



Public Services International

International Migration and Women Health and Social
Care Workers Programme

“Quality healthcare and workers on the move”

Australia National Report

By Dr Jane Pillinger
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Public Services International (PSI) is a global trade union federation representing 20 million working women and men who deliver vital public services in 150 countries. PSI champions human rights, advocates for social justice and promotes universal access to quality public services. PSI works within the United Nations system and in partnership with labour, civil society and other organisations to achieve these goals.

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Preface

The international migration of health and social care workers raises difficult questions for civil society, workers and their unions.

The right of workers to migrate to seek a better life must be respected. And the workers themselves must be respected, not exploited as cheap labour. In addition, developed nations must recognize the impact on countries of origin when they hire skilled health and social care workers from areas that are already short of staff.

The Australia National Report is one of a series. Public Services International (PSI), as part of its International Migration and Women Health and Social Care Workers Program, has conducted research in countries of origin and destination across all regions of the world. The Australia National Report, along with research in four countries of origin – Ghana, Kenya, South Africa and the Philippines – will be consolidated into a Global Report on Migration in the Health and Social Care Sectors for presentation to the PSI World Congress in Durban in November 2012.

The main objective of the research is to build the capacity of public sector trade unions to address the causes and effects of migration in the health and social care sectors.

In Australia, participatory research was carried out by members of the New South Wales Nurses and Midwives Association (NSWNMA) and the Queensland Nurses Union (QNU). Dr. Jane Pillinger, the research consultant, coordinated the overall research program and training, and wrote the final report.

Our aim is to build a strong evidence base to develop the tools, strategies and public policies needed to address migration issues and strengthen the health workforce in all nations.

Quality public services such as health and social care are crucial to people's welfare and equality. In turn, quality health services depend on a strong, skilled and sustainable workforce. It is hoped that the findings and recommendations of this report will contribute to ethical migration and recruitment, strengthening the health workforce and ensuring that migration is a beneficial experience for all.

PSI thanks the peer-researchers and officers in the NSWNMA and QNU for their willingness and commitment to participating in the training as peer-researchers, and for their work in conducting interviews and focus groups. Particular thanks go to Judith Kiejda (Assistant General Secretary) and Lisa Kremmer (Manager, Member Organising Team) for organising the symposium on international migration held in Sydney on 12 October 2011, for organising the recruitment of the peer-researchers, and for coordinating the research on the ground in Australia.



Peter Waldorff,

General Secretary, Public Services International

Executive summary

1. Introduction

The Australia National Report is one of several research studies in key origin and destination countries carried out under the International Migration and Women Health and Social Care Workers Programme of Public Services International (PSI).

The research is based on questionnaires completed by 478 migrant health and social care workers in New South Wales and Queensland. This was carried out through participatory research with the New South Wales Nurses and Midwives Association (NSWNMA) and the Queensland Nurses Union (QNU). The research focuses on what governments, employers and public service trade unions can do to ensure that migration is based on the principles of human rights, decent work and non-discrimination. It also shows the importance of quality public health and social care services and a quality healthcare workforce. It documents the experiences of migrant health and social care workers living and working in Australia, their motivations for migrating and the effects on the health and social care sectors in countries of origin.

2. Working towards a gender-sensitive and rights-based migration policy

Migration is a human right and a choice for health and social care workers. As much as it is the sovereign right of States to determine migration policy, it is also their obligation to ensure full respect for human rights. Australia, like many countries of destination, has imposed new restrictions to either limit migration or to target migration through temporary skilled programs. The increase in demand-driven migration is largely for highly skilled workers under a temporary visa or a permanent employer-sponsored visa. The intent is to meet shortages in the workforce. This emphasis on temporary migration can lead to inequality and exploitation, where migrant workers are sometimes treated as second-class workers and are employed in insecure conditions with uncertain futures for themselves and their families. Employment insecurity makes them vulnerable to discrimination and exploitation. It leaves migrant workers at risk of being

the first to be fired in times of job cuts, and therefore at risk of deportation.

Demographic change, a growing economy, difficulties in retaining staff, an ageing nursing workforce and a failure to plan systematically for future workforce needs have all contributed to a shortage of health and social care workers in Australia. The shortage is particularly acute in the aged care sector where the expansion of private care has led to the recruitment of migrant nurses to provide less skilled social care. Most workplace violations, including exploitation, poor working conditions and downgrading of skills, take place in the aged care sector.

Migration in the health and social care sectors is highly feminised. In Australia around 90% of the nursing, midwifery and social care workforce are women. At face value, migration appears not to be gender specific. However, women experience different patterns of migration, family responsibilities and access to economic and social resources. For that reason, a gender-based analysis of migration is necessary to ensure equality of treatment and recognition of the value of women's care work. This is crucial in the light of the globalisation of care relationships, and the impact on economic and social development, poverty and gender equality.

3. Summary of the findings from the participatory research

This research underlines the significant contribution made by migrant workers to the quality of healthcare in Australia. For many who have moved to work in Australia, a better quality of life, improved salaries and working conditions and opportunities for career development are important pull factors. For those migrating from poor countries, the push factors include low levels of funding for healthcare, low staffing levels, poor and stressful working conditions, low pay and few opportunities for career advancement.

Profile of respondents to the survey

478 questionnaires were completed by migrant nurses, midwives and social care workers through face-to-face interviews and an on-line survey. Of these, 362 questionnaires were completed in Queensland and

116 in New South Wales. Respondents to the survey came from 51 countries. The top country of origin was the Philippines, followed by China, India, the UK and Zimbabwe. The majority of respondents were trade union members and were in younger age groups, with the largest share in the 26-35 year age group. More than three-quarters of respondents were women. The majority of respondents were working as Registered Nurses, with smaller numbers working as Assistants in Nursing, Enrolled Nurses and students.

Factors influencing decisions to migrate to Australia

The main factors driving decisions to migrate included gaining work experience, decent working conditions and better pay. Migrants from the global south were most likely to migrate because there were no jobs in their own country, or because of inadequate staffing levels, low pay and a low level of investment in healthcare.

Respondents stated that investment in healthcare in countries of origin, as well as better pay, were needed to retain healthcare workers and reduce outward migration. Over three-quarters of respondents planned to stay in Australia.

Recruitment agencies

Over one-third of respondents had been recruited by a recruitment company. Of these, over a quarter in Queensland, and just under a quarter in NSW, said the company practiced unethical recruitment.

Their experiences included excessive fees, a lack of information and practical support on arrival, inaccurate information, broken promises to provide accommodation and lower rates of pay than had been agreed.

Migration patterns

Most respondents migrated alone. Slightly smaller numbers migrated with their partner and children. Nearly half of all respondents, principally those from poorer countries, sent remittances home to support children and other family members.

The impact of visas on migration and integration experiences

More than half of the respondents arrived on a temporary visa, principally a temporary long stay visa or a student visa. Around three-quarters of respondents later acquired a permanent visa or citizenship.

Workers on temporary visas suffered unequal rights and working conditions compared to permanent residents. Being tied to an employer often led migrant health and social care workers to tolerate lower pay, longer working hours, poorer working conditions, limitations on applying for promotional positions and career development, and insecurity at work because they feared complaining. Respondents on student visas that limit work to 20 hours per week experienced financial hardship. Temporary visa holders had unequal access to healthcare and other public services. They had to pay for private healthcare insurance, pay high fees for bridging courses, take an English language test that many see as unfair and pay international fees for education for their children.

Many respondents were critical of the Australian immigration system, describing it as difficult to navigate, complex, bureaucratic and beset with delays in processing applications for visas and residency. Many experienced difficulty in applying for permanent residency. An increasing number were encountering problems in gaining residency because of changes in immigration rules favouring more temporary migration.

Recognition of qualifications, skills and experience

Many migrant health and social care workers found their qualifications, skills and experience were not recognised. Around one-third of respondents were working at a lower skill level than they had in their country of origin.

Workers were often placed on an entry level salary scale, despite having many years of work experience. Qualified nurses and midwives were working as Assistants in Nursing because their qualifications were not recognised.

Bridging courses and the English language test

Respondents were concerned about having to take a bridging course and an English language test in order to work as a registered nurse or midwife. Over half of respondents had taken an English language test and nearly one-third had taken a bridging course. The costs of both were described as prohibitive, and in many cases they were deemed unnecessary.

Support from the Australian government and trade unions on arrival in Australia

Respondents received little support from the government when they arrived in Australia. This

complicated their integration and settlement, especially in relation to housing, childcare and schooling, and employment. Slightly more respondents in Queensland, compared to those in NSW, received government help and advice in processing visas.

They reported similar low levels of support from trade unions in countries of origin and destination. Where help had been given on arrival, this included advice about how to join a trade union.

Experiences of integration

Most reported largely positive experiences with integration in a new country, the workplace, housing and acceptance by the host society. However, a sizable minority had negative experiences. The biggest difficulties were experienced by temporary visa holders with unequal rights to services and insecurity at work.

