residents' dignity and maintaining residents' and employees' health and safety.

RAO work requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake work that may involve applying:

1. Knowledge and skills to identify and work with other bodies and community organizations to provide for residents outside interest while maintaining residents' and employees' health and safety

General, administrative services and food services work ~~requires~~ requires employers to provide adequate on-the-job training to ensure

employees are able to undertake the work that may involve applying:

1. Good knowledge of infection control and prevention and food handling protocols.
2. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents and their families.
3. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.
4. -Capability to organise and prioritise work within scheduled times.

Food services work - requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake the work may involve applying:

1. Skills to undertake food services while maintaining residents' and own and other employees' health and safety.
2. Sound knowledge of the specific nutritional needs, cooking processes, and requirements of older adults and of individual residents.
3. Skills to prepare and cook all meals.

Admin/clerical work: requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake the work that may involve applying:

1. ~~a~~Administrative skills and arithmetic skills.

## **Work environment**

In the personal care stream, the work may involve:

1. Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of, hoists, and assisting residents in and out of wheelchairs, and with use of mobility aids such as walking frames, zimmer frames and other equipment.
2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence)~~and matter~~.
3. Emotional demands such as from residents and residents' families, including communicating with residents with mild or moderate cognitive decline, experiencing verbal or

physical aggression ~~and~~ and/or experiencing death of residents.

In the general, administrative and food services stream, the work may involve:

1. Physical effort in cleaning, laundry and kitchen work and in the use of equipment such as vacuum cleaners, industrial washing machines, polishers and kitchen equipment.
2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids (including faecal and urinary incontinence).
3. Emotional demands such as from residents and residents' families, including communicating with residents with cognitive decline, experiencing verbal or physical aggression and/or experiencing death of residents.

### **Level 5 Senior Personal Care & General streams**

#### **Description of work**

Personal care work:

Provision of person-centred care to a diverse range of frail dependent older adults in a residential aged care facility, including those with moderate physical incapacity and/or frailty or moderate to profound dementia who do not have the capacity to make decisions about their care. The work:

1. May include a range of advanced personal care and support such as at Level 4.
2. May include the administration of medication (where appropriate training has been completed and competency verified).
3. Requires documentation of care provided and resident condition.
4. Provision of support, induction and mentoring in domains of personal and clinical care to new workers and other workers as required.

Recreational /life style activities (RAO) work:

1. Devise and run provide person-centred recreational or life style activities in a residential aged care facility on an individual and group basis, including for those with moderate physical

incapacity and/or frailty or moderate to profound dementia.

2. Organise logistics, equipment and supplies for recreational /lifestyle activities.

3. May involve liaising with external bodies to facilitate meeting residents' outside interests.

General, senior administrative & food services:

1. -Supports the provision of person-centred care to a diverse range of frail dependent older adults in a residential aged care facility.
2. Provision of support, induction and mentoring of new staff as required.

## Qualifications and experience

Personal care ~~work~~/RAO work:

1. A relevant Certificate III qualification and/or equivalent knowledge, skills and experience.
2. May be required to hold a first aid certificate.

Personal care work:

1. ~~w~~Where required to assist residents with medication the employee must hold the relevant unit of competency.
2. On-the-job training in mentoring and supporting other employees.

RAO work (qualified):

1. May be required to hold a senior first aid certificate.

General, administrative services and food services work:

1. ~~f~~Formal qualifications, including trade certification, and/or relevant skills training and experience in the aged care industry.

## Accountability and extent of authority

Personal care /RAO work:

1. The work may involve a substantial level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with residents' including those who do not have the capacity to make decisions about their care.
2. The work may involve accountability for the proficient training, supporting and mentoring new and other care staff as required.

3. The work may involve accountability for closely monitoring and reporting any changes in residents' condition or circumstances to supervisor

### Judgment and decision-making

1. The work requires Hhigh level situational judgement in adjusting care and support to the specific needs of each resident.
2. The work may involve the immediate resolution of serious problems that relate to the provision of personal care and support and other services and recognising and dealing promptly with emergency situations.

### Specialist knowledge and skills

Personal care /RAO work requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake the work that may involve applying:

- ~~1. Knowledge and skills to undertake intimate bodily personal care to frail aged residents, while maintaining residents' and employees' health and safety.~~
- ~~2.1.~~ Knowledge of medical conditions associated with aging and performance of clinical procedures, ~~and~~ in working with residents with chronic health conditions, and/or after discharge from hospital.
4. ~~K~~Good knowledge of hygiene practice, infection control and prevention.
5. High-level relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.
6. Knowledge and skills to work empathetically with residents with moderate to profound cognitive impairment, (including dementia), including understanding and appropriately responding to individual clients' specific behaviours and triggers for distress or agitations~~such as the skills to understand and de-escalate situations in which residents may become distressed or agitated.~~
7. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents who may not be able to make the decisions about the personal care and other support they require, and their families.
8. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the

maintenance of residents' dignity and confidentiality.

9. Capability to organise and re-prioritise work as situation requires scheduled times.

In addition personal care work equires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake work that may involve applying:

1. Knowledge and skills to undertake intimate bodily personal care and clinical procedures such as PEG feeding and changing catheters, with frail aged residents, while maintaining residents' dignity and maintaining residents' and employees' health and safety.
2. Knowledge of inducting and assisting other aged care employees acquire relevant skills.

General, administrative services and food services work requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake: ~~the~~ work that may involve applying:

1. Good knowledge of infection control and prevention and food handling protocols.
2. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents and their families.
3. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.
4. -Capability to organise and prioritise work within scheduled times.

Food services work requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake- ~~the~~ work that may involve applying:

1. Skills to undertake food services while maintaining residents' and own and other employees' health and safety.
2. Sound knowledge of the specific nutritional needs, cooking processes, and requirements of older adults and of individual residents.
3. Skills to prepare and cook all meals.
4. Capability to manage the daily operations of the kitchen, including monitoring/managing stock levels, and maintaining quality control.

Admin/clerical work requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake—the work that may involve applying:

1. ~~w~~Well-developed arithmetic skills and a comprehensive knowledge of medical terminology and/or a working knowledge of health insurance and aged care systems.

#### **Work environment**

In the personal care stream, the work may involve:

1. ~~p~~Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of hoists, and in assisting residents in and out of wheelchairs and transport, and with the use of mobility aids such as walking frames and other equipment, and other household equipment.
2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence)and matter.
3. Emotional demands such as from residents and residents' families, including residents with moderate to profound cognitive decline, experiencing verbal or physical aggression from residents or residents' families and/or experiencing death of ~~elient~~/residents.

In the general, administrative and food services stream, the work may involve:

1. Physical effort in cleaning, laundry and kitchen work and in the use of equipment such as vacuum cleaners, industrial washing machines, polishers and kitchen equipment.
2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids (including faecal and urinary incontinence).
3. Emotional demands such as from residents and residents' families, including communicating with residents with cognitive decline, experiencing verbal or physical aggression and/or experiencing death of residents.

### **Level 6 Specialist Personal Care /Senior RAO/Senior Chef/Advanced Tradesperson**

#### **Description of work**

Personal care work:

Provision of person-centred care to a diverse range of frail dependent older adults in a residential aged care facility, including those



requiring additional assistance and support due to moderate to severe physical incapacity, moderate to profound dementia, and/or moderately severe to profound cognitive decline. The work:

1. May include provision of a range of advanced personal care and support such as at Levels 4 and 5 as well as in domains of specialised practice such as working with residents in a dementia unit, palliative care, and/or the household model of care.
2. Requires documentation of care provided and resident condition.
3. Provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.

Recreational /life style activities (RAO) work:

1. Devise and run provide person-centred recreational or life style activities on an individual and group basis **in a residential aged care facility**, including for those requiring additional assistance and support due to moderate to severe physical incapacity, moderate to profound dementia, and/or moderately severe to profound cognitive decline.
2. Organise logistics including transport, equipment and supplies for recreational/lifestyle activities.
3. May involve liaising with external bodies to facilitate meeting residents' outside interests.

Advanced trades ~~&~~and food services work:

1. Supports the provision of person-centred care to a diverse range of frail dependent older adults in a residential aged care facility.
2. Provision of support, induction and mentoring of new and other staff, as required.

## **Qualifications and experience**

Personal care work:

1. May require a relevant Certificate IV qualification (or equivalent knowledge and skills).
2. Where work at this level requires the leading or supervising of others a relevant post-trade, Certificate IV or Diploma level training may be required.
3. May be required to hold a first aid certificate.

4. Specialist knowledge is in palliative care and dementia care, acquired through Cert IV and/or previous experience as a level 4 or 5 worker.
5. ~~W~~where required to assist residents with medication must hold the relevant unit of competency.
6. On-the-job training in mentoring and supporting other employees in areas of specialist practice.

RAO work (qualified):

1. A relevant qualification and/or equivalent knowledge, skills and experience.
2. May be required to hold a senior first aid certificate.
3. Where work at this level requires the leading or supervising of others, relevant Certificate or Diploma level qualifications or on the job training may be required.

General, administrative services and food services work:

1. ~~m~~May require formal qualifications, including trade certification, and/or relevant skills training and experience in the aged care industry.

**Accountability and extent of authority**

Personal care and RAO work:

1. The work is performed with minimal direct supervision.
2. The work may involve a high level of autonomy, accountability and discretion in negotiating the services to be provided to residents with the residents themselves and/or with their family members, including with and for residents who do not have the capacity to make decisions about their care.
3. The work may involve accountability for the proficient training, supporting, mentoring personal care employees in areas of specialised practice.
4. The work may involve accountability for responding immediately to any reported changes in residents' condition or circumstances to supervisor.

**Judgment and decision-making**

1. The work requires ~~H~~high level situational judgement in adjusting care and support to the specific needs of each resident and in managing employees.
2. The work may involve the immediate resolution of serious problems that relate to the provision of personal care and support and other services for individual residents and

responding promptly to emergency situations.

**Specialist  
knowledge and  
skills**

Personal care /RAO work- ~~the~~ requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake work that may involve applying:

1. Knowledge of inducting and assisting other aged care employees acquire relevant skills, including in areas of specialist practice.
2. Knowledge and skills to undertake intimate bodily personal care to frail aged residents, while maintaining residents' and employees' health and safety.
3. Knowledge of medical conditions associated with aging and performance of clinical procedures, ~~and~~ in working with residents with chronic health conditions, and/or after discharge from hospital.
4. Good ~~K~~knowledge of hygiene practice, infection control and prevention.
5. High-level relationship-building skills to respond to, and communicate with, a diverse range of residents whilst maintaining professional boundaries.
6. Knowledge and skills to work empathetically with residents with moderate to profound cognitive impairment (including dementia) including understanding and appropriately responding to individual clients' specific behaviours and triggers for distress or agitation.
7. ~~Knowledge and skills in a specialist domain of practice, such as dementia care, palliative care or a household model of care.~~
8. High level communication and interpersonal skills in dealing respectfully with a range of residents and/or family members for residents who may not be able to make the decisions about the personal care and other support they require and their families.
9. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.

In addition, personal care work- ~~requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake work that may involve applying:~~

1. Knowledge and skills to undertake intimate bodily personal care and clinical procedures such as PEG feeding and changing catheters, with frail aged residents, while maintaining residents' dignity and maintaining residents' and employees' health and safety.

1.2. Knowledge of and performance of clinical procedures such as PEG feeding and the changing of catheters.

2.3. Knowledge and skills in a specialist domain of practice, such as dementia care, palliative care or a household model of care.

General, administrative services and food services work: requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake the work that may involve applying:

1. Good knowledge of infection control and prevention and food handling protocols.
2. Well-developed communication and interpersonal skills in dealing respectfully with a range of residents and their families.
3. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.
4. Capability to organise and prioritise work within scheduled times.

Food services work: requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake the work that may involve applying:

1. Skills to undertake food services while maintaining residents' and own and other employees' health and safety.
2. Sound knowledge of the specific nutritional needs, cooking processes, and requirements of older adults and of individual residents.
3. Skills to prepare and cook all meals.
4. Capability to manage the daily operations of the kitchen, including monitoring/managing stock levels, and maintaining quality control.
5. Assist to design, implement and review menus, in line with nutritional requirements.

Admin/clerical work requires employers to provide ongoing on-the-job training and support to ensure employees are able to undertake —the work that may involve applying:

1. Well-developed arithmetic skills and a comprehensive knowledge of medical terminology and/or a working knowledge of health insurance and aged care systems.

## **Work environment**

In the personal care stream, the work may involve:

1. Physical effort in showering /bathing/dressing residents including in confined spaces, in the use of hoists, and in assisting residents in and out of wheelchairs; and with the use of mobility aids such as walking frames and other equipment, and other household equipment.
2. Environmental conditions such as undertaking intimate body care and/or being exposed to unpleasant conditions such as such as bodily fluids (including faecal and urinary incontinence)and matter.
3. Emotional demands such as from residents and/or residents' families in respect of services provided, including residents with moderate to profound cognitive decline, experiencing verbal or physical aggression from residents or residents' families, and/or experiencing death of residents, and/or in providing dementia care, palliative care and/or a household model of care.

In the general, administrative and food services stream, the work may involve:

1. Physical effort in cleaning, laundry and kitchen work and in the use of equipment such as vacuums, industrial washing machines, polishers and kitchen equipment.
2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and the cleaning up of bodily fluids (including faecal and urinary incontinence).
3. Emotional demands such as from residents and residents' families, including communicating with residents with cognitive decline, experiencing verbal or physical aggression and/or experiencing death of residents.

In the food services stream, the work may involve:

1. Environmental conditions where work may involve unpleasant conditions such as high temperatures.

## **Level 7 Supervisor**

### **Description of work**

All streams: Provision of and support for the provision of person-centred care to a diverse range of frail dependent older adults in a residential aged care facility. The work includes:

1. Coordination and overall team management of employees in relevant stream.
2. Leadership, administration, training and rostering of relevant groups of employees.
3. Guidance, counselling and regular supervision of relevant employees.
4. Communication with and establishment of relationships with residents and residents' family members as required.
5. Coordination of resources and supervision and support of employees.
6. Assistance with the development of budgets, ordering consumables and routine stock items.

### **Qualifications and experience**

May require formal qualifications at Trade or Advanced-Diploma level and/or equivalent knowledge, skills and experience in the aged care industry and experience at Level 5 or 6.