Just over 15% of respondents had negative experiences in the workplace including racism, bullying, harassment, lack of support from colleagues, lack of consultation on shift changes and being forced to work unpopular shifts. Over 10% of respondents experienced difficulties in finding affordable housing and renting accommodation because they did not have a reference from a previous landlord in Australia. Nearly 14% experienced difficulties in being accepted by the host society.

Suggestions for governments in countries of origin

Respondents called on governments in countries of origin to ensure that ethical recruitment processes are in place, that information about visas is provided and that prospective migrants have access to information about the cost of living and their rights to social protection.

Suggestions for the Australian government

Two issues stand out. The first is that the Australian government should support health and social care workers when they first arrive in Australia, particularly in processing visas, accessing housing and having information about the host society. Second is the need for a clear government policy on migration and a migration system that supports permanent migration rather than temporary migration.

Other suggestions concerned a more transparent and faster visa and registration process, rights to social protection for temporary visa holders, assistance to migrant workers who have to take the English language test, regulation and monitoring of recruitment

companies and the need to sensitise the general public about the benefits of overseas health workers to the country.

Suggestions for trade unions

Respondents urged trade unions in Australia to actively lobby the government to protect the rights of migrant workers and to end practices that lead to exploitation and vulnerability. Trade unions were seen as being important in giving migrant workers a voice and helping them to network. Information about visas and trade unions was also seen as important.

Perspectives of non-migrant workers on how the government, workers and trade unions can improve the migration and integration of migrant workers

A focus group consisting of 21 non-migrant workers in NSW provided insight into the role that Australian workers and trade unions can play in helping to support migrant health and social care workers when they arrive. The group highlighted the value of migrant health and social care workers in providing services in a multicultural society, in bringing valuable international experience into the workplace, and in contributing to the quality of care. The Australian workers suggested the government should improve the migration system to allow migrants to gain residency, end exploitative working conditions for temporary visa holders, and promote better workplace practices. They also suggested Australian workers should provide support and mentoring for newly arrived migrants, and that trade unions should actively campaign against workplace exploitation and organise migrant health and social care workers.

4. Issues raised in the study

Many migrant health and social care workers spoke positively of living and working in Australia. However, the following issues of concern were raised:

- A shift in government policy towards temporary rather than permanent migration, along with unequal access to services and rights for temporary visa holders.
- Difficulties and confusion in the visa and registration procedures, and a lack of information, transparency and flexibility in the system.
- The need to monitor and regulate recruitment agencies.

- Lack of recognition and under-valuing of skills and experience.
- Barriers to integration into the host society and in the workplace
- Unequal rights and access to public services and housing.

An associated finding from the survey is the impact of migration on poor countries in the Global South. Remittances are an important source of income for the families of some migrant workers. Many migrant health and social care workers would prefer to stay in their own countries if there were better opportunities, better pay and improved investment in healthcare. However, low levels of investment in healthcare, low salaries, poor working conditions and limited opportunities for career enhancement remain major push factors to migrate. Any discussion about promoting migration should therefore consider the impact on healthcare services in countries of origin.

5. Recommendations

The recommendations of this study focus on steps that need to be taken to ensure that migrant health and social care workers are:

- Treated equally to Australian citizens.
- Valued for their contribution to the healthcare system in Australia.
- Supported in their migration journeys and integration in society and the workplace.

Migration programs should provide opportunities for migrant health and social care workers to become permanent residents.

Temporary migration should not be a short-term solution to permanent workforce shortages. Rather, the government needs to plan for a workforce that is able to meet the healthcare needs of the population in the long-term, with enough resources to attract and retain health and social care workers and improve their pay and working conditions.

- **Social dialogue:** The social dialogue should be a key driver to ensure that the employment and human rights of migrant health and social care workers are protected.
- **Trade union information, networking and support:** Trade unions in Australia should play a central role in providing information, networking and support for migrant health and social care workers. This includes providing

practical information about visas, registration and requirements for bridging courses and the English language test. A trade union migrant help desk / telephone information line should be established in each state to provide information and assistance for migrant health and social workers. This could be piloted by the NSWMA and QNU. Trade unions should use the findings from the research as a strategic tool for recruiting and organising migrant workers.

- **Global solidarity and union-to-union bilateral exchanges:** Unions in Australia should advocate for gender-sensitive and rights-based migration policy and ethical recruitment, and build global solidarity with unions in developing countries around collective bargaining, organising, access to quality public healthcare services and decent work. Bilateral exchanges between Australian unions and unions in origin countries could serve to provide information about joining a union in Australia, cost of living, accessing services and workplace rights etc.
- **A gender-sensitive and rights-based migration policy in Australia:** Trade unions should campaign for migration policies that are gender-sensitive and rights-based. In order to end exploitation, precarious conditions and eliminate discrimination, unions should campaign for secure and permanent forms of migration, including greater ease of access to permanent visas. All migrant workers, whether on permanent or temporary visas, should enjoy the same rights, working conditions and pay. No worker should be tied to an employer as this makes it difficult for workers to complain or claim their rights. A transparent, efficient and faster visa and registration process is needed to minimise delays. Temporary visa holders should have access to public services such as healthcare, education/ schooling for children and other support services. The Australian government must ratify the United Nations International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families and the International Labour Organization (ILO) Conventions on Migrant Workers, C97 and C143 Likewise they must fully apply the ILO's rights-based Multilateral Framework on Labour Migration.
- **Ethical recruitment:** Ethical recruitment practices need to be fully implemented. The government should introduce systematic monitoring and regulation of recruitment

companies, establish a register of approved and licensed recruitment agencies and a redress mechanism for migrant workers who are victimised by unscrupulous recruitment agencies. The government should ratify and fully implement the ILO's Private Employment Agencies Convention, 1977 (No.181), and Recommendation (No.188). The WHO Code of Practice on ethical recruitment should be fully implemented in a partnership between the government, employers, trade unions and professional bodies.

- **Recognition of qualifications, skills and experience:** Better systems need to be put in place to recognise qualifications and work experience, and to properly value skills. These processes should recognise the qualifications of nurses and midwives who have many years of work experience in their countries of origin.
- **Bridging courses and the English language test:** The government and employers have a duty to provide practical support and assistance to enable a migrant worker to pass the English language test, and to ensure that the test is fair. Unions can assist their members with English language training and support. This could be promoted through union training programs and peer-support in the workplace. The cost and length of bridging courses should be reduced, particularly for nurses and midwives who already have overseas qualifications.
- **Integration, settlement and support:** More government support is needed at all levels to assist

workers while they are planning and preparing for migration, while they are in transit and on arrival, in order to promote integration in the host society and in the workplace as well as access to housing and public services. The government, unions and employers should all take responsibility to sensitize the general public on the contribution that migrant health workers bring to Australia, and to promote diversity and equality.

- **Integration in the workplace:** The government should fully implement the measures agreed in 2011 to prevent workplace exploitation, including more systematic monitoring, inspection and follow-up of employers. Unions and employers, through the social dialogue in the workplace, should ensure that there are effective policies and procedures to promote integrated and equal workplaces, free from discrimination and racism.



Section 1: Introduction and context

1.1 Introduction

This report documents innovative participatory research carried out in Australia with the New South Wales Nurses and Midwives Association (NSWNMA) and the Queensland Nurses Union (QNU) under PSI's International Migration of Women Health and Social Care Workers Programme.

The research gives voice to the experiences and needs of health and social care workers who have migrated to Australia. It provides first-hand evidence to support trade union advocacy on behalf of health and social care workers. This report is part of a global research project being carried out by PSI affiliates in origin and destination countries around the world.

The migration of health and social care workers to Australia must be considered in the broader context of the human right to health and decent work, rights-based migration policy, ethical recruitment, global human resources for health and the United Nations health-related Millennium Development Goals. The research suggests ways in which trade unions, employers and the government can work together to promote ethical recruitment and a rights-based migration policy, decent work, equality and inclusion for migrant health and social care workers.

Global inequalities in economic and social development and a high rate of international migration have left the healthcare systems in many developing countries stripped of staff and resources. The economic and social costs of losing trained staff to international migration are enormous. This must be addressed if developing countries are to retain their health workers, many of whom migrate in search of decent pay and working conditions. Since migration is a human right and a choice for many health and social care workers, it is essential to provide a rights-based migration policy framework with information and support, decent work and opportunities to gain skills and knowledge and to contribute new skills to the workplace if a choice is made to return to the country of origin.

PSI's research in Kenya, Ghana, South Africa and the Philippines shows that the majority of health and social care workers want to live in and contribute to the health, well-being and development of

their own country. A working environment where workers are valued, that is safe and stress free and provides satisfying work and opportunities for career development will help to ensure workers are not put in a position where they feel they have little choice but to migrate.