### **Accountability and extent of authority**

All streams:

1. The work is capable of being performed autonomously with minimal oversight.
2. The work may involve a high level of autonomy, responsibility, accountability and discretion in the work of relevant employees.
3. Work at this level may involve the co-ordinating of resources and/or giving support to more senior employees or engaging in duties of a specialist nature.
4. Where the prime responsibility is for resource co-ordination, the freedom to act is governed by clear objectives and/or budgets with frequent prior consultation with more senior employees and a regular reporting mechanism to ensure adherence to plans.
5. The work may involve accountability for the quality, effectiveness, cost and timeliness of the programs, projects or work plans under their control, for the safety and security of the assets being managed and for the well-being of staff and residents.
6. The work may involve ensuring that groups of relevant

employees are trained in safe working practices and in the safe operation of equipment and are made aware of all occupational health and safety policies and procedures.

7. The work may involve accountability for the proficient management of relevant area of work, including the ongoing supervision of staff.

### **Judgment and decision-making**

1. While the objectives of the work are well defined, sound judgement is required in determining the particular method, technology, process or equipment to be used must be selected from a range of available alternatives.
2. The work may involve the resolution of complex or serious system problems that relate to the provision of good quality home-residential care services.
3. Where problems are of a complex or technical nature with solutions not related to previously encountered situations, some creativity and originality is required.

### **Specialist knowledge and skills**

The work may involve applying:

1. A thorough understanding of the relevant technology, procedures and processes used within the home-residential aged care service.
2. Sound knowledge of the function of the position within its organisational context, including relevant policies, regulations and precedents.
3. As required, the skills to provide direction, leadership and structured training or on-the-job training to supervised employees or groups of employees.
4. Sound skills in managing time, setting priorities and planning and organising one's own work and that of supervised employees so as to achieve specific and set objectives in the most efficient way possible within the resources available and within a set timetable.
5. An understanding of and capability to implement personnel policies and practices including those related to equal employment opportunity, relevant industrial relations regulation, occupational health and safety and employees' training and development.
6. The capability to gain co-operation and assistance from members of the public and other employees in the

performance of well-defined activities.

7. Sound written and documentation skills to write reports, as required, in the relevant field of expertise.
8. High level communication and interpersonal skills in dealing respectfully with a range of residents and/or family members for residents who may not be able to make the decisions about the personal care and other support they require.
9. High-level interpersonal skills to gain co-operation and assistance from residents, members of the public and other employees in the administration of defined activities and in the supervision and guidance of other employees or groups of employees.
10. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of residents' dignity and confidentiality.
11. Knowledge and application of the Aged Care Quality Standards relevant to the provision of home-residential aged care and the rights and duties of residents, providers and employees.
12. Capability to organise and re-prioritise services as required.

## Work environment

The work may involve:

1. Physical effort in assistance with, or training of employees in the use of mobility aids, hoists or in cleaning, laundry and kitchen equipment.
2. Environmental conditions where work may involve unpleasant conditions such as high temperatures and exposure to bodily fluids (including faecal and urinary incontinence).
- 1.3. Emotional demands such as from residents, residents' families and ~~relevant~~ employees in respect of services provided and the allocation of work.
- 2.4. Responding to, managing and, where required, reporting complaints from residents and/or their families about the quality of services provided



## **B2. Home care**

### **Level 1 Home care employee**

<b>Description of work</b>	Provision of person-centred care to a diverse range of frail dependent older adults in clients' private homes, who require basic social support and domestic assistance in line with care plans and who are all able to communicate and make decisions about the support they require.
<b>Qualifications and experience</b>	Less than three months' work experience in the aged care industry.
<b>Accountability and extent of authority</b>	<ol style="list-style-type: none"><li>1. The work is performed without direct in-person supervision.</li><li>2. The work is clearly defined in clients' care plans, requiring minimal employee discretion in the type of work to be performed.</li></ol>
<b>Judgment and decision-making</b>	<ol style="list-style-type: none"><li>1. <u>The work requires B</u>asic situational judgement and problem-solving skills to adapt to changes in specific needs of each client.</li><li>2. The work may involve the resolution of minor problems that directly relate to the provision of social support and domestic assistance for an individual client and in responding promptly with emergency situations.</li></ol>
<b>Specialist knowledge and skills</b>	<p>The work <u>requires employers to provide adequate on-the-job training to ensure employees are able to undertake work that</u> may involve applying:</p> <ol style="list-style-type: none"><li>1. Skills to undertake cleaning and other domestic support in private homes while maintaining clients' and employees' health and safety.</li><li>2. Knowledge of hygiene practice and basic infection control and prevention. Basic relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.</li><li>3. Sound communication and interpersonal skills in dealing respectfully with a range of clients who are all able to communicate and make decisions about the support they require, clients' families, members of the public, other health professionals, and other employees.</li></ol>

4. Adequate written documentation skills to update visits in clients' care plans.
5. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.

**Work environment**

The work may involve:

1. Physical effort in cleaning and in the use of household equipment such as vacuums-, in use of hoists, and in assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames.
2. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working in the community and other settings, being exposed to unpleasant conditions (including bodily fluids), uncomfortable temperatures.
3. Emotional demands such as from clients with limited or no other social support, experiencing verbal or physical aggression from clients or clients' families and/or dealing with the illness/ hospitalisation/death of clients.

**Level 2 Home care employee**

**Description of work**

Provision of person-centred care to a diverse range of frail dependent older adults in clients' private homes, who require basic personal care, such as assistance with dressing and /or showering, social support and domestic assistance in line with care plans and who are all able to communicate and make decisions about the personal care and support they require.

**Qualifications and experience**

1. eEntry level for provision of personal care work: up to six months or more work experience in the aged care industry.
2. Specific on-the-job training and/or relevant skills training or experience.

**Accountability and extent of authority**

1. The work is performed without direct in-person supervision.
2. The work is clearly defined in clients' care plans and requires a basic level of employee responsibility, accountability and discretion in negotiating how it is to be undertaken with clients.

3. The work may involve the monitoring and reporting of any changes in clients' social, emotional and clinical status or circumstances to supervisor.

**Judgment and decision-making**

1. The work requires Basic situational judgement and problem-solving skills to adapt to changes in the specific needs of each client.
2. The work may involve the resolution of minor problems that relate to the provision of personal care, social support and domestic assistance in accordance with clients' care plans and dealing promptly with emergency situations.

**Specialist knowledge and skills**

~~The work may involve applying~~ The work requires employers to provide adequate on-the-job training to ensure employees are able to undertake work that may involve applying:

1. Knowledge and skills to undertake personal care, such as assistance with dressing and showering as well as cleaning and other domestic support in private homes while maintaining clients' dignity and maintaining clients' and employees' health and safety.
2. Good Knowledge of hygiene practices and basic infection control and prevention.
3. Moderate relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.
4. Sound communication and interpersonal skills in dealing respectfully with a range of clients who are all able to make the decisions about the personal care and other support they need, clients' families, members of the public, other health professionals, and other employees.
5. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.
6. Capability to organise and prioritise work within allotted time.
7. Written documentation skills to update visits in clients' care plans.

**Work environment**

The work may involve:

1. Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering //bathing/dressing clients including in confined spaces, in the

use of hoists, and in assisting clients in and out of wheelchairs and with use of mobility aids such as walking frames.

2. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed ~~to unpleasant conditions,~~ uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence).
3. Emotional demands such as from clients who lack social contact, experiencing verbal or physical aggression from clients or clients' families and/or dealing with illness /hospitalisation/ death of clients.

### **Level 3 Home care employee**

#### **Description of work**

1. Provision of person-centred care to a diverse range of frail dependent older adults in clients' private homes, including with those who may have physical incapacity and/or mild cognitive impairment but have the capacity to ~~do~~ make decisions about their care.
2. The work may involve a range of personal care and support such as: intimate personal care, personal hygiene, toileting, assistance with fitting and removal of aids and appliances, monitoring taking of medication, social and emotional support, assistance with communication, preparation and assistance with meals, and domestic assistance in line with clients' care plans.

#### **Qualifications and experience**

1. A relevant Certificate III qualification (or equivalent knowledge and skills gained from experience working in the aged care industry). If an employee holds a relevant Certificate III they must be classified no lower than this level.
2. May hold a first aid certificate

#### **Accountability and extent of authority**

1. The work is performed without direct in-person supervision.
2. The work involves a medium level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with clients, ~~including with those who may not have the capacity to make~~

~~decisions about their care.~~

### Judgment and decision-making

3. The work may involve accountability for monitoring and reporting any changes in clients' clinical, social and emotional status or circumstances to supervisor.
1. The work requires Moderate situational judgement in adjusting care and support to the specific needs of each client.
2. The work may involve the immediate resolution of minor problems that relate to the provision of personal care, support and domestic assistance in accordance with clients' care plans and recognising and knowing how to deal promptly with emergency situations.

### Specialist knowledge and skills

The work requires employers to provide adequate on-the-job training to ensure employees are able to undertake work that may involve applying:

1. Knowledge and skills to undertake intimate bodily personal care in private homes while maintaining clients' dignity and maintaining clients' and employees' health and safety.
2. Knowledge of medical conditions associated with aging and performance of clinical procedures in working with clients with chronic health conditions, and/or after discharge from hospital.
3. Good Knowledge of hygiene practices and infection control and prevention.
4. High-level relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.
5. Knowledge and skills to work empathetically dealing with clients with mild cognitive impairment including understanding and appropriately responding to individual clients' specific behaviours and triggers for distress or agitation.
6. Sound communication and interpersonal skills in dealing respectfully with a range of clients including those who may not be able to make the decisions about the personal care and other support they require, clients' families, members of the public, other health professionals, and other employees.
7. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the

maintenance of clients' dignity and confidentiality.

8. Capability to organise and re-prioritise work as situation requires within allotted time.
9. Written documentation skills to update visits in clients' care plans.

### **Work environment**

The work may involve:

1. Physical effort in cleaning and in the use of household equipment such as vacuums, and in showering /bathing /dressing clients including in confined spaces, in the use of hoists, and in assisting clients in and out of wheelchairs, and with use of mobility aids such as walking frames.
2. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed to unpleasant conditions, uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including faecal and urinary incontinence).
3. Emotional demands such as from clients and clients' families, including communicating with clients with mild cognitive impairment, experiencing verbal or physical aggression from clients or clients' families and/or dealing with illness/ hospitalisation/death of clients.

### **Level 4 Senior home care employee**

#### **Description of work**

1. Provision of person-centred care to a diverse range of frail dependent older adults in clients' private homes, including those requiring additional assistance and support due to physical incapacity and /or frailty and/or cognitive decline, including those who may not have the capacity to make decisions about their care.
2. The work may involve a range of advanced personal care and support such as: intimate personal care, assisting clients to take medications, provision of social and emotional support in line with client's care plans.
3. The work may involve the provision of support, induction and mentoring in domains of personal care to new workers and other workers as required, such as in the use of hoists, catheters and

PEG feeding.-

	<ol style="list-style-type: none"><li>4. The work may involve contribution to changes to clients' care plans.</li></ol>
<b>Qualifications and experience</b>	<ol style="list-style-type: none"><li>1. A relevant Certificate III qualification (or equivalent knowledge and skills) and <u>at least</u> one year's experience as a level 3 <del>worker</del><u>employee</u>.</li><li>2. Where required to assist clients with medication, may hold the relevant unit of competency.</li><li>3. <u>M</u>ay involve on-the-job training in mentoring and supporting other home care workers.</li><li>4. May hold a first aid certificate.</li></ol>
<b>Accountability and extent of authority</b>	<ol style="list-style-type: none"><li>1. The work is performed without direct in-person supervision.</li><li>2. The work involves a high level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with clients, including those who do not have the capacity to make decisions about their care.</li><li>3. The work may involve accountability for the training, supporting and mentoring of new and other staff as required.</li><li>4. The work may involve accountability for monitoring and reporting any changes in clients' clinical, social and emotional status or circumstances to supervisor</li></ol>
<b>Judgment and decision-making</b>	<ol style="list-style-type: none"><li>1. <u>The work requires</u> High level situational judgement in adjusting care and support to the specific needs of each client.</li><li>2. The work may involve the immediate resolution of moderate problems that relate to the provision of personal care, support and domestic assistance in accordance with clients' care plans and recognising and knowing how to deal promptly with emergency situations.</li></ol>
<b>Specialist knowledge and skills</b>	<p>The work <u>requires employers to provide adequate on-the-job training to ensure employees are able to undertake work that</u> may involve applying:</p> <ol style="list-style-type: none"><li>1. Knowledge and skills to induct and support other home care employees acquire relevant skills.</li><li>2. Knowledge and skills to undertake intimate bodily personal care, in private homes while maintaining clients' dignity and</li></ol>

maintaining clients' and employees' health and safety.

3. Knowledge of medical conditions associated with aging and performance of clinical procedures, and skills in working with clients with chronic health conditions, and/or after discharge from hospital.
4. ~~Good K~~nowledge of hygiene practices and infection control and prevention.
5. High-level relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.
6. Knowledge and skills in dealing empathetically with clients with moderate cognitive impairment, ~~(including dementia),~~ including understanding and appropriately responding to individual clients' specific behaviours and triggers for distress or agitation.
7. Sound communication and interpersonal skills in dealing respectfully with a range of clients including those who may not be able to make the decisions about the personal care and other support they require, clients' families, members of the public, other health professionals, and other employees.
8. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.
9. Capability to organise and re-prioritise work as situation requires within allotted time.
10. Written documentation skills to update visits in clients' care plans.

## **Work environment**

The work may involve:

1. Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs, and other household equipment.
2. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed to ~~unpleasant conditions,~~ uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids (including



faecal and urinary incontinence).

3. Emotional demands such as from clients and clients' families, including communicating with clients with moderate cognitive impairment, experiencing verbal or physical aggression from clients or clients' families and/or dealing with illness/hospitalisation/death of clients.

### **Level 5 Specialist home care employee**

#### **Description of work**

1. Provision of person-centred care to a diverse range of frail dependent older adults in clients' private homes, including those requiring additional assistance and support due to moderate to severe physical incapacity, moderate to profound dementia, and/or moderately severe to profound cognitive decline and/or end of life care.
2. The work may require a range of advanced personal care and support such as at Level 4 as well as in areas or domains of specialised practice such as communicating with clients with moderate to profound dementia and assisting with end of life care.
3. The work may involve the provision of support, induction and mentoring in domains of specialised practice to new workers and other workers as required.
4. The work may involve contribution to the development of, and changes to, clients' care plans.