1.2 The global economic crisis

It is difficult to predict the full impact of the global economic crisis on migration. However, PSI research shows that Australia has become a preferred destination for many health and social care workers. In many countries of destination there have been cuts in healthcare funding and reductions in staffing levels. However, ageing populations mean that there is a continued demand for overseas health workers. Coupled with this is the expansion of the private care market, which has led to the recruitment of skilled nurses to provide less qualified care in the aged care sector. The largest number of workplace violations is reported in this sector, including exploitation, poor working conditions and downgrading of skills.

The global economic crisis is forcing changes in migration policies and patterns. Restrictive immigration policies have long-term negative consequences for countries of origin and destination (Ghosh 2010). Australia, like many other countries, has introduced policies to limit permanent migration in favour of temporary migration. This affects the employment security of migrant workers. It makes them more vulnerable to discrimination and exploitation, and leaves them at risk of being the first to be affected by job cuts. The global economic crisis has led to a worrying rise in discriminatory attitudes towards migrant workers. The International Organisation for Migration predicts that this will result in more migrants returning to their countries of origin, rising unemployment amongst migrant workers, an increase in racism and xenophobia, a greater potential for worker exploitation and reduced salaries (IOM 2009 and 2008).

Since the onset of the global economic crisis the predicted fall in remittances has not taken place

(Sirkeci, Cohen and Ratha 2012). Officially recorded remittance flows to developing countries reached AU \$372 billion in 2011, an increase of 12% since 2010. Remittance flows to developing countries are expected to grow at 7-8% annually to reach \$467 billion by 2014. Worldwide remittance flows, including those to high-income countries, are expected to reach \$615 billion by 2014 (World Bank 2012).

1.3 The globalisation and feminisation of migration

In 2010 nearly half of the world's 214 million international migrants were women. 105 million were economically active migrant workers. Many women migrate alone. A growing number are primary breadwinners, many of whom are parenting transnationally. Globally, women remitted at least half of the US \$328 billion sent through official channels in 2008. The majority of the global nursing and social care workforce are women. In Australia around 90% of nursing, midwifery and social care workers are women (AIHW 2011).

At face value, migration appears not to be gender specific. However, women experience different patterns of migration, family responsibilities and access to economic and social resources. Women migrants to Australia have different migration and settlement experiences (Foroutan 2008 and 2009). A gender-based analysis is crucial to ensure equality of treatment and recognition of the value of women's care work. Raising the political, economic and social value of care as "the basis of citizenship, of solidarity and of justice" (Williams 2010), is essential if there are to be lasting and sustainable outcomes for economic and social development, reductions in poverty, reduction of inequalities in health and greater gender equality.

1.4 The role of the social dialogue in the health sector in Australia

Trade union and workers' rights are enshrined in the Fair Work Act 2009. The Act promotes fair workplace relations; enforceable minimum terms and conditions through National Employment Standards; modern awards and minimum wage orders; flexible working arrangements to enable workers to balance

work and family responsibilities; prevention of discrimination; protection against unfair treatment and discrimination; the right to freedom of association and to be represented by a trade union; an emphasis on enterprise-level bargaining; and acknowledgement of the special circumstances of small and medium-sized businesses. A national workplace relations tribunal, Fair Work Australia, was established after the enactment of the Fair Work Act, replacing the Australian Industrial Relations Commission.

Trade unions in the health sector have established effective forms of social dialogue with the government and employers, and have been influential in shaping national and state policies on employment, wages and working conditions. The wages and conditions for nurses in Australia are determined by various Awards and Agreements. Awards of the Australian Industrial Relations Commission provide the legal minimum for wages and working conditions. Industrial agreements provide additional wages and working conditions, which vary across different States/Territories.

The two trade unions that participated in the research, the NSWNMA and the QNU, have a large membership of migrant health and social care workers. The issues facing health and social care workers have gained prominence in recent years, largely due to the increasing number of migrant workers in the aged care sector who have experienced violations of their rights and low pay.

Membership of the NSWNMA and QNU

The NSWNMA has 57,167 members. Of these at least 3,929 members are overseas workers from 129 countries across the world. The largest number come from the Philippines (742), followed by the UK (434), India (367), China (257), New Zealand (225), Nepal (217), Fiji (183) and Zimbabwe (119).

The QNU has a membership of 48,721 members. Of these, 2,725 are overseas health and social care workers who are recorded as members who have English as a second language. 1,351 work in the public sector, 296 in the private sector and 718 in the aged care sector. This is not the true membership of overseas workers as it does not include overseas workers who have English as their first language. Looked at by first language the largest group is from the Philippines (648), followed by India (408), China (193), Nepal (164) and Korea (140).

Section 2: Migration to Australia – from permanent to temporary migration

2.1 Introduction

In 2006, the World Health Organisation estimated there was a shortage of more than 4.3 million health personnel in the world (WHO 2006). Since 2000, permanent migration of overseas registered nurses to Australia has increased six-fold, a trend that is likely to continue (OECD 2010).

Australia is often described as a 'nation of immigrants.' Migration accounts for over half of the annual population growth. Net overseas arrivals peaked in 2008 at 536,000 persons, accounting for approximately 68% of Australia's population growth. In 2011, this fell to 429,000 persons or 54% of population growth. Australia has the third highest proportion of overseas born residents in the world (27%) behind Singapore (41%) and Hong Kong (39%) (Australian Bureau of Statistics 2010).

There have been significant changes in the profile of migrants to Australia in the last decade. The most important changes are an increase in temporary migration, particularly of skilled workers, and a significant increase in overseas students. There has been a corresponding reduction of family migration and a reduction in refugees through policies that provide residence only to UNHCR-defined refugees and that actively discourage asylum seekers from entering Australia.

Australia's immigration system has been defined as a 'hybrid system', characterised by both supply and demand driven policies (Cully 2011). There has been a shift away from a supply-driven approach that grants permanent residence on the basis of skills and capabilities, rather than the offer of a job. An emphasis is now given to demand-driven and temporary migration, with a greater weighting given to applicants whose skills are in demand by employers and to applicants sponsored by employers (Cully 2011). Since 2010, demand-driven migration has been met through a temporary skilled migration visa and a permanent employer-sponsored visa. Trade unions in Australia have criticised this as a two-step migration program whereby permanent settlement has become harder to achieve, and is only available after a migrant has been employed as a temporary worker or has been an international student.

2.2 Demographic change and migration

Australia, like many industrialised countries, faces the challenge of an ageing population. Demographic change is a critical factor affecting both the overall labour supply and the increasing demand for health and social care services in the aged care sector. Australia has a fertility rate of 1.9 births per woman, below the replacement level of 2.1 births (Australian Bureau for Statistics 2011a).

The ageing of the nursing workforce is a significant additional challenge. In 2006, 6% of the nursing workforce were 60 years or over, rising from 1% in 1986 and 2% in 1996 (figures based on the Census of Population and Housing for 1986, 1996 and 2006). The resulting need to replace retiring nurses is likely to drive higher levels of recruitment of overseas nurses.

The Australian government projections are that the labour force will need to increase by 4.36 million workers or 37% between 2010 and 2025 (McDonald and Temple 2010). McDonald and Temple's (2010) research shows that migration plays a key role in driving economic growth and in ameliorating population ageing. They suggest that GDP growth per capita would fall to 1% if migration fell to zero by 2012. If it remained at that level, 27% of the population will be 65 years and over by 2050. Various strategies have been proposed to meet this challenge. For example, the 2010 Intergenerational Report (Department of the Treasury 2010) highlights better productivity through investment in social and economic infrastructure. The Australian Work Force Futures report by Skills Australia (2010) has set out a national workforce development strategy that is focussed on increased labour force participation and skills enhancement of workers.

Where do people migrate from?

Over one-quarter of Australia's population was born overseas. Table 1 shows the top countries of origin, by country of citizenship. China, followed by India, New Zealand, England and the Philippines had the highest numbers. Over the last decade, the proportion from the UK has declined, while the proportions of people born in China, India and New Zealand have increased.

Table 1: Top countries contributing to net overseas migration, 2009-10

Country of Citizenship	Persons	Share of Total
China	28,615	14.6%
India	23,638	12.1%
New Zealand	21,158	10.8%
England	16,495	8.4%
Philippines	8,534	4.4%
Vietnam	6,655	3.4%
Malaysia	5,268	2.7%
South Africa	5,118	2.6%
Sri Lanka	4,656	2.4%
Ireland	4,046	2.1%
Other	71,873	36.7%
Total	196,056	100.0%

Source: Australian Bureau of Statistics, 2011

In 2009–10, net overseas migration was highest in New South Wales (66,000 persons), followed by Victoria (60,400) and Queensland (39,700). The majority (76%) of overseas-born residents were of working age in 2010 (Australian Bureau of Statistics 2010).

2.3 The trend towards temporary skilled migration

Employer demand has been a key factor in the government's policies on sponsorship and temporary migration (Khoo *et al.* 2007). The trend to temporary migration raises the important question of whether skilled temporary migration is a substitute for permanent migration, given that many skilled temporary migrants want to remain in Australia on a permanent basis (Khoo *et al.* 2008). This fact challenges the notion that circular migration, creating 'guest worker' status for many migrant workers, is a viable solution.