#### **Qualifications and experience**

1. A relevant Certificate IV qualification (or equivalent knowledge and skills in dementia care and palliative care) and previous experience as a level 4 ~~worker~~employee.
2. May involve on-the-job training in mentoring and supporting other home care workers.
3. May hold a first aid certificate.

#### **Accountability and extent of authority**

1. The work is performed without direct in-person supervision.
2. The work involves a high level of employee responsibility, accountability and discretion in negotiating how care and support is to be undertaken with clients, including those who do not have the capacity to make decisions about their care.
3. The work may involve accountability for the proficient training, supporting and mentoring of new and other staff in

areas of specialised practice as required.

4. The work may involve accountability for closely monitoring and reporting any changes in clients' clinical, social and emotional status or circumstances to supervisor.

### Judgment and decision-making

1. The work requires Hhigh level situational judgement in adjusting care and support to the specific needs of each client.
2. The work may involve the immediate resolution of serious problems that relate to the provision of personal care, support and domestic assistance in accordance with clients' care plans and recognising and knowing how to deal promptly with emergency situations.

### Specialist knowledge and skills

The work requires employers to provide adequate on-the-job training to ensure employees are able to undertake work that may involve applying:

1. Knowledge and skills to induct and assist other home care employees acquire relevant skills.
2. Knowledge and skills to undertake intimate bodily personal care, in private homes while maintaining clients' dignity and maintaining clients' and employees' health and safety.
3. Knowledge of medical conditions associated with aging and performance of clinical procedures, skills in working with clients with chronic health conditions, and/or after discharge from hospital.
4. Knowledge and skills in a specialist domain of practice, such as dementia care or palliative care.
5. Good Kknowledge of hygiene practices and infection control and prevention.
6. High-level relationship-building skills to respond to, and communicate with, a diverse range of clients whilst maintaining professional boundaries.
7. Knowledge and skills in working empathetically with clients with moderate to profound cognitive impairment, including dementia, including understanding and appropriately responding to individual clients' specific behaviours and triggers for distress or agitation, such as the skills to understand and de-escalate situations in which clients may become distressed or agitated.

8. High level communication and interpersonal skills in dealing respectfully with a range of clients who may not be able to make the decisions about the personal care and other support they require, clients' families, members of the public, other health professionals, and other employees.
9. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.
10. Capability to organise and re-prioritise work as situation requires within allotted time.
11. Written documentation skills to update visits in clients' care plans.

### **Work environment**

The work may involve:

1. Physical effort in cleaning and in the use of household equipment such as vacuums, showering /bathing/dressing clients including in confined spaces, in the use of hoists, wheelchairs and other household equipment.
2. Environmental conditions including working in private homes where family members and animals may also be present, transporting clients in vehicles, working the community and other settings, being exposed to ~~unpleasant conditions,~~—uncomfortable temperatures, undertaking intimate body care and/or being exposed to unpleasant conditions such as bodily fluids, (including faecal and urinary incontinence).
3. Emotional demands such as from clients and clients' families, including clients with moderate to profound cognitive decline, experiencing verbal or physical aggression from clients or clients' families and/or providing end of life care and/or dealing with illness/hospitalisation/death of clients.

### **Level 6 Home Care Supervisor**

#### **Description of work**

1. Organising the Provision of person-centred care to a diverse range of frail dependent older adults in clients' private homes.
2. The work may involve leadership, administration, training and rostering of home care employees.
3. The work may involve guidance, counselling and regular supervision of direct home care employees.
4. The work may involve communication and establishment of

relationships with clients and family members as required.

5. The work may involve assistance with the development of budgets, ordering consumables and routine stock items.
6. The work may involve case management of services provided to individual clients.
7. The work may involve development of individual client care plans and oversight of domestic, social support and personal care service provision.

### **Qualifications and experience**

1. A relevant Certificate III or IV qualification (or equivalent knowledge and skills) and/or previous experience as a level 4 or 5 ~~worker~~employee.
2. May involve on-the-job training in the administration of home care services, and in training, rostering, supporting and providing regular supervision to home care employees.
3. May hold a first aid certificate.

### **Accountability and extent of authority**

1. The work is performed under limited direct supervision.
2. The work involves a high level of employee responsibility, accountability and discretion in negotiating the aged care services to be provided to clients with the clients themselves and/or with their family members, including with and for clients who do not have the capacity to make decisions about their care.
3. The work may involve accountability for the proficient training, supporting, mentoring and on-going supervision of care staff.
4. The work may involve accountability for responding immediately to any reported changes in client's status or circumstances to supervisor.

### **Judgment and decision-making**

1. The work requires High level situational judgement in adjusting care and support to the specific needs of each client and in managing home care employees.
2. The work may involve the immediate resolution of serious problems that relate to the provision of personal care, support and domestic assistance for individual clients and responding promptly to emergency situations.

## Specialist knowledge and skills

The work may involve applying:

1. The capability to gain co-operation and assistance from members of the public and other employees in the performance of well-defined activities.
2. Sound written and documentation skills to write reports, as required, in their field of expertise.
3. Good management skills in working with home care employees.
4. Sound knowledge of the skills required in the delivery of home care services in the Australian aged care system.
5. Sound knowledge of the programs in the Australian aged care system, their funding and reporting requirements and their needs assessment and means testing of clients/~~residents~~.
6. Sound financial and budgeting skills in establishing care plans within the constraints of the level of home care funding allocated to clients.
7. High level communication and interpersonal skills in dealing respectfully with a range of clients and/or family members of clients who may not be able to make the decisions about the personal care and other support they require, members of the public, other health professionals, and other employees.
8. Knowledge of relevant industrial instruments and their provisions in the rostering and allocation of home care employees.
9. Knowledge and skills in training and providing supportive supervision to home care employees.
10. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.
11. Knowledge and application of the Aged Care Quality Standards relevant to the provision of home care and the rights and duties of clients, providers and employees.
12. Capability to organise and re-prioritise home care services as required.

## Work environment

The work may involve:

1. Environmental conditions including visiting clients in private homes where family members and animals may also

be present, working in the community and other settings, being exposed to uncomfortable temperatures, being exposed to unpleasant conditions such as bodily fluids, (including faecal and urinary incontinence).

4.2. Emotional demands such as from clients and/or clients' families in respect of home care services allocated, including in respect of clients with moderate to profound cognitive impairment; experiencing verbal or physical aggression from clients or clients' families.

## **Level 7 Care Coordinator**

### **Description of work**

1. Organisation and management of the Provision of person-centred care to a diverse range of frail dependent older adults in clients' private homes.
2. The work ~~may~~involves coordination and overall management of a home care service.
3. The work may involve coordination of resources and support of home care supervisors/team leaders which may involve guidance and counselling.
4. The work may involve reporting as required to the Commonwealth.
5. The work may be responsible for the development of budgets, and for management of ordering consumables and stock items.

### **Qualifications and experience**

A relevant Diploma/substantial progress towards an Advanced Diploma or Degree with or equivalent knowledge and relevant skills, and experience in the aged care industry.

### **Accountability and extent of authority**

1. The work is performed under minimal direct supervision.
2. The work involves a high level of employee responsibility, accountability and discretion in managing a home care service.
3. Work at this level may involve co-ordinating resources and/or giving support to more senior employees or engaging in duties of a specialist nature.
4. Where the prime responsibility is for resource co-ordination, the freedom to act is governed by clear objectives and/or budgets with frequent prior consultation with more senior employees and

a regular reporting mechanism to ensure adherence to plans.

5. The work may involve accountability for the quality, effectiveness, cost and timeliness of the programs, projects or work plans under their control, for the safety and security of the assets being managed and for the well-being of staff and clients.
6. The work may involve ensuring that all employees in the home care service are trained in safe working practices and in the safe operation of equipment and are made aware of all occupational health and safety policies and procedures.
7. The work may involve accountability for the proficient management of the home care service including the ongoing supervision of home care team leaders/supervisors.

**Judgment and decision- making**

1. While the objectives of the work are well defined, sound judgement is involved in determining the particular method, technology, process or equipment to be used must be selected from a range of available alternatives.
2. The work may involve the resolution of complex or serious system problems that relate to the provision of good quality home care services.
3. Where problems are of a complex or technical nature with solutions not related to previously encountered situations, some creativity and originality is required.

**Specialist knowledge and skills**

The work may involve the application of:

1. A thorough understanding of the relevant technology, procedures and processes used within the home care service, including the skills required in the delivery of home care services in the Australian aged care system.
2. Sound knowledge of the function of the position within its organisational context including relevant policies, regulations and precedents.
3. As required, the skills to provide direction, leadership and structured training or on-the-job training to supervised employees or groups of employees.
4. Sound skills in managing time, setting priorities and planning and organising one's own work and that of supervised employees so as to achieve specific and set objectives in the

most efficient way possible within the resources available and within a set timetable.

5. An understanding of and capability to implement personnel policies and practices including those related to equal Employment opportunity, relevant industrial relations regulation, occupational health and safety and employees' training and development.
6. The capability to gain co-operation and assistance from members of the public and other employees in the performance of well-defined activities.
7. Sound written and documentation skills to write reports, as required, in their field of expertise.
8. High level communication and interpersonal skills in dealing respectfully with a range of clients and/or family members of clients who may not be able to make the decisions about the personal care and other support they require, members of the public, other health professionals, and other employees.
9. Knowledge and observance of the Charter of Aged Care Rights and the Code of Conduct for Aged Care and the maintenance of clients' dignity and confidentiality.
10. Sound knowledge of the programs in the Australian aged care system, their funding and reporting requirements and their needs assessment and means testing of clients.
11. Knowledge and application of the Aged Care Quality Standards relevant to the provision of home care and the rights and duties of clients, providers and employees.

## **Work environment**

The work may involve:

1. Emotional demands such as from clients, clients' families, and home care employees in respect of home care services being provided; and
2. Responding to, managing and, where required, reporting complaints from clients and/or their families and home care employees about the quality of services provided.



## Annexure B: Overview of proposed amendments to classification structure using Metals Framework anchor points

### Comparison of proposed residential care classification structures in Aged Care Award

	HSU's proposed classification structure	Charlesworth and Meagher proposed classification structure
Residential Care Level 1	C13	C13
Residential Care Level 2	C12	C12
Residential Care Level 3	C11	C11
Residential Care Level 4	C10	C10
Residential Care Level 5 (Senior)	C7	C8
Residential Care Level 6 (Specialist)	C5	C6
Residential Care Level 7 (Supervisor)	C2(a)	C4

### Comparison of proposed home care stream classification structures in Aged Care Award

	HSU's proposed classification structure	Charlesworth and Meagher proposed classification structure
Home Care Level 1	C13	C13
Home Care Level 2	C11	C11
Home Care Level 3	C10	C10
Home Care Level 4 (Senior)	C8	C8
Home Care Level 5 (Specialist)	C6	C6
Home Care Level 6 (Supervisor)	C4	C4
Home Care Level 7 (Care Coordinator)	C2(a)	C2(a)

**Aged Care Award: Proposed classification structure for residential and home care work** based on Schedule A.3 Classification Structure in *Manufacturing and Associated Industries and Occupations Award 2020 (Metals Framework)*

<b>'Anchoring' skill levels and qualifications or equivalent in Metals Framework</b> Indicative work		<b>Residential care</b> Indicative work	<b>Indicative qualifications and experience in aged care</b>	<b>Home care</b> Indicative work	<b>Indicative qualifications and experience in aged care</b>
C2(a)	Advanced Diploma or equivalent Principal Supervisor/Trainer/Coordinator	N/A		<b>Level 7</b> Care Coordinator Organisation and management of a home care service	A relevant Advanced Diploma and/or equivalent knowledge and relevant skills and experience in the aged care industry.
C4	Progress towards Advanced Dip or equivalent Planning of operations, staffing, scheduling	<b>Level 7</b> Supervisor Administration of services in relevant stream; training, rostering, supporting and providing supervision to employees	All streams: Formal qualifications at trade or Diploma level and/or equivalent specialist knowledge, skills and experience including at Level 5 or 6.	<b>Level 6</b> Supervisor Administration of services; training, rostering, supporting and providing supervision to employees	Formal qualifications at trade or Diploma level and/or equivalent specialist knowledge, skills and experience including at Level 4 or 5.
C5	Diploma or equivalent Judgement and skill in excess of C6; Provides technical guidance	N/A		N/A	
C6	Advanced Trade or equivalent Undertakes quality control and work organisation above C7 level	<b>Level 6</b> Personal care: Specialist knowledge in palliative care, dementia care, household model of care; leading and supervising of others Food services: Assist design, implement and review menus, in line with nutritional requirements	All streams: Cert IV or equivalent and or experience at levels 4/5	<b>Level 5</b> Specialist Care: range of advanced personal care including with clients with moderate/profound dementia and assisting with end-of-life care.	Cert IV or equivalent, specialist knowledge and skills in dementia care and palliative care, and previous experience as a level 4 employee;

<b>'Anchoring' skill levels and qualifications or equivalent in Metals Framework</b> Indicative work		<b>Residential care</b> Indicative work	<b>Indicative qualifications and experience in aged care</b>	<b>Home care</b> Indicative work	<b>Indicative qualifications and experience in aged care</b>
C7	Certificate IV or equivalent	N/A		N/A	
C8	C10 + 40% towards a Diploma or equivalent Provides guidance and assistance as part of a team and training in conjunction with supervisors	<b>Level 5</b> Senior personal care: including training in on-the job mentoring and support RAO: Devise and run person-centred recreation and liaise with external bodies Food services: manage daily kitchen operations, manage stock levels, maintain quality control	Personal Care/RAO: Cert III or equivalent General/admin/food services: Formal qualifications or relevant skills training and experience	<b>Level 4</b> Senior care: induction, on-the job mentoring training and support to other employees	Cert III or equivalent and at least one year's experience at level 3 employee
C10	Cert III or equivalent	<b>Level 4</b> Personal care: provision of advanced personal care and support Food services: Sound knowledge of specific nutritional needs, cooking processes, and requirements	Personal Care/RAO: Cert III or equivalent General/admin/food services: formal qualifications/relevant skills training in aged care industry	<b>Level 3</b> Personal care: including intimate personal care and hygiene, assistance with aid and appliance fitting/ removal, social and emotional support	Cert III or equivalent applying knowledge, skills and experience