This is of particular concern to global trade unions, as circular migration can undermine ethical, rights-based approaches to migration by forcing migrants into insecure and vulnerable work, with fewer opportunities to access citizenship rights.

Net overseas migration is predicted to increase from 429,000 persons in September 2011 to 479,700 in June 2015. Table 2 shows each category of migration under Australia's migration program. The two main types of entry into Australia of health and social care workers are international students and temporary employer-sponsored (subclass 457) visas, both of which are predicted to increase (see below). A significant increase in temporary migration is projected, from 199,100 persons in 2011 to 244,000 persons in 2015. In contrast, permanent migration and other categories will only increase marginally, and Australian citizenship is predicted to decrease.

Permanent Skill Stream visas and temporary subclass 457 visas are projected to increase as a share of net overseas migration from 34% in 2011 to 42% by 2014-15 (Department of Immigration and Citizenship 2012a). The imposition of a cap on permanent migration makes it harder for temporary migrants to gain permanent residency. There is also a trend to the issuing of permanent residence visas on-shore, through sponsorship from an employer or nomination from state or territorial governments. In the past, the majority of permanent residence visas were issued off-shore, and were issued independently based on qualifications, skills and experience (Mares 2012).

International students

International students are currently the largest group of migrants to Australia, reaching a peak of 41% net overseas migration in 2008-2009 (Australian Bureau

Table 2: Net overseas migration, 2011-2015

Net overseas migration arrivals	2011	2011	2012	2012	2012	2012	2013	2013	2014	2015
'000 of persons	Sept	Dec	Mar	Jun	Sept	Dec	Mar	Jun	Jun	Jun
Students	76.1	74.9	72.7	72.4	72.2	73.1	74.3	75.6	83.5	86.5
Subclass 457	31.1	37.1	40.4	47.4	50.2	52.5	53.4	53.8	55.6	58.5
Working Holiday Makers	34.5	34.7	35.7	36.9	37.8	38.0	38.1	38.3	38.6	39.1
Tourists	57.4	57.3	55.6	56.8	55.7	56.0	56.1	56.7	58.0	59.9
Total Temporary	199.1	204.0	204.4	213.4	215.9	219.6	222.0	224.3	235.7	244.0
Skilled	49.9	51.1	52.4	53.7	53.7	53.7	53.7	53.7	53.7	53.7
Family	30.4	31.5	32.1	33.4	33.0	33.5	33.6	33.6	33.9	34.2
Humanitarian	11.8	11.7	11.7	11.7	11.7	11.7	11.7	11.7	11.7	11.7
Total Permanent	92.0	94.3	96.2	98.8	98.4	98.9	99.0	99.0	99.3	99.6
Australian citizen	68.4	65.5	64.6	63.2	62.3	62.3	61.9	62.2	63.8	64.1
New Zealand citizen	37.7	37.4	37.4	37.5	37.5	37.5	37.2	37.3	37.4	37.6
Other	31.8	32.0	32.2	32.3	32.5	32.6	32.8	33.0	33.6	34.3
Total Other	138.0	135.0	134.2	133.0	132.3	132.5	132.0	132.5	134.8	136.0
Total	429.0	433.3	434.8	445.3	446.6	451.0	453.0	455.9	469.9	479.7

Source: Australian Bureau of Statistics, 2011

of Statistics 2011b). In 2011, there were 254,680 international students, down from 291,200 in 2010 (Department of Immigration and Citizenship 2012a). The top three origin countries were India, China and Nepal. International students are permitted to work up to 20 hours a week during term and full-time during breaks. Changes in visa rules have left many students waiting for many years to have their applications for permanent residency processed. A large number move from a student visa to a 457 visa on completion of their studies.

457 visa holders

Around 10% of net overseas migration in 2011 was from 457 visas holders, which is nearly triple the 2002 figure. Most overseas nurses and midwives enter Australia on a 457 temporary visa issued under the Health and Social Assistance category. The visa allows employers to sponsor skilled overseas workers for periods ranging from three months to four years. For the period between July 2011 and January 2012, visas granted under this category were the second highest after construction. This represented a 51% increase in visas granted, compared to the same period in 2010. The highest number of visas was granted for positions in New South Wales, which rose from 890 to 1,530, an increase of 72% during this period. In Queensland, visas granted rose from 780 to 910, an increase of 17%, during the same period. During this time there was a 9% increase in the number of 457 visa holders who were granted a permanent residency visa (Department of Immigration and Citizenship 2012b).

Cully *et al.*'s (2011) study found that workers who migrated through the skilled migration category had better outcomes in terms of finding skilled work and earning a higher wage, compared to migrants who entered as partners under the family reunification program. Cully concludes, "This provides support for the shift more than a decade ago towards embracing demand-driven skilled migration" (2011: 7). Unions in Australia, however, have been critical of the trend, which in some cases has led to low pay, poor working conditions and exploitation of workers. In 2008, the ACTU urged the government to introduce robust legal obligations on employers of workers on temporary 457 visas. In particular, the abolition of the minimum salary level in favour of market rates of pay was proposed as a way to reduce the exploitation of temporary migrants as cheap labour (NSWNMA 2008). In 2007-2008, 192 employers were sanctioned and 1,353 were formally warned for breaching the 457 visa rules. However, it is evident from this research and union

organising work that this under-estimates the extent of exploitation that has taken place. Many migrant workers are reluctant to formally complain about exploitation, poor working conditions or low pay.

Unions have always been sceptical about whether the 457 visa program has been used to fill genuine gaps in the workforce, or simply to provide a cheap source of labour to employers... There have been horrific cases of workers being exploited under the 457 visa system... This has led to employers taking advantage of them, forcing them to work excessive hours under poor conditions, and sometimes in dangerous workplaces. (ACTU President, Sharan Burrow, 2008)

Trade unions, the Department of Immigration and Citizenship, and the Migration Agents Registration Authority have all raised concerns about the exploitation, long hours, low pay and poor working conditions of 457 visa holders. The NSWNMA has cited use of the scheme to push down local wages and undermine equal pay for work of equal value, and expressed concern that being tied to an employer constitutes 'bonded labour.'

A review of the 457 visa system carried out by Industrial Relations Commissioner Barbara Deegan (Department of Immigration and Citizenship 2008) recommended a major overhaul of the skilled workers visa program, including measures to prevent the exploitation of workers. Deegan recommended guaranteed market wages for workers earning less than AU \$100,000, and an increased utilisation of labour agreements. The Federal Immigration Minister subsequently introduced legislation that provided for more robust inspection and fines for employers found guilty of visa breaches. However, not all of the recommendations made by Deegan were adopted. For example, the government ignored a recommendation to impose a Medicare levy on employers and thereby give temporary migrant workers access to the public healthcare system.

2.4 The nursing and midwifery workforce in Australia

Profile of the nursing and midwifery workforce in Australia

- Nursing is a female dominated profession, with women comprising 90% of employed nurses in 2009, down slightly from 92% in 2005.
- In 2012, there were 343,703 nurses and midwives registered with the Nursing and Midwifery Board of Australia, although not all of those registered were practicing as nurses and midwives.
- The total number of nurses identified in the Nursing and Midwifery Labour Force Survey 2009 was estimated to be 320,982 (260,121 registered nurses and 60,861 enrolled nurses).
- Between 2005 and 2009 there was a 6% increase in the supply of nurses, from 1,040 full time equivalent (FTE) nurses per 100,000 population to 1,105 FTE nurses based on a 38-hour week.
- This was a result of a 13% increase in the number of employed nurses, and a 1% increase in the average hours they worked during this period.
- The average weekly hours worked increased from 33.0 in 2005 to 33.3 in 2009. There was a small decline in the proportion of nurses working part-time from 49% to 47%.
- Between 2005 and 2009, the proportion of employed nurses aged 50 years and over increased from 35% to 36%. The average age of nurses decreased from 45.1 years in 2005 to 44.3 years in 2009.

Health Workforce Australia is responsible for workforce planning, policy and research, clinical

education and reform of the health workforce, and recruitment and retention of international health professionals. It acknowledges the critical role that international migration plays in meeting workforce requirements, particularly in rural and regional areas. Recruiting and retaining health professionals, which is subject to increasing global competition, is seen as essential to meeting Australia's healthcare needs.

The last full national survey of all persons employed in health and community services was carried out by the Australian Institute of Health and Welfare in 2006, using data from the 2006 Census. The survey showed that nearly one-third of health workers and just over one-quarter of community service workers were born outside Australia.

Nurses and midwives

In 2010-2011, 3,400 registered nurses made applications for employer sponsored visas (Department of Immigration and Citizenship 2011c). Applications have been increasing since 2006-07, reaching a peak in 2009-10, and falling off slightly in 2010-2011. However, the exact number of overseas trained nurses working in Australia is not quantified, as information is not collated on nurses visiting Australia on Occupational Trainee Visas, on working holidays, or as dependents on visas. Also, nurses granted visas in subclass 457 in previous years may still be working in Australia.