<b>'Anchoring' skill levels and qualifications or equivalent in Metals Framework</b> Indicative work		<b>Residential care</b> Indicative work	<b>Indicative qualifications and experience in aged care</b>	<b>Home care</b> Indicative work	<b>Indicative qualifications and experience in aged care</b>
C11	Certificate II or equivalent to perform work at scope of this level	<b>Level 3</b> Personal care: range of individualised personal care and support Entry level RAO: Clerical work: range of basic clerical functions within established routines methods and procedures	Personal Care: 6 months+ experience RAO: up to 6 months experience General/admin/food services: 6 months + experience General clerks: 1 year+ experience	<b>Level 2</b> Personal care entry level: including dressing and showering	Up to 6 months + experience Specific on-the job training
C12	Certificate II or equivalent to perform work at scope of this level	<b>Level 2</b> Entry level personal care  General/admin stream: adequate cleaning, laundry and food services skills	Personal Care: up to 6 months experience General/admin/food services: 3 months + experience		
C13	In-house training	<b>Level 1</b> General/admin stream only: basic cleaning, laundry and food services	No previous training required - less than 3 months experience in aged care	<b>Level 1</b> Entry level home care (no personal care); cleaning and domestic support	Less than 3 months experience
C14	Up to 38 hours induction training	NA		NA	Up to 38 hours induction training

**Annexure C**

<b>Classification title</b>	<b>Current rate</b>	<b>Classification level* in HSU's proposed determinations</b>	<b>HSU proposed internal relativities (C10=100)**</b>	<b>Charlesworth and Meagher proposed classification level</b>	<b>Charlesworth and Meagher proposed internal relativities<sup>#</sup></b>	<b>Charlesworth and Meagher proposed rates pre further work value adjustment</b>	<b>Change from current rates (Charlesworth and Meagher proposal)</b>	<b>Charlesworth and Meagher proposed rates with additional 10% work value adjustment</b>	<b>Change from current rates (Charlesworth and Meagher proposal + 10% further work value adjustment)</b>
Residential Care Level 1	\$1,047.60	C13	89%	C13	82%	\$1,047.60	0.0%	\$1,152.40	10.0%
Residential Care Level 2	\$1,089.00	C12	95%	C12	87%	\$1,116.60	2.5%	\$1,228.30	12.8%
Residential Care Level 3	\$1,130.90	C11	99%	C11	92%	\$1,180.50	4.4%	\$1,298.60	14.8%
Residential Care Level 4	\$1,144.20	C10	100%	C10	100%	\$1,277.60	11.7%	\$1,405.40	22.8%
Residential Care Level 5 (Senior)	\$1,183.00	C7	109%	C8	110%	\$1,405.40	18.8%	\$1,545.90	30.7%
Residential Care Level 6 (Specialist)	\$1,246.80	C5	115%	C6	125%	\$1,597.00	28.1%	\$1,756.70	40.9%
Residential Care Level 7 (Supervisor)	\$1,269.10	C2(a)	130%	C4	135%	\$1,724.80	35.9%	\$1,897.30	49.5%

\* The proposed classifications from the HSU and from Charlesworth and Meagher use those set out at Schedule A: A.3.1 in the Manufacturing and Associated Industries and Occupations Award 2020 (Metals framework hereafter).

\*\* The HSU proposals do not use relativities set out in Schedule a: A.3.1.

<sup>#</sup> Aligned to the relevant classification relativities in Schedule A: A.3.1 in the Metals framework.

<b>Classification title</b>	<b>Current rates*</b>	<b>Proposed classification level (HSU and Charlesworth &amp; Meagher)**</b>	<b>HSU proposed internal relativities (C10=100)#</b>	<b>HSU proposed rates pre further work value adjustment</b>	<b>Charlesworth and Meagher proposed internal relativities##</b>	<b>Charlesworth and Meagher proposed rates pre further work value adjustment</b>	<b>Change from current rates (Charlesworth and Meagher proposal)</b>	<b>Proposed work further value adjustment</b>	<b>Charlesworth and Meagher proposed rates with additional work value adjustment</b>	<b>Change from current rates (Charlesworth and Meagher proposal + 10% further work value adjustment)</b>
Home Care Level 1	\$1,059.90	C13	89%	\$1,059.90	82%	\$1,059.90	0.0%	10%	\$1,165.90	10%
Home Care Level 2	\$1,125.00	C11	99%	\$1,179.00	92%	\$1,194.40	6.2%	10%	\$1,313.80	16.8%
Home Care Level 3	\$1,144.20	C10	100%	\$1,190.90	100%	\$1,292.60	13.0%	10%	\$1,421.90	24.3%
Home Care Level 4 (Senior)	\$1,179.50	C8	106%	\$1,262.40	110%	\$1,421.90	20.6%	10%	\$1,564.10	32.6%
Home Care Level 5 (Specialist)	\$1,248.40	C6	115%	\$1,369.50	125%	\$1,615.80	29.4%	10%	\$1,777.40	42.4%
Home Care Level 6 (Supervisor)	\$1,273.30	C4	120%	\$1,429.10	135%	\$1,745.00	37.0%	10%	\$1,919.50	50.8%
Home Care Level 7 (Care Coordinator)	\$1,364.85	C2(a)	130%	\$1,548.20	150%	\$1,938.90	42.1%	10%	\$2,132.80	56.3%

\* For current levels 2 and 7, which each have two pay points, the midpoint has been calculated.

\*\* The proposed classifications from the HSU and from Charlesworth and Meagher use those set out at Schedule A: A.3.1 in the Manufacturing and Associated Industries and Occupations Award 2020 (Metals framework hereafter).

# The HSU proposals do not use relativities set out at A.3.1.

## Aligned to the classification relativities in A.3.1 in the Metals framework.

# Annexure D



Our Ref: ALG/5506404 (650)  
Your Ref:  
Direct Tel: 02 8267 0948  
Direct Fax: 02 9261 3318  
Direct Email: IRadonic@mauriceblackburn.com.au

13 October 2023

Professor Sara Charlesworth  
Professor Emerita  
RMIT University  
124 La Trobe Street  
Melbourne VIC 3000  
By Email: [REDACTED]

Professor Gabrielle Meagher  
Macquarie School of Social Sciences  
Macquarie University  
NSW 2109 AUSTRALIA  
By Email: [REDACTED]

**Maurice Blackburn Pty Limited**  
ABN 21 105 657 949  
Level 32, 201 Elizabeth Street  
Sydney NSW 2000  
PO Box A266, Sydney South NSW 1235  
DX 13002 Sydney Market Street  
T (02) 9261 1488  
F (02) 9261 3318  
  
mauriceblackburn.com.au

Dear Professor Charlesworth and Professor Meagher

## **AM2020/99, AM 2021/65 - Work Value Case - Aged Care Award, Social, Community, Home Care and Disability Services Industry Award and the Nurses Award**

1. We refer to the above proceeding which arises out of applications to amend the *Aged Care Award (Residential Award)*, the *Social, Community, Home Care and Disability Services Industry Award (SCHADS Award)* and the *Nurses Award* (together, **the Applications**).
2. We continue to act for the Health Services Union (**HSU**) and various individual applicants in relation to these proceedings.
3. We have previously provided you with copies of the Applications.

### **Documents**

4. We **enclose** copies of the draft determinations filed by the HSU (**HSU Determinations**), containing its proposed amendments to the Residential Award, and the SCHADS Award in respect of workers in the aged care sector (**Tab 1**).

### **Request for Supplementary Report**

5. We request that you prepare a Supplementary Report, in relation to the HSU Determinations.
6. In your Supplementary Report, informed by the reports you have previously provided in these proceedings, your knowledge and experience of the history of the awards and the industries in which they operate, the work performed by the workers in the

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Northern Territory and South Australia.

classifications in the determinations, and having regard to the factors in subsection 134(1) of the *Fair Work Act* 2009 which are enclosed at **Tab 2**, we ask that you provide your expert opinion on the following:

- (a) The proposed changes to the pay and classification structure for both residential aged care employees and home care employees in the Residential Award Determination? Please provide your reasons for your opinion of the proposed changes.
  - (b) Any advantages and disadvantages of having a separate classification of Senior Personal Care Worker, as proposed in the HSU Determinations?
  - (c) Any advantages or disadvantages of including the administration of medication as a skill exercised by workers at the proposed classification of Senior Personal Care Worker at Grade 5? If so, what are they?
  - (d) Whether the administration of medication is better compensated for by an allowance as proposed by the Joint Employers? Please explain why this is your opinion.
  - (e) Any advantages and disadvantages in having a separate classification of Specialist Care Worker as proposed in the Residential Award Determination?
  - (f) Whether the additional duties to be performed by workers at the proposed Specialist Care Worker classification, are better compensated for by an allowance as proposed by the Joint Employers? Please explain why this is your opinion.
7. In preparing the Supplementary Report, you are required to read and ensure the Supplementary Report complies with the following documents which are **enclosed**:
- (a) the Expert Witness Code of Conduct (**Tab 3**); and
  - (b) Rule 23.13 of the Federal Court Rules (**Tab 4**).
8. Accordingly, the Supplementary Report should (without limitation):
- (a) state your name and address;
  - (b) be signed by you;
  - (c) contain particulars of the training, study or experience by which you have acquired specialised knowledge;
  - (d) contain an acknowledgment that you have read the Expert Witness Code of Conduct and agree to be bound by it;
  - (e) state the questions you were asked to address;

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- (f) describe the assumptions and material facts on which each opinion expressed in the report is based; and
- (g) indicate (if applicable) where a particular question, issue or matter falls outside your field of expertise.

### **Conclusion**

- 9. We ask that you provide us with a copy of the Report by **12:00pm on 27 October 2023**.
- 10. Should you have any questions in relation to the above, please do not hesitate to contact the authors.

Yours faithfully



**Penny Parker**  
**Senior Associate**  
**Employment and Industrial Section**  
**MAURICE BLACKBURN LAWYERS**

### **Coronavirus Update**

*We are doing everything possible to ensure claims continue to progress and legal rights are not affected by the coronavirus pandemic. If any impact is identified we will advise clients as soon as possible.*

# Sara Charlesworth

## CURRICULUM VITAE

### ACADEMIC QUALIFICATIONS

<b>2001</b>	PhD (Legal Studies), La Trobe University
<b>1994</b>	Grad Dip Government Law (Law), University of Melbourne
<b>1976</b>	BA (Hons) (Political Science), University of Melbourne
<b>1976</b>	Grad Dip Social Studies (Social Work), University of Melbourne

### EMPLOYMENT

<b>2023 -</b>	Professor Emerita, RMIT University
<b>2019–2022</b>	RMIT Distinguished Professor, RMIT University
<b>2019–2022</b>	Director, Centre of People Organisation & Work, College of Business and Law, RMIT University
<b>2017–2019</b>	Deputy Head of School (R&I), School of Management, RMIT University
<b>2014–2022</b>	Professor of Gender, Work & Regulation, School of Management, RMIT University
<b>2011–2014</b>	Principal Research Fellow, Centre for Work + Life, University of South Australia
<b>2010–2011</b>	Principal Research Fellow, Centre for Applied Social Research, RMIT University
<b>2004-2010</b>	Senior Research Fellow, Centre for Applied Social Research, RMIT University
<b>2001-2004</b>	Research Fellow, Centre for Applied Social Research, RMIT University
<b>2001–2001</b>	Research and Policy Officer, Victorian Law Reform Commission
<b>1995–2000</b>	Tribunal Member, Australian Social Security Appeals Tribunal, Australia
<b>1988–1998</b>	Consultant researcher, Australia
<b>1988–1994</b>	Tribunal Member, Victorian Equal Opportunity Board, Australia

## PUBLICATIONS

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- Charlesworth S (2005) 'Managing Work and Family in the "Shadow" of Anti-discrimination Law', *Law in Context* 23(1), pp 88–126.
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- Chalmers J, Campbell I and Charlesworth S (2005) 'Part-time Work and Caring Responsibilities in Australia: Towards an Assessment of Job Quality', *Labour & Industry* 15(3), pp 41–66.
- Charlesworth H and Charlesworth S (2004) 'The Sex Discrimination Act and International Law', *University of NSW Law Journal* 27(3), pp 858–865.
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- Charlesworth S (2002) 'Risky Business: Managing Sexual Harassment at Work', *Griffith Law Review* 11(2), pp 353–376.
- Charlesworth S (1999) 'Working Mums: The Construction of Women Workers in the Banking Industry', *Journal of Interdisciplinary Gender Studies* 4(2), pp 12–28.
- Charlesworth S (1997) 'Enterprise Bargaining and Women Workers: The Seven Perils of Flexibility', *Labour & Industry* 8(2), pp 101–115.
- Charlesworth S (1983) 'Australia Through the Lens', *Arena* 67, pp 105–116.

### Refereed Conference Papers

- Charlesworth S and Baines, D (2011) 'The Impact of Government Funding Models on Work Organisation and Employee Conditions in Non-profit Community Services', *Proceedings of the 25th Conference of AIRAANZ*, New Zealand Work and Labour Market Institute, AUT University, 2–4 February 2011.
- Charlesworth S, Baird M and Elliott S (2011) 'The Regulation of Working Lives in a Regional Town: Intersections with Space and Gender', *Proceedings of the 25th Conference of AIRAANZ*, New Zealand Work and Labour Market Institute, AUT University, 2–4 February 2011. **(Best Paper Award)**
- Charlesworth S and Macdonald F (2008) 'The Unpaid Parental Leave Standard: What Standard?', *Proceedings of the 21st Conference of AIRAANZ*, Melbourne, 6–8 February 2008. **(Best Paper Award)**
- Charlesworth S (2006), 'Work–Family Conflicts in the Workplace: Manifestations and Disputes', *Proceedings of the 20th Conference of AIRAANZ*, Adelaide, 1–3 February 2006.
- Baird M, Charlesworth S, Beck D and Cartwright S (2006), 'The Dual Agenda and Collaborative, Interactive Action Research Methodology: Reflections on Gender, Methodology and Organisational Change', *Proceedings of the 20th Conference of AIRAANZ*, Adelaide, 1–3 February 2006.
- Charlesworth S and Whittenbury K (2005) 'Part-time and Part-committed? The Cultural Challenges of Part-time Work in Policing', *Proceedings of the Australian Centre for Research in Employment and Work Inaugural Conference*, 24–25 June 2005. **(Best Paper Award)**
- Charlesworth S and Probert B (2005) 'Why Some Organisations Take On Family-friendly Policies: The Case of Paid Maternity Leave', *Proceedings of the 19th Conference of AIRAANZ*, University of Sydney, 9–11 February 2005, pp 119–128.
- Charlesworth S (2003) 'Paying the Price: The Cost of the EEO in the Australian Banking Industry', *Gender – From Cost to Benefits: Proceedings from the 6th Interdisciplinary and International Symposium on Gender Research*, University of Kiel: Westdeutscher Verlag, pp 221–235.
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### Book Chapters

- Hamilton M, Charlesworth S and Macdonald F (forthcoming) 'Elder and Disability Carers Policy: On the margins' in Hill E, Baird M and Colusi S (eds) *Make or Break: A Life course Approach to Work, Care & family Policy in Australia* Sydney University Press.
- Campbell I, Macdonald F and Charlesworth S (2019) 'On-Demand Work in Australia', in M O'Sullivan et al. (eds), *Zero-Hours and On-Call Work in Anglo-Saxon Countries*, Berlin: Springer Press, pp 67–90.
- Charlesworth S and Smith M (2018) 'Gender Pay Equity', in A Stewart, J Stanford and T Hardy (eds), *The Wages Crisis in Australia: What It Is and What To Do about It*, Adelaide: Adelaide University Press, pp 85–101.

- Macdonald F, Charlesworth S and Brigden C (2018) 'Access to Collective Bargaining for Low-paid Workers', in B Creighton, A Forsyth and S McCrystal (eds), *Collective Bargaining under the Fair Work Act: Evaluating the Australian Experiment in Enterprise Bargaining*, Sydney: Federation Press, pp 206–227.
- Charlesworth S (2017) 'Partial Protection? The Regulation of Home Care Workers' Working Conditions', in C Fenwick and V Gotherrm (eds), *Regulating for Equitable and Job-Rich Growth*, UK: Edward Elgar, pp 125–150.
- Charlesworth S and Macdonald F (2017) 'The Interaction of Domestic and Market Sphere', in D Peetz and D Murray (eds), *Women at Work: Labour Segmentation and Regulation*, London: Palgrave Macmillan, pp 79–96.
- Brennan D, Charlesworth S, Adamson E and Cortis N (2017) 'Migration, Care and Employment Regulation in Australia: Lockstep or Out of Step?', in S Michel and I Peng (eds), *Gender, Migration and the Work of Care: A Multi-Scalar Approach to the Pacific Rim*, London: Palgrave Macmillan, pp 143–165.
- Pocock B and Charlesworth S (2015) 'Job Quality and Work-life: Unsocial Working Hours, Casual Work and Work–Life Outcomes in Australia', in C Warhurst and A Knox (eds), *Job Quality in Australia*, Sydney: Federation Press, pp 103–125.
- Charlesworth S and Elder A (2012) 'Australia', in A Cruz (ed), *Good Practices and Challenges on the Maternity Protection Convention, 2000 (No. 183) and the Workers with Family Responsibilities Convention, 1981 (No. 156): A Comparative Study*, Geneva: International Labour Organisation, pp 79–102 (2013 published in Spanish).
- Charlesworth S (2011) 'Law's Response to the Reconciliation of Work and Care: The Australian Case', in C G James and N Busby (eds), *Families, Care-giving and Paid Work: Challenging Labour Law in the 21st Century*, Abington: Edward Elgar pp 86–103.
- McDonald C and Charlesworth S (2011) 'Outsourcing and the Australian Non-profit Sector', in I Cunningham and P James (eds), *Voluntary Organisations and Public Service Delivery: The Employment Outcomes of Government Outsourcing and Their Implications*, Cheltenham: Routledge, pp 185–201.
- Charlesworth S (2010) 'The Sex Discrimination Act: Advancing Gender Equality and Decent Work?', in M Thornton (ed), *Sex Discrimination in Uncertain Times*, Canberra: ANU E Press, pp 133–151.
- Charlesworth S (2009) 'Understandings of Sex Discrimination in the Workplace: Limits and Possibilities', in *The Promise and the Price: Ten Years of the Clare Burton Memorial Lectures*, University of Technology Sydney for the Australian Technology Network Women's Executive Development, Sydney, pp 205–234.
- Charlesworth S (2008) 'Legislation and Mechanisms for Promoting Gender Equality: The Australian Experience', in R Manjoo and K DeRemer (eds), *Mechanisms and Legislation to Promote Gender Equality, Dossier 29*, London: Women Living Under Muslim Laws, pp 39–47.
- Charlesworth S and Cartwright S (2007) 'Part-time Work: Policy, Practice and Resistance in a Manufacturing Organisation', in M Fastenau, K Douglas and E Branigan (eds), *Women and Work: Current RMIT University Research 2006*, Melbourne: RMIT Publishing, Informit E-library, pp 5–19.
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- Charlesworth, S (1993) 'Community Services Workers and Pay Equity', in E Butler and M Brown (eds), *A-Gendering Skill. Conversations around Women, Work and Skill: An Australian Perspective*, Waurm Ponds: Deakin University, pp 142–147.

### Monographs

- Charlesworth S, Fastenau M, Douglas K and Cartwright S (eds) (2006) *Women and Work 2005: Current RMIT University Research*, Melbourne: RMIT Publishing, Informit E-library.
- Charlesworth S, Hall P and Probert B (2005) *Drivers and Contexts of Equal Employment Opportunity and Diversity Action in Australian Organisations*, Melbourne: RMIT Publishing, Informit E-library.
- Charlesworth S and Fastenau M (eds) (2004) *Women and Work: Current RMIT University Research*, Melbourne: RMIT Publishing, Informit E-library.
- Charlesworth S (1996) *Stretching Flexibility: Enterprise Bargaining, Women Workers and Changes to Working Hours*, Sydney: Human Rights and Equal Opportunity Commission.
- Charlesworth S (1994) *Unrewarded: Women in Community Services. A Review of Overaward Payments in Victorian Local Government*, A Report for the Sex Discrimination Commissioner, Human Rights and Equal Opportunity Commission Inquiry into Sex Discrimination into Overaward Payments, Canberra: AGPS.
- Charlesworth S (1993) *Making the Grade: Community Services and Pay Equity*, Equal Pay Research Series No 4, Canberra: Department of Industrial Relations, Commonwealth of Australia.

### Other Contributions to Refereed Journals and Edited Books: Reviews and Editorials

- Hussein S and Charlesworth S (2022) Editorial, 'Policies and Practices Shaping Long-term Care: Between an Inclusivity Ethos and Service Delivery Realities', *Social Policy & Society*. 21(2), 257-260.
- Baines D, Charlesworth S, Daly T and Williamson S (eds) (2017) 'The Work of Care: Tensions, Contradictions and Promising Practices', *Labour & Industry* 34(3), pp 257–260.
- Charlesworth S (2017) Book Review of C Gori, J–L Fernández and R Wittenberg (eds), *Long-term Care Reforms in OECD Countries*, Bristol UK: Policy Press, University of Bristol, 2016, in *Journal of Aging & Society* 37(7), pp 1527–1529.
- Baines D, Charlesworth S and Daly T (2016) Editorial, 'Underpaid, Unpaid, Unseen, Unheard and Unhappy? Care Work in the Context of Constraint', *Journal of Industrial Relations* 58(4), pp 449–454.
- Charlesworth S, Elder A, Hill E and Pocock B (2012) Introduction, 'Work and Family Policy in Australia: Current Policy and Outstanding Issues: Guest Editors' Introduction to the Special Issue', *Australian Bulletin of Labour*, 38(3), pp 178–183.

- Charlesworth S and Todd P (2010) 'The Politics of Care', *Arena Magazine*, December 2010, pp 9–10.
- Charlesworth S, Fastenau M, Douglas K and Cartwright S (2006) Introduction, in Charlesworth S, Fastenau M, Douglas K and Cartwright S (eds), *Women and Work 2005: Current RMIT University Research*, Melbourne: RMIT Publishing, Informit E-library, 2006.
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- Charlesworth S and Fastenau M, (2004) Introduction, in S Charlesworth and M Fastenau (eds), *Women and Work: Current RMIT University Research*, Melbourne: RMIT Publishing, Informit E-library, pp 1– 6.
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### **Published Research Reports, Briefs and Video Contributions**

- Charlesworth S (2021) [Expert Witness Statement](#), Fair Work Commission (FWC), Matter No: AM2021/65 Application to Vary the Social, Community, Home Care and Disability Services Industry Award, 22 October 2021.
- Charlesworth S (2021) [Expert Witness Statement](#), Fair Work Commission (FWC), Matter No: AM2020/99 Application to Vary or Revoke the Aged Care Award 2010, 31 March 2021.
- Cortis N, Blaxland M, and Charlesworth S (2021) [Challenges of Work, Family and Care for Australia's Retail, Online Retail, Warehousing and Fast Food Workers](#), Sydney: Social Policy Research Centre, UNSW Sydney.
- Macdonald F Malone J and Charlesworth S (2021) [Women, Work, Care and COVID](#), Melbourne: RMIT University.
- Charlesworth S, Macdonald, F and Clarke J (2020) [Scoping Study on Gender-Based Violence in Individualised Support and Care Services in Victoria](#), Melbourne: Worksafe Victoria.
- Charlesworth S and Low L (2020) [The Long-Term Care COVID-19 Situation in Australia](#), London UK: International Long-term Care Policy Network.
- Charlesworth S (2019) [Expert report to Royal Commission into Aged Care Quality and Safety](#), October 2019.
- Meagher G, Cortis N Charlesworth S and Taylor W (2019) [Meeting the Social and Emotional Support Needs of Older People Using Aged Care Services](#), Sydney and Melbourne: Macquarie University, UNSW Sydney and RMIT University.
- Eastman C, Charlesworth S and Hill E (2018) [FACT SHEET 1: Migrant Workers in Frontline Care](#), Sydney: Social Policy Research Centre UNSW.
- Eastman C, Charlesworth S and Hill E (2018) [FACT SHEET 2: Child Carers](#), Sydney: Social Policy Research Centre UNSW.
- Eastman C, Charlesworth S and Hill E (2018) [FACT SHEET 3: Aged and Disabled Carers](#), Sydney: Social Policy Research Centre UNSW.
- Eastman C, Charlesworth S and Hill E (2018) [FACT SHEET 4: Personal Care Assistants](#), Sydney: Social Policy Research Centre UNSW.

- Hayes L, Charlesworth S and McCann D (2018) [\*Violence and Harassment in the Care Economy: A Global Research Agenda\*](#).
- Charlesworth S (2018) [\*Unacceptable Forms of Work in Australia\*](#), video interview at ILO, hosted by Durham University, 1 November 2018
- Charlesworth S et al (2018) video: [\*Violence and Harassment in the Care Economy\*](#) – part of the ‘Unacceptable Forms of Work: Global Dialogue /Local Innovation’ project, led by Durham University, <https://www.dur.ac.uk/law/policyengagement/ufw/challenges/careeconomy/>
- Skinner N, Smith J Charlesworth S, King D and Jarrad S (2017) *Quality Jobs Quality Care Toolkit A Step-by-Step Approach to Improving Job Quality in Aged Care*, Adelaide: Centre for Workplace Excellence, School of Management, Business School, University of South Australia.
- Charlesworth S and Macdonald F (2015) Expert Report to the Shop Distributive and Allied Employees Association for Use in the Four Yearly Review of Modern Awards being Conducted by Fair Work Australia – Penalty Rates AM2014/305.
- Parvazian S, Charlesworth S, King D and Skinner N (2014) *Developing Job Quality Benchmarks in Australian Aged Care Services*, Adelaide: Centre for Work + Life, University of South Australia.
- Parvazian S, Charlesworth S, King, D and Skinner N (2014) *Developing Job Quality Benchmarks: Work-related Injuries and Illnesses*, Adelaide: Centre for Work + Life, University of South Australia.
- Charlesworth S, McDonald P and Worley A (2012) *Sexual Harassment Report to JobWatch in 2009*, Adelaide: Centre for Work+Life, University of South Australia.
- Charlesworth S, McDonald P, Worley A, Graham T and Lykinna A (2012) *Formal Complaints of Workplace Sexual Harassment lodged with Australian Human Rights and Equal Opportunity Commissions*, Adelaide: Centre for Work+Life, University of South Australia.
- Charlesworth S and Lingard H (2011) *Work Life Balance in Construction SMEs: A Scoping Study*, Melbourne: Victorian Department of Business and Innovation.
- Baird M, Charlesworth S, Cooper R and Heron A (2011) *Women, Work and the Global Economic Downturn*, Canberra: Federal Office for Women.
- Charlesworth S and Campbell I (2010) *The Attrition of Employee Lawyers: A Scoping Study*, Melbourne: Victorian Law Foundation.
- Charlesworth S (2010) *The Women and Employment Survey: Final Report*, Sydney: Security4Women.
- Haynes K, Charlesworth, Baird M, Campbell I and Bamberry L (2010) Preliminary results of the VicWAL survey: *Report 1: Regional Differences in Employment Conditions, Job Quality, Caring Responsibilities and Work–Life Balance*, Melbourne: Centre for Applied Social Research, RMIT University.
- Charlesworth S and Marshall H (2010) ‘Strategies to Attract and Retain Paid Care Workers: Some Paradoxical Effects’, School of Global Studies, Social Science and Planning Working Paper Series, No 8, Melbourne: RMIT University.
- Haynes K, Charlesworth S, Baird M, Campbell I and Bamberry L (2010) *Victorian Work and Life Survey (VicWAL); Technical Report*, Melbourne: Centre for Applied Social Research, RMIT University.
- Haynes K, Charlesworth S, Baird M, Campbell I and Bamberry L (2009) ‘A Regional Focus on Work and Family and Planning’, Working Paper Series, No 7, Melbourne: RMIT University.