The Australian Institute of Health and Welfare 2009 survey of the nursing and midwifery workforce found that 80% obtained their first nursing qualification in Australia (AIHW 2011). This data masks the fact that some overseas nurses and midwives gained their qualifications in Australia. The highest numbers came from UK/Ireland, followed by Asia, New Zealand and Sub-Saharan Africa. Table 3 shows this data by country of first qualification and state worked in.

Table 3: Country of first qualification of nurses and midwives

Country of first qualification	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Australia	61,760	62,972	43,152	23,615	18,536	6,463	3,073	3,267	222,837
New Zealand	1,348	1,019	2,001	221	944	58	158	86	5,834
Other Oceania	231	64	85	n.p.	n.p.	n.p.	—	n.p.	403
UK/Ireland	4,617	3,314	2,441	1,159	4,315	294	193	169	16,501
Europe	693	782	309	204	285	27	74	42	2,418
Middle East/North Africa	178	62	n.p.	13	19	—	—	n.p.	276
Asia	3,714	2,650	790	801	887	45	208	149	9,244
North America	377	127	225	69	118	29	19	45	1,009
Central/South America	70	69	n.p.	n.p.	n.p.	n.p.	—	—	157
Sub-Saharan Africa	937	529	493	234	655	41	137	107	3,133
Not stated	5,203	3,888	2,249	1,479	847	412	241	620	14,939

Source: Australian Institute of Health and Welfare, 2011

As Table 4 shows, most nurses and midwives were Australian citizens or permanent residents (AIHW 2011).

Table 4: Residency status of nurses and midwives

Residency status	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Australian citizen	70,885	69,824	47,098	25,048	23,065	7,076	3,561	4,041	250,598
Permanent resident	6,282	4,126	3,433	2,140	2,774	248	345	314	19,663
Temporary resident	1,424	1,223	968	525	669	41	175	77	5,102
Not stated	535	302	252	100	108	7	23	61	1,388

Source: Australian Institute of Health and Welfare, 2011

Assistants in Nursing

The current number of Assistants in Nursing in Australia is not known. The 2006 Census does show that a high proportion of Assistants in Nursing were born overseas (AIHW 2006). It is likely that this figure will be much higher in 2012 given the expansion of jobs in the aged care sector. In the two areas covered in PSI's survey, New South Wales and Queensland, the numbers employed in 2006 were as follows:

- In New South Wales, 15,997 people were employed as Nursing Support Workers and Personal Care Assistants in 2006. Many were born outside of Australia: 58% were Australian born, 15% in Asia, 4% in UK/Ireland, 4% in other European countries, 2% in New Zealand and 15% in all other countries or not stated (AIHW 2006).
- In Queensland, 9,186 people were employed as Nursing Support Workers and Personal Care Assistants in 2006. 68% were Australian born, 6% were born in UK/Ireland, 6% in Asia, 6% in New Zealand, 3% in other European countries and 9% in all other countries or not stated (AIHW 2006).

Applications for permanent migration

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is the independent accrediting authority for nursing and midwifery under the National Registration and Accreditation Scheme. ANMAC sets standards for accreditation and accredits nursing and midwifery courses and providers. ANMAC is the assessment authority for the Department of Immigration and Citizenship and undertakes skills assessments of internationally qualified nurses and midwives seeking permanent migration in Australia under the General Skilled migration category. This process determines whether nurses and midwives are suitably qualified for migration or whether they need to carry out further education. ANMAC has developed national standards for the assessment of internationally qualified nurses and midwives who apply for registration. Following accreditation nurses and midwives can apply for registration to practice through the Australian Health Practitioners Regulation Agency (AHPRA). In addition, ANMAC has developed National Competency Standards for the Registered Nurse and

the Enrolled Nurse, the Code of Ethics for Nurses in Australia and the Code of Professional Conduct.

- There were a total of 11,051 applications for accreditation from overseas nurses and midwives between 2007 and 2011. 85% were female and 15% male. More than half of applications for accreditation were from nurses and midwives in the 25-34 year old age group.
- India, followed by the UK, China and the Philippines were the top countries of origin of applicants between 2007 and 2011. Applications fell from a peak of 3,567 applicants in 2009 to 1,970 applicants in 2011. Of the 2011 applicants 1,768 (90%) were granted.

2.5 The aged care sector in Australia: 'Because we Care' campaign

The worst working conditions and lowest wages in healthcare are in the aged care sector. This sector employs a high proportion of migrant nursing staff, often on temporary contracts, and a high proportion of international students working part-time.

The Australian Nursing Federation's 'Because we Care' campaign has highlighted the need to provide high quality services and decent staffing levels in the sector, and to close the wage gap with nurses in the public health system. Both of the unions participating in this research, the NSWNMA and the QNU, have been actively involved in the campaign. According to the NSWNMA, "No amount of reform or money or new beds is going to improve our health system without more nurses with the right skill mix to staff them." The campaign has been particularly important to the many migrants who work as nurses and assistants in nursing in the aged care sector.

The 'Because we Care' campaign has had a major impact. In April 2012, the government announced its 'Living Longer. Living Better' reform program. The priorities are to provide more support and care in the home, better access to residential care, and to

strengthen the workforce. The government will spend an additional AU \$3.7 billion over five years in the aged care sector. Overall, the measures will help to improve pay, staffing levels, training and education and working conditions for nursing staff.

The parties have signed a Workforce Compact to increase wages, improve career structures, enhance training and education opportunities and improve work practices. This includes AU \$1.2 billion to improve the salaries of low-paid workers. It builds on \$130 million in additional funding released in 2010 to enable nursing and care staff to upgrade their skills and further their education. \$3.5 million was allocated to regulate Assistants in Nursing and personal care workers, a first step towards licensing Assistants in Nursing and other workers who provide services to the elderly. According to the NSWNMA, "Licensing would bring Assistants in Nursing the recognition they deserve as part of the nursing family." Funding has also been allocated for research on staffing levels, skills mix and resident care needs in residential aged care facilities.

2.6 Position of nursing unions on international migration

Nursing unions in Australia have argued that the recruitment and employment of overseas nurses and midwives needs to take place within an ethical migration framework and adherence to decent work. They also highlight the importance of better workforce planning and employment conditions to address workforce shortages and the retention of nurses and midwives.

The NSWNMA policy on overseas recruitment of nurses and midwives stresses the importance of ethical migration and the need for a better awareness of the impact of migration on developing countries. An extract from the policy can be seen below.

NSW Nurses' Association policy on overseas recruitment of nurses and midwives

The implications of the global competition for nursing and midwifery skills necessitate some ethical consideration, given that aggressive recruitment of nurses and midwives from developing countries has potentially catastrophic consequences for the health care systems in those regions.

We recognise that nursing is an internationally mobile profession and welcome overseas nurses and midwives working in this country. However, it is important to emphasise that the importation of nurses and midwives from overseas is neither an effective nor desirable first instrument to overcome poor domestic labour market planning.

How catastrophic the impact can be is illustrated by statistics compiled by the World Health Organisation. According to WHO, the Americas with 10% of the global burden of disease, have 37% of the world's health workers spending more than 50% of the world's health budget. The African region has 24% of the burden but only 3% of health workers commanding less than 1% of world health expenditure. The exodus of skilled professionals in the midst of so much unmet health need places Africa at the epicentre of the global health workforce crisis (World Health Report 2006).

Similarly, the Australian Nursing Federation policy on the international recruitment of nurses and midwives advocates ethical migration; improved measures to retain nurses through workforce planning, pay and conditions of employment; and for employers to practice fair recruitment practices, decent work and equality when employing overseas nurses. The policy can be seen below.

Australian Nursing Federation: Policy on the international recruitment of nurses and midwives

It is the policy of the Australian Nursing Federation that:

1. The implication of global competition for nurses and midwives necessitates ethical consideration, as aggressive recruitment from developing countries may have potentially unwanted consequences for the health systems of the source country(ies).
2. Migration programs should not be used as a primary strategy to overcome nursing and midwifery shortages in Australia.
3. Governments should commit more resources for workforce planning, education and improving pay and conditions in order to attract and keep nurses.
4. Employers wishing to recruit nurses and midwives internationally must demonstrate: they have introduced a range of strategies aimed at attracting, recruiting and retaining nurses and midwives residing in Australia; and they will provide internationally recruited nurses and midwives with employment conditions the same as those offered to nurses and midwives in Australia.
5. Prior to the recruitment of international nurses and midwives, employers must exhaust all avenues to employ nurses and midwives domestically.

6. Employers seeking to recruit and employ nurses and midwives from other countries must provide the following:

- Transparency and fairness in recruitment practice;
- Effective human resource planning and development including mentoring and orientation;
- Full access to employment opportunities and flexible environments;
- Equal pay for equal work;
- Freedom from discrimination;
- The right to be informed regarding freedom of association; and
- Assistance to meet the necessary English Language Skills Registration Standard of the Nursing and Midwifery Board of Australia.

7. Procedures for the assessment of nursing and midwifery applications from other countries must be equitable and fair, be based on nationally agreed proficiency in the English language, determine clinical competence, and recognise previous experience and prior formal educational qualifications.

8. Employing agencies must exhaust all avenues to employ specialist nurses and midwives residing in Australia prior to seeking specialist nurses and midwives from other countries.

9. The ANF Federal Office will become the central point for all enquiries from international recruitment companies or any other source seeking information regarding the recruitment of nurses and midwives from overseas.

Section 3: PSI Participatory research in Australia on the experiences of migrant health and social care workers

3.1 Introduction and methodology

Participatory peer-led research was carried out by PSI with two trade unions in Australia: the New South Wales Nurses and Midwives Association (NSWNMA) and the Queensland Nurses Union (QNU). Participatory research is collaborative and has a focus on social change and social justice. It is collaboration between the researcher and participants who have knowledge and experiences from their real life situations.

The research was designed and carried out by the people who are the subject of the research, in this case migrant health and social care workers who have migrated to work in Australia. The experiences and concerns of migrant health and social care workers were at the centre of the research, helping to frame the research questions and the approach taken.

The objectives were to:

- Collect first-hand evidence and data on the situation and experiences of migrant nurses, midwives and social care workers in Australia.
- Identify key actions for trade unions and the government.

The research used a mixed methodology of quantitative and qualitative research methods that included:

- An on-line survey in Queensland.
- Face-to-face interviews and an email survey in New South Wales.
- A focus group with migrant health and social care workers in Queensland.
- A focus group and questionnaire with Australian health and social care workers in New South Wales.

The benefits of this methodology were as follows:



- First, migrant health and social care workers were trained in research skills to enable them to identify the needs of a wider number of their peers. This was empowering for the participatory researchers. It ensured that the research and the design of the questionnaire were comprehensive and directly related to the lived experiences of migrant health and social care workers.
- Second, migrant health and social care workers were more likely to be open about discussing their needs and experiences with their peers. This is important as migrant workers are often vulnerable to exploitation or may therefore be nervous about answering questions that could be perceived to affect their visa or employment status, particularly if their visas tie them to an employer.
- Third, the training built the research and data gathering capacity of trade unions. These skills are relevant for future data collection, particularly in reaching out to vulnerable workers, and in creating an evidence base for other trade union advocacy work.
- Fourth, the research itself became an important tool for trade union organising, in making contact with migrant health and social care workers and informing them of the role that unions play in advocating on their behalf. Because the research was carried out by migrant workers who were trade union members, it was possible to reach out to migrant health and social care workers in the workplace. This enabled the peer-researchers to provide information about PSI's migration program and union activities, and to distribute the Passport to Worker and Trade Union Rights produced by the NSWNMA. It was also an opportunity to involve migrant health and social care workers in trade union activities and advocacy on migration issues.

Twenty-two peer-researchers, representing migrant health and social care workers from fifteen different countries, participated in the training. All were members of the NSWNMA or the QNU and had been approached by the unions to participate in the training. The research skills training took place at a workshop held in Sydney on 12-14 October 2010. The unions worked jointly to carry out the research, overseen by the coordinator based in the NSWNMA. PSI's Research Consultant provided the training for the peer-researchers, supported the research process, drew together the findings and produced this report. In addition, the Research Consultant reviewed Australian research, policy and legislation on health, migration and employment, and interviewed key informants in

the government and trade unions. This provided the background and context for the research.

The training covered development of a research plan, an introduction to research methodology and ethics, interviewing skills, piloting of the questionnaire, and organising and reporting on focus groups. By the end of the training, the peer-researchers had developed the skills and confidence to carry out the interviews and focus groups. As a group, they were hugely committed and motivated.

Feedback from peer-researchers on the research training workshop and the value of the research, held in Sydney on 12-14 October 2011

"The program is excellent in a sense that it makes important issues on the impact of migration, which is very helpful in addressing the problems and formulating solutions which would benefit not only the healthcare worker but also the country of destination and the country of origin."

"It is much appreciated that as peer researchers our ideas, views and suggestions were taken into consideration. Our input makes it feel that we are contributing not only in collecting the data but ensuring the way to collect it is applicable to our society."

"I take back with me all of the skills on research and all of the ideas from the workshop. It is really good that such an issue has been raised and I will take home awareness of what is happening and to apply the research skills we have learnt here. It will be very important to have research-based evidence."

"I have gained a great appreciation of colleagues from overseas. It is a great opportunity to participate in something that is very powerful – the momentum we have gained here can be put to good use."

"Most of all I am excited to see the end result of the research. I am looking forward to these things being addressed. My perspective of the unions has changed because of this – I am grateful to be here."

"This research has been very significant for me. It is an eye opener for me. I have told my story, I am very private, and this is an opener for me to voice this out. I felt relieved and at the same time happier because we are going to help migrants."

3.2 Findings from the survey of migrant health and social care workers

a) Profile of respondents to the survey

Number of respondents to the survey and country of origin

A total of 478 questionnaires were completed by migrant nurses, midwives and social care workers between November 2011 and February 2012. These included:

- 362 questionnaires completed in Queensland.
- 116 questionnaires completed in New South Wales.

The respondents migrated to Australia from fifty-one countries. The top five countries of origin were the Philippines (127), China (44), India (39), the UK (33) and Zimbabwe (21). This breakdown of countries of origin is consistent with the data provided by the NSWMA and the QNU on membership. Table 5 lists the countries of origin of respondents in Queensland and New South Wales.

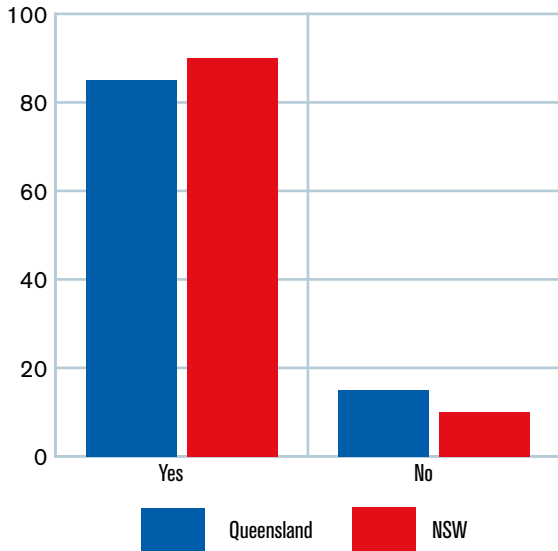
Table 5: Countries of origin of respondents

Country of origin	Queensland	New South Wales	Total
Bangladesh	1	1	2
Bosnia and Herzegovina	1	0	1
China	26	18	44
Canada	1	2	3
Chile	0	2	2
Brazil	2	0	2
Columbia	2	0	2
Czech Republic	3	0	3
Denmark	2	0	2
El Salvador	2	0	2
Fiji	6	1	7
Finland	1	1	2
France	5	1	6
Germany	11	3	14
Ghana	2	1	3
India	35	4	39
Indonesia	2	0	2
Iran	0	2	2
Ireland	1	8	9
Israel	0	2	0
Ivory coast	1	0	1
Japan	9	1	10
Kenya	1	0	1
Kiribati	3	0	3
Korea	12	3	15
Liberia	2	0	2
Malawi	1	0	1
Malaysia	3	6	9
Nepal	13	4	17
New Zealand	10	2	12
Norway	2	1	3
Pakistan	4	1	5
Peru	2	0	2
Philippines	109	18	127
Poland	1	0	1
Romania	4	0	4
Sierra Leone	1	0	1
Slovenia	1	0	1
South Africa	12	6	18
Spain	2	0	2
Sri Lanka	2	0	2
Sudan	1	0	1
Sweden	1	1	2
Switzerland	3	0	3
Taiwan	2	1	3
Thailand	4	1	5
Netherlands	7	0	7
Tonga	2	0	2
UK	22	11	33
USA	2	1	3
Vietnam	3	0	3
Zimbabwe	14	7	21
No country specified	3	6	11
Total	362	116	478

Trade union membership and awareness of the PSI migration program

The majority of respondents were trade union members, principally of the NSWNMA and the QNU. Chart 1 shows that 85% were trade union members in Queensland and 79% were members in NSW. The high level of trade union membership reflects the fact that the survey was organised through NSWNMA and QNU.