- Charlesworth S (2008) *'Claiming Discrimination, Complaints of Sex and Gender Discrimination in Employment under the Victorian Equal Opportunity Act 1995'*, School of Global Studies, Social Science and Planning, Working Paper Series, No 1, RMIT University, Melbourne.
- Campbell, I, Malone J and Charlesworth S (2008) *'The Elephant in the Room': Working-time Patterns of Solicitors in Private Practice in Melbourne*, Working Paper, No 43, Centre for Employment and Labour Relations Law, University of Melbourne.
- Victorian Equal Opportunity and Human Rights Commission [VEOHRC] (2007) *'Factors Influencing the Resolution of Complaints Lodged under The Equal Opportunity Act 1995: A Preliminary Study Paper'*, researched and written by Deanne McLennan and Sara Charlesworth, VEOHRC, Melbourne.
- Charlesworth S and Macdonald F (2007) *Hard Labour? Pregnancy, Discrimination and Workplace Rights*, Melbourne: Office of the Workplace Rights Advocate.
- Charlesworth S, Campbell I and Fridell W (2007) *Work and Family Balance in Regional Victoria: A Pilot Project*, Melbourne: Industrial Relations Victoria and Regional Development Victoria.
- Charlesworth S and Macdonald F (2007) *Going Too Far: WorkChoices and the Experience of 30 Victorian Workers in Minimum Wage Sectors*, Melbourne: Industrial Relations Victoria.
- Elton J, Bailey J, Baird M, Charlesworth S, Cooper R, Ellem B, Jefferson T, Macdonald F, Olive, D, Pocock B, Preston A and Whitehouse G (2007) *Women and WorkChoices: Impacts on the Low Pay Sector*, Adelaide: Centre for Work + Life, University of South Australia.
- Campbell I and Charlesworth S (2004) *Background Report: Key Work and Family Trends in Australia*, Melbourne: Centre for Applied Social Research RMIT University.
- Probert B, Smith M, Charlesworth S and Leong K (2002) *A Best Practice Guide to Gender Equity in the Development of Classification Systems. A Paper for the Victorian Public Service Gender Pay Equity Project Management Steering Group*, Melbourne: Centre for Applied Social Research, RMIT University.
- Charlesworth S, Campbell I, Probert B, Allan J and Morgan L (2002) *Balancing Work and Family Responsibilities: Policy Implementation Options. A Report for the Victorian Department of Premier and Cabinet and Department of Innovation, Industry and Regional Development*, Melbourne: Centre for Applied Social Research, RMIT University.

## SELECTED KEYNOTES, INVITED PRESENTATIONS & EVIDENCE 2023–2012

- 2023** 'Promoting Secure Work: Two Proposals for Strengthening The National Employment Standards' with Iain Campbell, *Invited Seminar, Data Insights at DEWR*, 19 November 2023.
- 2023** 'Addressing the skills shortage – have we progressed? The Case of Aged Care' *IRSNSW Conference*, 12 May 2023.
- 2023** 'Remunerating people delivering care and support work: Fairness & sustainability' *ASSA Policy Roundtable: Developments in Work & Wellbeing for Contemporary Australia*, 23 March 2023.
- 2023** 'Gender Equality & the 2022 IR Reforms: Potential & Unfinished Business' *Union layers & Industry Officers 2023 Conference*, 23 February 2023.
- 2022** 'Migrant aged-care workers in Australia: do they have poorer-quality jobs than their locally born counterparts?', *Invited Seminar, Data Insights at DEWR*, 24 November 2022.

- 2022** 'Home care in Victoria: Where we've been, where we are, what the future might be?' Invited address, *Local Government Ministerial Roundtable on Aged Care Reforms*, 18 November 2022.
- 2022** 'History and nature of the pervasive undervaluation of frontline aged care work' Invited panel presentation *Australian Labour Law Association National Conference*, 12 November 2022.
- 2022** Invited Expert Evidence, Senate Education & Employment Legislation Committee, *Fair Work Legislation Amendment (Secure Jobs, Better Pay) Bill 2022*, 11 November 2022.
- 2022** Invited expert evidence, Senate Select Committee on Work & Care, 20 September 2022.
- 2021** 'Ageing Futures: Quality Care and Decent Work?', RMIT Distinguished Professor Public Lecture, 30 November 2021.
- 2021** 'The Future of Work', invited address to RMIT Academic Board, 2 August 2021.
- 2021** 'Aged Care Workforce and Job Security', invited expert evidence, Senate Select Committee on Job Security, 19 April 2021.
- 2021** Invited International Women's Day presentation to Equality Talks: Back to the Future – Advancing Gender Equality in the 'New Normal' webinar, Victorian Equal Opportunity and Human Rights Commission, 10 March 2021.
- 2020** 'Gender, Work and Precarity in Australia', invited presentation, Attorney General's Working Group on Casual and Part-time Work, 6 August 2020.
- 2020** 'Homecare Work: Time Autonomy and Time to Care', invited presentation to Seminars in Ageing, National Ageing Research Institute, 6 August 2020.
- 2019** 'The Problem of Social Care', keynote presentation, Symposium on the Centenary of the International Labour Organisation: Democracy, Labour Law and the Role of Trade Unions, University of Melbourne, 18 July 2019.
- 2019** 'Decent Work Good Care: International Approaches to Aged Care', keynote presentation, Scottish Care, Keeping Well: Supporting the Care Workforce Symposium, Glasgow, 25 September 2019.
- 2019** 'Pay Equity Strategies for Women in Low-wage and Precarious Work: Lessons from the Antipodes', invited seminar, Centre for Sexuality, Race and Gender Justice, Kent University Law School, Canterbury, 20 November 2019.
- 2019** 'Tackling Job Insecurity and Casualisation: Obstacles and Strategies for the Union Movement', invited panel presentation, Health Services Union Annual Conference, 16 July 2019.
- 2018** 'Prospects and Potential of an ILO Convention on Violence and Harassment', keynote presentation, Victorian Trades Hall Council, 19 September 2018.
- 2018** 'Who Cares? Who Pays?', keynote address, Future Social Services Institute Symposium, RMIT University, 10 May 2018.
- 2018** 'The Gender Pay Gap', invited panel presentation, The Wages Crisis in Australia Workshop, University of Adelaide, 6 February 2018.
- 2017** 'Improving Job quality in Australian Aged Care: Challenges and Dilemmas', invited address, YU-CARE Critical Engagement in Aging Speaker Series, York University, Toronto, 10 September 2017.
- 2017** 'Precarity in the Aged Care Workforce', keynote address, Health Services Union National Council, Melbourne, 5 October 2017.

- 2017** 'Unacceptable Forms of Work: Domiciliary Care Work – Fragmentation's Frontline', invited presentation, Unacceptable Forms of Work – Global Dialogue 1, International Labour Organization, Bangkok, 2–5 August 2017.
- 2017** 'The Last 15 Years: Achievements and Challenges', keynote address, 100 Year Celebration of Women in Victorian Policing, 30 July 2017, Brighton.
- 2017** 'Improving Job Quality for Employees', invited spotlight presentation, Strengthening Workforce Strategy Conference, Sydney, 20 July 2017.
- 2017** 'Quality Jobs Support Quality of Life for Older People', invited presentation, Australian Aged Care Quality Agency: Better Practice 2017 Conference, Melbourne, June 2017.
- 2017** 'Quality Jobs=Quality Care', invited address, National Aged Care Alliance, Melbourne, 22 May 2017.
- 2016** 'The Future Care Workforce', keynote presentation, VCOSS CEO and President Forum, Melbourne, 12 October 2016.
- 2016** 'Insecure Work as a Feminist Issue', invited presentation, Australian Education Union National Women's Conference, AEU, South Melbourne, 8 October 2016.
- 2016** Invited presentation, Senate Inquiry into the Future of the Aged Care Workforce, Parliament House Victoria, 28 April 2016.
- 2016** 'Rethinking Minimum Employment Standards for Paid Care Workers', invited presentation, Social Policy and Individualised Rights CASR Symposium, Melbourne, RMIT University, 5 December 2016.
- 2015** 'Aged Care and Technological Change', invited workshop presentation, The Many Futures of Work: Harnessing Technological Change conference, Centre for Workplace Leadership, University of Melbourne, 12 November 2015.
- 2015** 'Lives on Hold: Young People and the Insecure Work Inquiry', invited Annual Nall Lecture, Geelong Uniting Church, 23 August 2015.
- 2015** 'Aged Care Workers in Australia: The Intersection of Employment Conditions and Migrant Status', invited seminar presentation, 'Social Care Research Unit, Kings College, London, 1 July 2015.
- 2015** 'Unacceptable Forms of Work: The Australian Case', invited symposium presentation, Global Dialogue on Unacceptable Forms of Work, Durham University, 6 July 2015.
- 2014** 'Gender, Migration and Decent Work in Aged Care: The Australian case', invited Keynote, International Working Party on Labour Market Segmentation, 2nd International Conference Reconstructing Fairness: The Contested Terrain of Fairness and Decency at Work, University of Manchester, 10–12 September 2014.
- 2014** 'Gender, Migration and Aged Care Work in Australia: Towards Decent Work?', invited seminar presentation, POLSIS Research Seminar, University of Queensland, 10 October 2014.
- 2014** 'Women and Insecure Work', invited panel presentation, ACTU Women's Conference 2014 Melbourne, 22 August 2014.
- 2014** 'Looking Back, Looking Forward: Gains and Losses', keynote address, ASU Women's Conference 2014, Melbourne, 20 March 2014.
- 2012** 'Conciliation in Sexual Harassment Complaints Lodged in Australian AD Jurisdictions' Australian Commissioners Human Rights Association, Melbourne, November 2012.

- 2012** “Raging hormones” and “filthy jokes”: Developing effective sexual harassment grievance management practices’, QUT, Brisbane October 2012.

## FORMAL EXTERNAL LEADERSHIP AND ENGAGEMENT 2022-2003

- 2022**  
**2021-2022** Expert advisor to the Australian Human Rights Commission’s 2022 Sexual Harassment Prevalence Survey.
- 2020** Expert advisor to the Victorian Human Rights and Equal Opportunity Commission, Pay Equity in SMEs project.
- 2019** Expert advisor to the Australian Workers’ Delegation, Standard-Setting Committee on Violence and Harassment in the World of Work, 107th Session of the International Labour Conference, International Labour Organization, Geneva, 28 May–8 June.
- 2018** Review panel member, Melbourne Law School Five Year Review of the Centre for Employment & Labour Relations Law, October–December 2018.
- 2017** Academic advisor to the Australian Human Rights Commission’s 2018 Sexual Harassment Prevalence Survey.
- 2017–**  
**2017–2020** Member, Victorian Government Equal Workplaces Advisory Council.
- 2017–2019** Member, Victoria Police VEOHRC Review Academic Governance Board.
- 2017–2019** Member, ESRC and ILO-funded Network on Unacceptable Forms of Work, Durham University.
- 2017–2019** Member, Data Consultation Group of the Workplace Gender Equality Agency.
- 2015–2020** Member, International Reference Group, SSHRC-funded Closing the Employment Standards Enforcement Gap: Improving Protections for People in Precarious Jobs project.
- 2015–**  
**2013–2014** Member, editorial board, *Journal of Industrial Relations*.
- 2012–**  
**2011–12** Academic advisor to the Australian Human Rights Commission’s Pregnancy and Return to Work National Review.
- 2012–**  
**2011–12** Co-convenor, Australian Work + Family Policy Roundtable.
- 2011–12** Academic member, ACTU Independent Inquiry into Insecure Work.
- 2011–12** Member, Prevention Project (Sexual Harassment in Hospitality) Committee, South Australian Department of Health.
- 2008–11** Inaugural member, Working Families Council, appointed by Victorian Minister for Industrial Relations.
- 2008** Member, Australian Human Rights Commission Sexual Harassment Expert Panel Committee Member, Family Provisions Amendment Guidelines Working Group, Victorian Equal Opportunity and Human Rights Commission and Industrial Relations Victoria.
- 2007–08** Member, Advisory Committee, Review of *Equal Opportunity Act 2006 (Vic)*, appointed by Victorian Attorney-General.
- 2007** Member, Employee Choice Rostering in Retail Project Working Group, Industrial Relations Victoria.
- 2006** Foundation member, Work + Family Policy Roundtable (ongoing, now co-convenor)
- 2006 -** Member, Association of Industrial Relations Academics of Australian and New Zealand (AIRAANZ) (ongoing)

- 2005–06** Member, Academic Advisory Panel, Striking the Balance Inquiry, Human Rights and Equal Opportunity Commission
- 2004–08** Co-editor, *Labour & Industry*
- 2004** Expert academic advisor on Office of Public Employment research project EEO in the Victorian Public Sector
- 2003–06** Member, Domestic Violence Crisis Service of Victoria Board
- 2003** Academic member of research advisory group for the Working Against Sexual Harassment (WASH) Research Survey and Interview Project
- 2003** Member of judging panel for Victorian Work and Family Awards, Industrial Relations Victoria

### CURRENT INTERNATIONAL COLLABORATIONS

- 2023-** Development of APEC Non-Binding Care Compact with Office for Women and APEC Centre RMIT University.
- 2022-2023** Public Services International funded ‘Decent Work / Quality Long-term Care’ Sara Charlesworth with Prof Ian Cunningham (Strathclyde) and Prof Tamara Daly (York)
- 2021-2023** UK Collaborative ESRC funded ‘Centre for Care, led by Prof Sue Yeandle (Sheffield University); Sara Charlesworth, International partner.
- 2019–2021** UK National Institute for Health Research funded project: ‘Developing a Scale of Work-related Wellbeing at Work for Adult Social Care Staff’, led by Prof Shereen Hussein (Kent University); Sara Charlesworth, Advisory Group Member.
- 2018–2025** SSHRC Partnership grant: ‘CRIMT Institutional Experimentation for Better Work’, led by Prof Gregor Murray and Prof Christian Levesque (HECS Montreal); Sara Charlesworth, Co-researcher.
- 2017–2023** UK Collaborative ESRC Large Grant: ‘Sustainable Care: Connection People and Systems’, led by Prof Sue Yeandle (Sheffield University) and Sara Charlesworth, International partner
- 2016–2021** SSHRC Partnership grant: ‘Closing the Enforcement Gap: Improving Employment Standards Protections for People in Precarious Jobs’, led by Prof Leah Vosko (York); Sara Charlesworth, International Reference Group Member.

### VISITING SCHOLAR APPOINTMENTS

- 2019** 2 – 7 December York University, Toronto, Centre for Aging Research and Education (Prof Tamara Daly)
- 2019** 12 November–2 December Kent University, Canterbury, Personal Social Services Research Unit (Prof Shereen Hussein)
- 2019** 21 October–11 November Kent University, Canterbury, Centre for Sexuality, Race and Gender Justice, Law School (Prof Lydia Hayes)
- 2019** 2 September–18 October Strathclyde University, Glasgow, Department of Human Relations Management (Prof Ian Cunningham)
- 2017** 15 April–3 May York University, Centre for Aging Research and Education (Prof Tamara Daly)



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- 2015** 1–3 July Kings College, London, Social Care Workforce Research Unit (Dr Shereen Hussein)
- 2013** 1 July–22 December University of Melbourne Law School, Centre for Employment and Labour Relations Law (Director, A/Prof John Howe)
- 2013** 15 April–3 May York University, Toronto, Canada, Political Economy of Gender and Work Research Group (Director, Prof Leah Vosko)
- 2012** 10 September–3 October Warwick University Business School, Coventry, UK, Industrial Relations Research Unit (Prof Linda Dickens)
- 2011** 21–25 November, University of Western Australia, Business School (Dr Jacquie Hutchinson)
- 2010** 1–28 May Utrecht University, Utrecht, The Netherlands, Law Faculty (Dr Susanne Burri, Chair of the European Union Legal Experts on Gender Equality)
- 2008** 1 September–15 December, International Training Centre, ILO, Turin, Italy, Gender and Non-Discrimination Programme (Director, Dr Francois Eryraud)

## RESEARCH GRANTS AND FUNDING

Category 1

YEAR OF AWARD	GRANT PERIOD	TITLE OF GRANT AND CIS	ROLE	GRANT PROGRAM	TOTAL FUNDING
2018	7 years	Imagining Age-friendly 'Communities' within Communities: International Promising Practices, led by Prof Tamara Daly (York) (Canada, Australia, Denmark) and 5 co-applicants, inc <b>Sara Charlesworth</b>	Co-applicant	Canadian SSHRC Partnership grant	\$C2,500,110
2018	7 years	Institutional Experimentation for Better Work, led by Prof Christian Levesque HECS Montreal (and Prof Gregor Murray (Université de Montréal) with 140 named co-researchers, inc <b>Sara Charlesworth</b>	Co-researcher	Canadian SSHRC Partnership grant	\$C2,500,000
2017	3 years	Job Quality and Care quality in Aged Care: Comparative Perspectives, led by <b>Sara Charlesworth</b> with Prof Donna Baines (Sydney) A/Prof Deb King (Flinders), Prof Ian Cunningham (Strathclyde) and Prof Tamara Daly (York)	Lead CI	ARC Discovery grant	\$354,500
2016	3 years	Markets, Migrations and Care in Australia, led by Prof Deb Brennan (UNSW), <b>Sara Charlesworth</b> , Dr Elizabeth Hill (Sydney) and Prof Ito Peng (Toronto)	CI	ARC Discovery grant	\$369,110
2015	3 years	Changes in the Non Profit Social Services in International, Comparative Perspective, led by Prof Donna Baines (McMaster), <b>Sara Charlesworth</b> , Prof Ian Cunningham (Strathclyde) and Prof Laila Patel (Johannesburg)	Collaborator	Canadian SSHRC Insight grant	\$C237,865

YEAR OF AWARD	GRANT PERIOD	TITLE OF GRANT AND CIS	ROLE	GRANT PROGRAM	TOTAL FUNDING
2013	3 years	Work, Care, Retirement and Health: Aging Agenders, led by Prof Barbara Pocock, Prof Carol Kulik, <b>Sara Charlesworth</b> and Prof Lyndall Strazdins, with IPs Carla Harris (WGEA) and Cate Wood (Women in Super)	CI	ARC Linkage grant	\$239,956
2013	6 years	Gender, Migration and the Work of Care: Comparative Perspectives, led by Prof Ito Peng (Toronto) and <b>Sara Charlesworth</b> , one of 8 co-leads, inc 19 collaborators	Co-lead	Canadian SSHRC Partnership grant	\$C2,001,351
2012	4 years	Prospects for Decent Work and Gender Equality in Frontline Care Work, <b>Sara Charlesworth</b>	Future Fellow	ARC Future Fellowships	\$720,452
2011	5 years	From Margins to Mainstream: Gender Equality and Employment Regulation, <b>Sara Charlesworth</b>	Sole CI	ARC Discovery grant	\$485,880
2011	3 years	Sexual Harassment in Australia: Causes Outcomes and Prevention, led by Prof Paula McDonald (QUT) with <b>Sara Charlesworth</b>	CI	ARC Discovery grant	\$396,000
2010	3 years	Children of the Recession: The Social Consequences of an Economic Downturn, led by Prof Michael Bittman (UNE), 12 CIs inc <b>Sara Charlesworth</b>	CI	ARC Linkage Learned Academies Special Projects	\$300,000
2010	1 year	Convergence and Particularity: International Comparisons of the Nonprofit Social Services, led by Prof Donna Baines (McMaster) with <b>Sara Charlesworth</b> and Prof Ian Cunningham (Strathclyde)	International collaborator	Canadian SSHRC International Opportunity Fund	C63,000
2008	3 years	A Regional Perspective on Work and Family Balance and Changes in Employment Regulation (LP0882475), <b>Sara Charlesworth</b> , Iain Campbell, Marian Baird and IPS: Industrial Relations Victoria and Regional Development Victoria	Lead CI	ARC Linkage grant	\$344,500

YEAR OF AWARD	GRANT PERIOD	TITLE OF GRANT AND CIS	ROLE	GRANT PROGRAM	TOTAL FUNDING
<b>2007</b>	3 years	Job Quality and the Mental Health and Well-being of Working Parents and Their Children (DP0774439), Lyndall Strazdins, Bryan Rogers, <b>Sara Charlesworth</b> , Michael Bittman, Jan Nicholson, Rene D'Souza, Dorothy Broom and Mark Clements	CI	ARC Discovery grant	\$265,000
<b>2004</b>	2 years	Policing and Quality Part-time Work: Constraints and Options (LP0453912), <b>Sara Charlesworth</b> , Iain Campbell and IP Victoria Police	Lead CI	ARC Linkage grant	\$215,079
	2 years	Work Life Integration: Developing the Dual Agenda in Theory and Practice (LP0455212), Marian Baird and <b>Sara Charlesworth</b> and IPs GM Holden and Sydney Water	CI	ARC Linkage grant	\$120,000
<b>2004</b>	3 years	Understandings of Women's Disadvantage at Work: Discourses of Discrimination in the Workplace (DP0449770) <b>Sara Charlesworth</b>	Australian Post-Doctoral Fellow	ARC Discovery grant	\$216,606

Category 2

YEAR OF AWARD	GRANT PERIOD	TITLE OF GRANT AND CIS	ROLE	FUNDER	TOTAL FUNDING
2022	6 months	Reforming long-term care: Comparative analysis of LTC systems, led by Ian Cunningham (Strathclyde), <b>Sara Charlesworth</b> , Prof Tamara Daly (York)	CI	Public Services International	US\$17,992
2021	3 months	Summarising the evidence underpinning sexual harassment in the world of work, led by <b>Sara Charlesworth</b> , Dr Catherine Deen (RMIT)	CI	Respect Victoria	\$18,000
2020	6 months	Scoping Study on Gender-based Violence, <b>Sara Charlesworth</b> and Fiona Macdonald	CI	Worksafe Victoria	\$19,800
2018	6 months	Policy Brief: Gender-based Violence in the World of Work: Home-care Workers and Day Labourers, led by Dr Lydia Hayes (Cardiff), <b>Sara Charlesworth</b> , Prof Derick Blaauw (North-West) and Prof Caterina Schenck (Western Cape)	CI	International Labour Organization	US\$3,500
2017	1 year	Scoping Review on Informal Care, Social Protection and Gender: Policy Implications for Countries in the WHO Western Pacific Region, led by Dr Fiona Macdonald with <b>Sara Charlesworth</b>	CI	World Health Organization	US\$20,000
2013	3 years	<i>Quality Care and Quality Jobs: Improving Work Practices to Deliver Quality Aged Care Jobs and Aged Care Services for Older Australians</i> , CIs <b>Sara Charlesworth</b> and A/Prof Debra King (Flinders)	Lead CI	Dept of Health and Ageing: Better Health Care Connections grants	\$1,133,000
2012	1 year	Working Together Well: Best Practice Case Studies in Work Health and Safety, Prof Barbara Pocock and <b>Sara Charlesworth</b>		Safework SA	\$83,096

YEAR OF AWARD	GRANT PERIOD	TITLE OF GRANT AND CIS	ROLE	FUNDER	TOTAL FUNDING
2011	1 year	Work/life Outcomes in SME Construction Companies, led by <b>Sara Charlesworth</b> with Prof Helen Lingard (RMIT)	Lead CI	Workforce Victoria	\$15,000
2010	6 months	The Impact of the Global Economic Downturn on Women, led by Prof Marian Baird (Syd) with <b>Sara Charlesworth</b> , Prof Rae Cooper (Syd) and Alex Heron (Syd)	CI	Federal Office of Women's Policy	\$38,500
2007	1 year	Pregnancy Discrimination in Victoria, <b>Sara Charlesworth</b>	Sole CI	Workplace Rights Advocate	\$39,500
2007	1 year	Impact of Work Choices on Victorian Workers, <b>Sara Charlesworth</b>	Sole CI	Industrial Relations, Victoria	\$27,500
2007	1 year	Understanding Complaints that are Unconciliable, <b>Sara Charlesworth</b>	Sole CI	Equal Opportunity Commission, Victoria	\$3000
2004	1 year	Review of the Flexible Work Options – Achieving Work–Life Balance Kit, <b>Sara Charlesworth</b> and Leonie Morgan	Reviewer	Dept of Education and Training, Victoria	\$3000
2003	1 year	Review of Gender Pay Equity in the Victorian Public Service, <b>Sara Charlesworth</b> , Belinda Probert and Meg Smith	Lead CI	Dept of Premier and Cabinet, Victoria	\$42,000
2002	1 year	Balancing Work and Family Responsibilities: Policy Implementation Options, <b>Sara Charlesworth</b> , Iain Campbell and Belinda Probert	Lead CI	Dept of Premier and Cabinet, Victoria	\$35,000

**Category 3**

YEAR OF AWARD	GRANT PERIOD	TITLE OF GRANT & CI(S)	ROLE	FUNDER	TOTAL FUNDING
2021	2 years	Triple Wins: Work Hour Cultures for Health, Safety and Gender Equality in Construction – Phase 2 & 3, led by Dist Prof Helen Lingard (RMIT) with A/Prof Michelle Turner (RMIT), Lyndall Strazdins (ANU) Dr Natalie Galea (UNSW), <b>Sara Charlesworth</b> and Philip Bohle (UTas)	CI	Australian Constructors Association Limited	\$641,608
2021	6 months	Expert Reports for Fair Work Commission Work Value Case in Aged Care Award and Social Community Home Care and Disability Services Award, <b>Sara Charlesworth</b>	Expert	Health Services Union	\$15,000
2020	8 months	SDA Childcare Survey 2021, led by A/Prof Natasha Cortis (UNSW), Dr Megan Blaxland (UNSW) and, <b>Sara Charlesworth</b>	CI	Shop Distributive & Allied Industries Employees Association	\$83,441
2019	6 months	Staffing, Relational Care and Quality Aged Care Services, led by A/Prof Natasha Cortis (UNSW), Prof Gabrielle Meager (Macquarie) and <b>Sara Charlesworth</b>	CI	Health Services Union & United Workers Union	\$55,946
2016	N/A	Gender, Migration and the Provision of Social Care, Australia Academy of the Social Sciences in Australia Expert Workshop, UNSW, led by Prof Deb Brennan (UNSW), <b>Sara Charlesworth</b> and Dr Liz Hill (Sydney)	Co-chair	Academy of Social Sciences in Australia	\$8,500
2015	6 months	AWALI 2014 Unsocial Hours and Penalty Rates: Provision of Expert Evidence, in Fair Work Australia review of the terms of various modern awards, led by <b>Sara Charlesworth</b> with Dr Fiona Macdonald	Lead Academic expert	Shop Distributive and Allied Employees Association	\$58,000

YEAR OF AWARD	GRANT PERIOD	TITLE OF GRANT & CI(S)	ROLE	FUNDER	TOTAL FUNDING
2015	6 months	<i>Workforce Demographic Study</i> led by Prof Helen Lingard (RMIT) with <b>Sara Charlesworth</b> , Dr Michelle Turner (RMIT)	CI	Lend Lease Pty Ltd	\$84,417
2013	N/A	AIRAANZ Symposium Consumer-directed Funding Models: Will Increased Choice Deliver Quality Jobs and Quality Care? <b>Sara Charlesworth</b> and A/Prof Deb King (Flinders)	Co-chair	Association of Industrial Relations Academics of Australia and New Zealand	\$2000
2012	6 months	Ratification and Implementation of ILO 156: Australia Country Study, <b>Sara Charlesworth</b>	Sole CI	International Labour Organization	US\$6000
2012	4 months	Provision of expert evidence, Fair Work Australia Review of the terms of various modern awards pursuant to Item 6 of Schedule 5 of the <i>Fair Work Act (Transitional Provisions and Consequential Amendments) 2009</i> , <b>Sara Charlesworth</b>	Academic expert	Shop Distributive and Allied Employees Association	\$10,000
2012	N/A	<i>Work, Care and Family in Australia: Linking New Research to Policy Effect in Australia</i> , Australia Academy of the Social Sciences Expert Workshop, University of South Australia, Prof Barbara Pocock, <b>Sara Charlesworth</b> and Dr Liz Hill (Sydney)	Co-chair	Academy of Social Sciences in Australia	\$7000
2010	2 months	Australia–The Netherlands Exchange Program Travel Grant <b>Sara Charlesworth</b>	Sole CI	Academy of Social Sciences in Australia + Royal Netherlands Academy of Arts and Sciences	\$6000
2010	2 months	Analysis of Women and Employment Survey, <b>Sara Charlesworth</b>	Sole CI	Security 4Women	\$7500



YEAR OF AWARD	GRANT PERIOD	TITLE OF GRANT & CI(S)	ROLE	FUNDER	TOTAL FUNDING
2009	4 months	Attrition of Employee Lawyers from Private Law Firms: A Scoping Study, <b>Sara Charlesworth and</b> Iain Campbell, Victorian Women Lawyers	Lead CI	Victorian Law Foundation	\$5500
2008	2 months	Canada–Asia Pacific Award ‘Industrial Relations and Changing Work Patterns in the Canadian Community Services Sector’, <b>Sara Charlesworth</b>	Sole CI	Canadian Dept of Foreign Affairs and Trade	\$C10,000
2004	6 months	Background Report for the AIRC Work and Family Provisions Test Case, Iain Campbell and <b>Sara Charlesworth</b>	CI	ACTU	\$7000

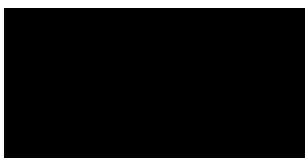
# Annexure GM

## Curriculum vitae


March 2021

Gabrielle Anne Meagher

Home address



University address

School of Social Sciences,  
Macquarie University, NSW, 2109  
email: 

## Education

- 1999            PhD, Faculty of Economics and Business, The University of Sydney
- 1992            Bachelor of Economics (Social Sciences), Hons Class I & University Medal,  
The University of Sydney