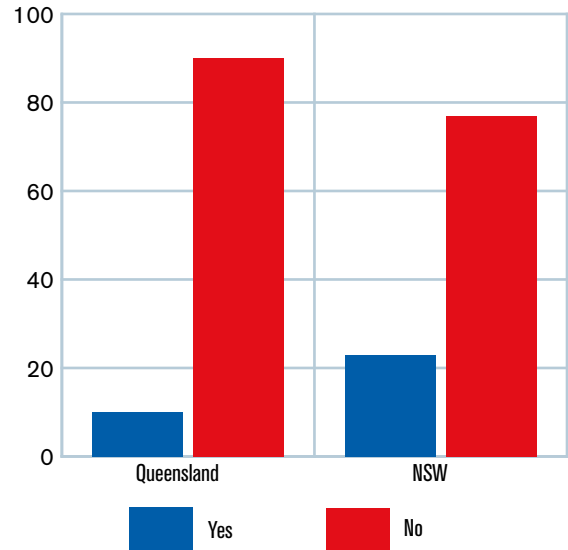
Chart 1: Trade union membership (%)



The research measured awareness of PSI's programme on the international migration of health and social care workers, including the Passport to Worker and Union Rights in Australia produced by the NSWNMA as part of the union's activities to inform migrant nurses and midwives about the role and activities of the union. Chart 2 shows that 10% of respondents from Queensland and 23% from NSW were aware of the PSI migration programme. The higher percentage in NSW reflects the fact that the NSWNMA has been a partner in the programme for two years and has published the Passport to Worker and Union Rights in Australia.

The low awareness of the PSI migration programme raises issues about how unions can be more proactive in disseminating information about the programme's activities and resources. The interviews and the publicity for the survey were both an opportunity for respondents to be informed about the PSI programme, as well as the activities of the QNU and the NSWNMA.

Chart 2: Awareness of the PSI's migration programme (%)



Many respondents stated that they had little knowledge of trade unions when they first arrived in Australia. This has implications for how unions recruit and organise migrant health and social care workers. It points to the importance of providing information when migrants begin a new job. An Assistant in Nursing from the Philippines, working in the aged care sector in NSW, stated:

It was only known to me when I was working in a nursing home and the Director of Nursing was recruiting everyone to be in a union member. I had no knowledge of unions and what unions did before that.

Age, gender and current occupation of respondents

The majority of respondents were in younger age groups. Chart 3 shows there was a slightly younger age profile in NSW compared to Queensland. The largest group, 37%, were 26-35 years old. Of these, 35% were in Queensland and 42% in NSW. This was followed by 36% who were 36-45 years of age, 14% who were 46-55 years of age, 10% who were 55-65 years of age, and 11% who were 18-25 years of age.

Chart 3: Age of interviewees (%)

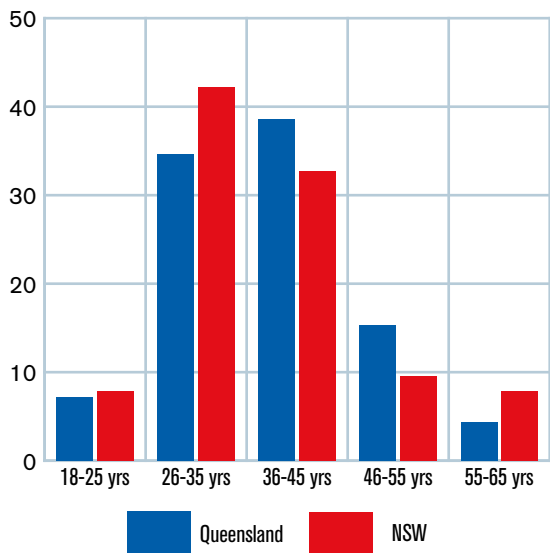


Chart 4 shows that 84% of respondents in Queensland and 78% in NSW were women. This reflects the general profile of migrant health and social care workers. It is consistent with the profile of respondents to PSI surveys conducted in Kenya, Ghana, South Africa and the Philippines.

Chart 4: Gender of interviewees (%)

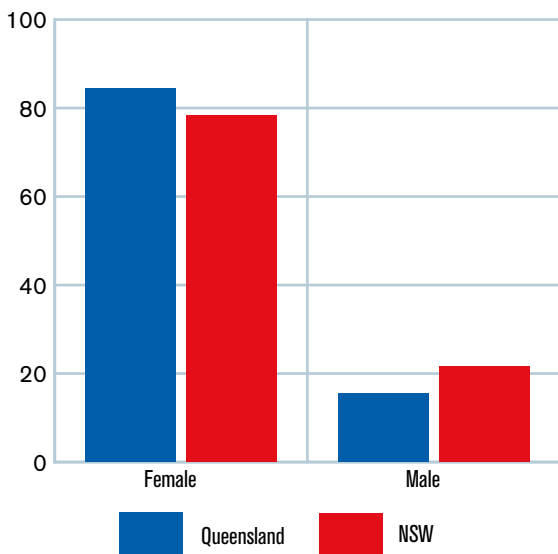
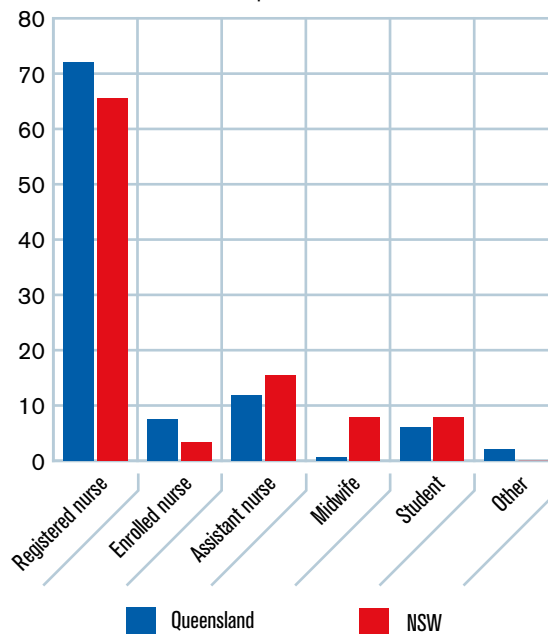


Chart 5 shows that most respondents in both Queensland and NSW were working as Registered Nurses, followed by a much smaller number who

were working as Assistants in Nursing (AIN), Enrolled Nurses and students.

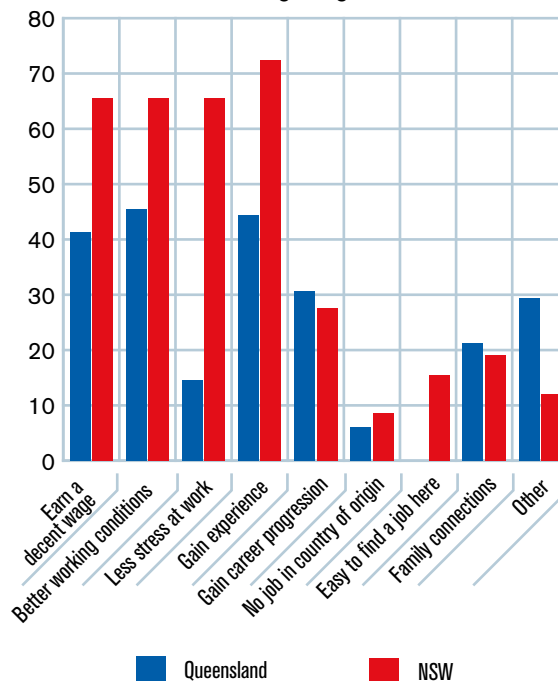
Chart 5: Current occupation of interviewees (%)



b) Reasons for migrating

Chart 6 shows that in Queensland the main reasons for migrating were to gain work experience, followed by better working conditions, a decent wage and having less stress at work. In NSW, having decent working conditions was the most important factor, followed by gaining experience and earning a decent wage. A decent wage, better working conditions and a lack of jobs in the country of origin were much more important factors for respondents who came from the global south, compared to those who came from the richer OECD countries.

Chart 6: Reasons for migrating (%)

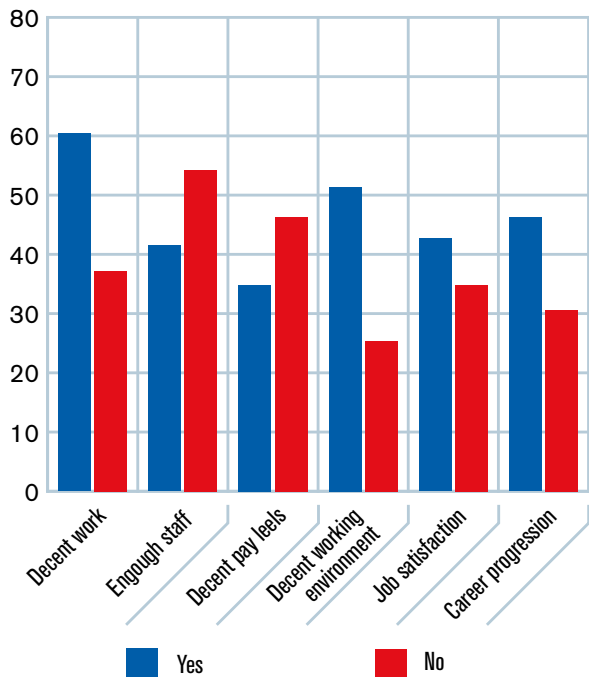


c) Experiences of working conditions and health services in countries of origin

Poor working conditions, staffing levels, pay and opportunities for career development in countries of origin were significant push factors to migrate. Low levels of investment in healthcare also influenced decisions to migrate.