## Employment

- 2015–2019        **Professor**  
Department of Sociology, Macquarie University
- 2015–2019        **Guest Professor** (0.2 fraction)  
Department of Social Work, Stockholm University
- 2015–2018        **Head of Department**  
Department of Sociology, Macquarie University
- 2012–2015        **Associate Dean and Director, Office of Doctoral Studies**  
Faculty of Education and Social Work, The University of Sydney
- 2007–2015        **Professor and Chair of Social Policy**  
Faculty of Education and Social Work, The University of Sydney
- Oct 2013–  
Jun 2014            **Guest Professor**  
Department of Social Work, Stockholm University  
(Funded by an Excellence Grant by the Swedish Research Council for Health,  
Working Life and Welfare)
- Jan–May 2009     **Guest Professor**  
Department of Social Work, Stockholm University  
(Funded by the office of the Vice-Chancellor of Stockholm University to  
promote gender equity in the University's professoriate)
- 2003–2006        **Senior Lecturer**  
Discipline of Political Economy, School of Economics and Political Science,  
Faculty of Economics and Business, The University of Sydney
- 1995–2002        **Lecturer**  
Discipline of Political Economy, School of Economics and Political Science,  
Faculty of Economics and Business, The University of Sydney
- 1992–1994        **Associate Lecturer**  
Department of Economics, Faculty of Economics, University of Sydney

## Honorary appointments

2020–	<b>Professor Emerita</b> School of Social Sciences, Macquarie University
2020–2022	<b>Affiliated Professor</b> Department of Social Work, Stockholm University, Sweden
May–Jul 2010	<b>Visiting Professor</b> Department of Social Work, Stockholm University, Sweden
Feb–Apr 2010	<b>Visiting Professorial Fellow</b> Social Policy Research Centre, University of New South Wales, Australia
Mar–May 2005	<b>Visiting researcher</b> National Institute for Working Life, Stockholm, Sweden
Jan–Mar 2005	<b>Visiting researcher</b> School of Human and Health Services, University of Huddersfield, England
Jul–Dec 2002	<b>Visiting researcher</b> Social Policy Research Centre, University of New South Wales, Australia
Jul–Dec 1999	<b>Visiting researcher</b> Australian Centre for Industrial Relations Research and Training, University of Sydney, Australia

## Publications

### *Peer-reviewed journal articles*

1. Shanks, E., Lundström, T., Meagher, G., Sallnäs, M., Wiklund, S. (2021) Impression management in the market for residential care for children and youth in Sweden. *Social Policy & Administration*, 55(1), 82-96.
2. Meagher, G., Szebehely, M. (2019) 'The politics of profit in Swedish welfare services: four decades of Social Democratic ambivalence', *Critical Social Policy*, 39(3), 455-476.
  - Revised, translated to Swedish and reprinted as Szebehely, M., Meagher, G. (2020) Vinster i välfärden: en historia om näringslivslobbyism och socialdemokratisk ambivalens. In: L. Ekdahl et al. (Eds.) *Politik och marknad: kritiska studier av kapitalismens utveckling*. Stockholm: Diagolos, pp. 116-139.
3. Meagher, G., Wilkins D.P. (2018) Private interests and problem frames in social policy reform: An Australian case study combining corpus linguistics and critical discourse analysis, *Critical Approaches to Discourse Analysis across Disciplines*, 10(2), 1-29.
4. Szebehely, M., Meagher, G. (2018) Nordic eldercare – weak universalism becoming weaker?, *Journal of European Social Policy*, 28(3), 294-308.
  - Translated to Japanese and reprinted as Szebehely, M., Meagher, G. (2019), 北欧の高齢者介護のいま – 普遍主義の弱体化? (Nordic eldercare - weak universalism becoming weaker?), In: 齊藤弥生・石黒 暢 (Yayoi Saito & Nobu Ishiguro) (Eds.), *世界の社会福祉 第3巻 北欧 (Global Social Welfare: 3. Nordic Countries)*, 旬報社 (Junposha), Tokyo, Japan.
5. Meagher, G., Lundström, T., Sallnäs, M., Wiklund, S. (2016) Big business in a thin market: Understanding the privatization of residential care for children and youth in Sweden, *Social Policy & Administration*, 50(7), 767-883.

6. Meagher, G., Szebehely, M., Mears, J. (2016) How institutions matter for job characteristics, quality and experiences: A comparison of home care work for older people in Australia and Sweden, *Work, Employment and Society*, 30(5), 731-749.
7. Cortis, N., Meagher, G. (2012). Recognition at last: care work and the Equal Remuneration Case. *Journal of Industrial Relations*, 54(3), 377-385.
8. Cortis, N., Meagher, G. (2012). Social work education as preparation for practice: evidence from a survey of the New South Wales community sector. *Australian Social Work*, 65(3), 295-310.
  - Received Norman Smith Research Award for best research paper published in ASW in 2012.
9. Wilson, S., Meagher, G., Hermes, K. (2012). The social division of welfare knowledge: policy stratification and perceptions of welfare reform in Australia. *Policy and Politics*, 40(3), 323-346.
10. Connell, R., Fawcett, B., Meagher, G. (2009). Neoliberalism, new public management and the human service professions: Introduction to the special issue. *Journal of Sociology*, 45(4), 331-338.
11. Healy, K., Meagher, G., Cullin, J. (2009). Retaining novices to become expert child protection practitioners: creating career pathways in direct practice. *British Journal of Social Work*, 39, 299-317.
12. Cortis, N., Meagher, G. (2009). Women, work and welfare in the activation state: an agenda for Australian research. *Australian Bulletin of Labour*, 35(4), 629-651.
13. Meagher, G., Wilson, S. (2008). Richer, but more unequal: perceptions of inequality in Australia 1987-2005. *Journal of Australian Political Economy*, 61, 220-243.
14. Tham, P., Meagher, G. (2008). Working in human services: how do experiences and working conditions in child welfare social work compare? *British Journal of Social Work*, 39(5), 1-21.
15. Briggs, C., Meagher, G., Healy, K. (2007). Becoming an industry: the struggle of social and community workers for award coverage, 1976-2001. *Journal of Industrial Relations*, 49(4), 497-521.
16. Healy, K., Meagher, G. (2007). Social workers' preparation for child protection: revisiting the question of specialisation. *Australian Social Work*, 60(3), 321-335.
  - Received Norman Smith Research Award for best research paper published in ASW in 2007.
17. Meagher, G. (2007). The challenge of the care workforce: recent trends and emerging problems. *Australian Journal of Social Issues*, 42(2), 151-167.
18. Meagher, G. (2006). What can we expect from paid carers? *Politics and Society*, 34(1), 33-53.
19. Meagher, G., Parton, N. (2004). Modernising social work and the ethics of care. *Social Work and Society*, 2(1), 10-27.
20. Meagher, G., Nelson, J. (2004). Survey article: Feminism in the dismal science. *Journal of Political Philosophy*, 12(1), 102-126.
21. Healy, K., Meagher, G. (2004). The reprofessionalization of social work: collaborative approaches for achieving professional recognition. *British Journal of Social Work*, 34(2), 243-260.
  - Reprinted in: L. Davies & P. Leonard (Eds) (2004). *Social Work in a Corporate Era: Practices of Power and Resistance*. Aldershot: Ashgate.

- Included in: Hodge, D., Lacasse, J., Benson, O. (2012) Influential publications in social work discourse: The 100 most highly cited articles in disciplinary journals: 2000–09, *British Journal of Social Work*, vol. 42(4).
22. Meagher, G., Healy, K. (2003). Caring, controlling, contracting and counting: governments and non-profits in community services. *Australian Journal of Public Administration*, 62(3), 40-51.
  23. Meagher, G., Wilson, S. (2002). Complexity and practical knowledge in the social sciences: a comment on Stehr and Grundmann. *British Journal of Sociology*, 53(4), 659-666.
  24. Meagher, G. (2002). Is it wrong to pay for housework? *Hypatia: A Journal of Feminist Philosophy*, 17(2), 52-66.
    - Reprinted in: D. Barker & E. Kuiper (Eds) (2009). *Feminist Economics, Volume II, Households, Labour and Paid Work*, Routledge Major Works Series: Critical Concepts in Economics. London: Routledge.
  25. Healy, K., Meagher, G. (2001). Practitioner perspectives on performance assessment in family support services. *Children Australia*, 26(4), 22-28.
  26. Meagher, G. (2000). A struggle for recognition: strategies for work life reform in the domestic services industry. *Economic and Industrial Democracy*, 21(1), 9-37.
  27. Buchanan, J., O’Keeffe, S., Bretherton, T., Arsovska, B., Meagher, G., Heiler, K. (2000). Wages and wage determination in 1999. *Journal of Industrial Relations*, 42(1), 109-145.
  28. Meagher, G. (2000). Social sustainability in Australia. *Canberra Bulletin of Public Administration*, 96, 63-78.
  29. Meagher, G. (1999). A classroom strategy for teaching the social sciences in Women’s Studies. *Women’s Studies Quarterly*, 27(3&4), 36-48.
  30. Bittman, M., Matheson, G. & Meagher, G. (1999). The changing boundary between home and market: Australian trends in outsourcing domestic labour. *Work, Employment and Society*, 13(2), 249-273.
  31. Meagher, G. (1998). “A woman seldom runs wild after an abstraction”: feminist contributions to economics. *Economic Papers*, 17(1), 51-69.
  32. Meagher, G. (1997). Recreating ‘domestic service’? Institutional cultures and the evolution of paid household work. *Feminist Economics*, 3(2), 1-27.
    - Reprinted in: L. Benería, A.M. May & D. Strassmann (Eds) (2011). *Feminist Economics, Volume II: Households, Paid and Unpaid Work, and the Care Economy*, The International Library of Critical Writings in Economics, Edward Elgar, Cheltenham.
  33. Meagher, G. (1994). Evaluating women’s work: New South Wales nurses and professional rates. *Journal of Australian Political Economy*, 34, 77-102.

## Books

34. Fawcett, B., Goodwin, S., Meagher, G., Phillips, R. (2010). *Social Policy for Social Change*. Australia: Palgrave Macmillan.
35. Meagher, G. (2003). *Friend or Flunkey: Paid Domestic Workers in the New Economy*. Sydney: UNSW Press.

## Edited books

36. Meagher, G., Stebbing, A., Perche, D. (eds) (2022) *Designing Social Service Markets: Risk, Regulation and Rent-seeking*, Canberra: ANU Press. DOI: 10.22459/DSSM.2022
37. Meagher, G., Goodwin, S. (2015). *Markets, Rights and Power in Australian Social Policy*. Sydney: Sydney University Press.
38. King, D., Meagher, G. (2009). *Paid Care in Australia: Politics, Profits, Practices*. Sydney: Sydney University Press.
39. Denmark, D., Meagher, G., Wilson, S., Western, M., Phillips, T. (2007). *Australian Social Attitudes 2: Citizenship, Work and Aspirations*. Sydney: UNSW Press.
40. Wilson, S., Meagher, G., Gibson, R., Denmark, D., Western, M. (2005). *Australian Social Attitudes: The First Report*. Sydney: UNSW Press.

## Book chapters

41. Meagher, G., Stebbing, A., Perche, D. (2022). Introduction: Designing markets in the Australian social service system. In: G. Meagher, A. Stebbing & D. Perche (Eds.) *Designing Social Service Markets: Risk, Regulation and Rent-seeking*, Canberra: ANU Press.
42. Meagher, G., Baldwin, R. (2022). Making a profitable social service market: The evolution of the private nursing home sector. In: G. Meagher, A. Stebbing & D. Perche (Eds.) *Designing Social Service Markets: Risk, Regulation and Rent-seeking*, Canberra: ANU Press.
43. Stebbing, A. & Meagher, G. (2022). Conclusion: The present and future of social service marketisation. In: G. Meagher, A. Stebbing & D. Perche (Eds.) *Designing Social Service Markets: Risk, Regulation and Rent-seeking*, Canberra: ANU Press.
44. Heron, A., Cooper, R., Meagher, G. (2017). The care challenge: Women, work and care in Australia. In M. Ford, M., E. Hill & M. Baird (eds) *Women, Work and Care in the Asia Pacific*, Routledge, London.
45. Meagher, G., Goodwin, S. (2015). Capturing marketisation in Australian social policy. In G. Meagher & S. Goodwin (Eds.) *Markets, Rights and Power in Australian Social Policy*. Sydney: Sydney University Press.
46. Meagher, G., Wilson, S. (2015). The politics of market encroachment: policy-maker rationales and voter responses. In G. Meagher & S. Goodwin (Eds.) *Markets, Rights and Power in Australian Social Policy*. Sydney: Sydney University Press.
47. Meagher, G. (2014). Persistent inequalities: the distribution of money, time and care. In S.K. Schroeder & L. Chester (Eds.), *Challenging the Orthodoxy: Reflections on Frank Stilwell's Contribution to Political Economy*, (pp. 79-100). New York: Springer.
48. Meagher, G., Szebehely, M. (2013). Long-term care in Sweden: trends, actors, and consequences. In C. Ranci & E. Pavolini (Eds.), *Reforms in Long-Term Care Policies in Europe: Investigating Institutional Change and Social Impacts*, (pp. 55-78). New York: Springer.
  - Also published as: Meagher, G., and Szebehely, M. (2011) Le politiche per la non autosufficienza in Svezia: tendenze, attori e conseguenze, *La Riviste delle Politiche Sociali*, 4.
49. Wilson, S., Meagher, G., Hermes, K. (2012). A new role for government? Trends in social policy preferences since the mid-1980s. In J. Pietsch & H. Aarons (Eds.), *Australia: Identity, Fear and Governance in the 21st century*, (pp. 107-131). Canberra: ANU EPress.

50. Meagher, G., Szebehely, M. (2012). Equality in the social service state: Nordic childcare models in comparative perspective. In J. Kvist, J. Fritzell, B. Hvinden & O. Kangas (Eds.), *Changing Social Equality: The Nordic Welfare Model in the 21st Century*, (pp. 89-117). Bristol, UK: Policy Press.
51. King, D., Meagher, G. (2009). Introduction: Politics, profits and practices in child and aged care. In D. King & G. Meagher (Eds.), *Paid Care in Australia: Politics, Profits, Practices*, (pp. 1-11). Sydney: Sydney University Press.
52. Meagher, G., Cortis, N. (2009). The political economy of for-profit paid care: Theory and evidence. In D. King & G. Meagher (Eds.), *Paid Care in Australia: Politics, Profits, Practices*, (pp. 13-42). Sydney: Sydney University Press.
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