Just over half of respondents stated that staffing levels in their country of origin were inadequate to provide quality care. Just under half of respondents, 46%, stated that they did not have decent pay. Over a third, 37%, said they did not have decent working conditions and 34% cited a lack of job satisfaction. A further 30% said there were no opportunities for career progression and 25% did not have a decent working environment. This is illustrated in Chart 7.

Chart 7: Working conditions in country of origin (%)



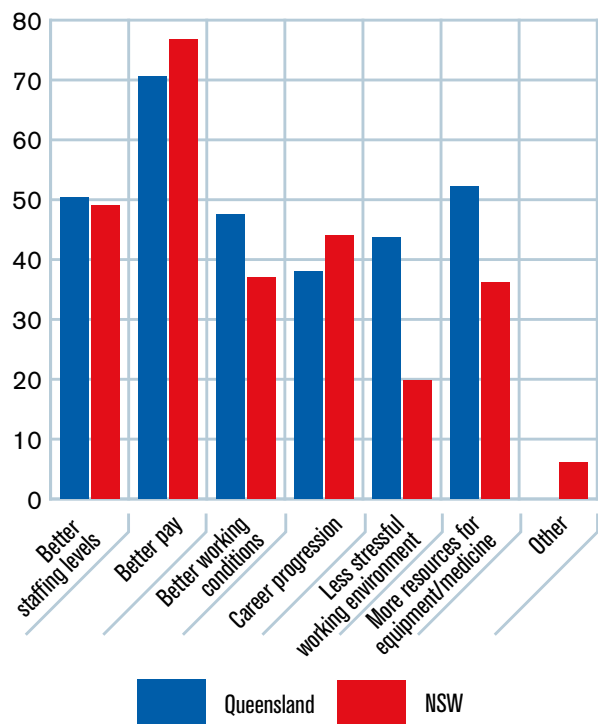
The overwhelming majority of respondents who did not have decent working conditions, pay, staffing levels and career opportunities were from the global south, with particularly large numbers from the Philippines, China and Zimbabwe. Respondents from OECD countries were much more likely to have experienced good working conditions than their colleagues from the global south.

Chart 8 shows the improvements that respondents proposed to reduce migration of health and social care workers from their countries of origin. The top priority was better pay, identified by 73% of respondents. This was followed by 49% who identified better working conditions, 49% who cited better staffing levels to enable them to provide quality care and 44% who

proposed more resources for equipment and medicine. A further 41% called for improved opportunities for career progression and 31% wanted a less stressful working environment.

These findings are in line with PSI's research in Kenya, Ghana, South Africa and the Philippines. This research found that recruiting and retaining more nurses and midwives, along with improvements in the organisation and delivery of healthcare, and a more systematic approach to human resources planning and management were essential to building better healthcare systems and retaining nurses and midwives in the workforce.

Chart 8: Main improvements needed in health care system in country of origin (%)



d) Migration plans, recruitment and remittances

Length of stay in Australia

The majority of respondents planned to stay in Australia indefinitely. Many planned to apply, or had already applied, for permanent residence.

- 73% of respondents in Queensland and 75% in NSW planned to stay indefinitely; 9% in Queensland and 9% in NSW planned to stay for five to ten years; 1% in Queensland planned to stay two to four years; and 5% in NSW planned to stay for one to three years.
- 75% of respondents in Queensland and 75% in NSW had no plans to return to their country of origin, other than for holidays. Of the 24% in

Queensland and 25% in NSW who did plan to return to their country of origin, most planned to do so because they missed their home and family. A smaller number planned to return because they found Australia to be too expensive, felt isolated living in a new country, or found the job was not what they expected. An even smaller number planned to return because their contract or visa had expired.

Recruitment agencies

Recruitment procedures are a major factor in creating a positive or negative experience of migration. Promoting ethical recruitment and lobbying for the full implementation of the WHO *Global Code of Practice on the International Recruitment of Health Personnel* (WHO 2010) have been core elements of PSI's advocacy work on migration.

Just over one-third of respondents found a job in Australia through a recruitment agency, 37% in Queensland and 39% in NSW. Over half of these recruitment agencies were Australian. The remainder were either based in the country of origin or international. Of those recruited through an agency, three-quarters of respondents stated that the agency carried out ethical recruitment, while one-quarter stated that recruitment had been unethical. In Queensland, 77% stated that recruitment had been ethical compared to 23% who had experienced unethical recruitment. In contrast, in NSW, 80% stated that recruitment had been ethical and 19% that it had been unethical. The significant number of respondents who experienced unethical recruitment emphasises the need for better regulation and monitoring of recruitment agencies to ensure they do not mislead people planning to migrate.

While the experiences of recruitment were largely positive, a number of issues were raised about the information and assistance provided by recruitment companies to help newly arrived migrant workers to settle in and find accommodation. This was summed up by one participant:

I think that the recruitment companies could provide more information and practical support, follow up calls or visits. I was offered a lift from the plane, told about my starting date and given two addresses for possible accommodation and then left to my own devices. (Registered Nurse working in NSW, from the UK)

Respondents spoke of the considerable costs, with recruitment agency charges ranging from AU \$400

to \$2,000. They also had to find additional resources to pay migration agents to act on their behalf in processing visas in Australia. Many had to borrow money from family and friends in order to pay these fees and had to demonstrate sufficient funds from their sponsors prior to migration. One respondent said:

The agency has been difficult to deal with after arrival in Australia. The deal on providing a decent housing on a certain no of days as agreed was not meet. The agent was not very helpful and they only give a portion of the relocation allowance as we found out was three times less than what they have agreed with the hospital. (Registered Nurse working in Queensland, from Nepal)

Another respondent believed that the migration agent had been unethical in that she was required to pay the employer's fees, in addition to the agent's fees and visa fees:

The migration agent required me to pay for all the fees including the agent fees, visa processing fees as well as the fees to be paid by the employer, and still worked for the employer's interest, and I believe the agent had the conflict of interests. (Registered Nurse working in Queensland, from Nepal)

One of the main issues cited was the failure of recruitment companies to provide accurate information about terms and conditions of employment:

I was told by the recruiting company that everything would be the same regarding working conditions, pay parity and even the language. When I got here I was quite stressed to find that this was not the deal. There were vast differences working for a private facility, pay information was inaccurate, and shift start and finish times had not been explained. (Registered Nurse working in NSW, from the UK)

For others, the experience of recruitment agencies was positive:

The agency arranged for us to get student visas to study 'English for nurses' in a university. We went to university for English study in the morning and to work in a ward in the afternoon. It was a great experience. We can have more confidence speaking English and know more about the healthcare system in Australia prior to getting registered. (Registered Nurse working in Queensland, from China)

A nurse on a student visa from the Philippines, working as an Assistant in Nursing in Queensland, said the process had been very smooth. She spelled out the process and the costs that were involved:

I contacted the agency and I was told to complete all my papers to be sent to Australia to be assessed. I had to find a hospital in Victoria online who offered supervised training at the time, and gave the list to the agency. Then they found a hospital, then I had got a visa. I have to pay 20,000 pesos [approximately AU \$454] for the placement fee to the agency.

Migrating alone or with family

The largest group of health and social care workers migrated alone, representing 39% of respondents in Queensland and 56% in NSW. 34% in Queensland and 15% in NSW migrated with their spouse/partner and children. A smaller number migrated with their spouse/partner, 19% in Queensland and 17% in NSW.

Remittances

Remittances provide essential support for the children and family members of migrant workers and for investment in housing for returning migrants. Just under half of the respondents stated that they sent remittances home, 46% in Queensland and 42% in NSW. The slightly lower numbers in NSW could be

attributed to the lower age profile of respondents, suggesting they may have fewer dependents. In most cases remittances were sent home for children or other family members, with smaller numbers sending remittances for housing and other investments. In Queensland 65% sent remittances for family members other than children, compared to 46% in NSW.

e) Visas upon arrival and visas currently held

The type of visa held by health and social care workers affects their rights, access to social protection and working conditions. The research took place at a time of a shift in government policy towards temporary migration. Many respondents expressed concern about how these changes would affect their rights and opportunities to settle as permanent residents.

Table 6 shows the visas respondents held on arrival in Australia and the visas they currently hold. Arrival in Australia is usually on temporary visas. The majority arrived in Australia on a Student Visa or the Temporary Business Long Stay Visa (457). After arrival, many were able to change their legal status. As a result, 82% in Queensland and 62% in NSW had acquired a permanent resident visa or citizenship. 17% in Queensland and 38% in NSW were still on temporary visas. A smaller proportion had either migrated with a spouse, as refugees, or as children migrating with their parents. They had subsequently completed training to become nurses, midwives or care workers in Australia.

Table 6: Visas held by respondents on arrival in Australia and current visa held

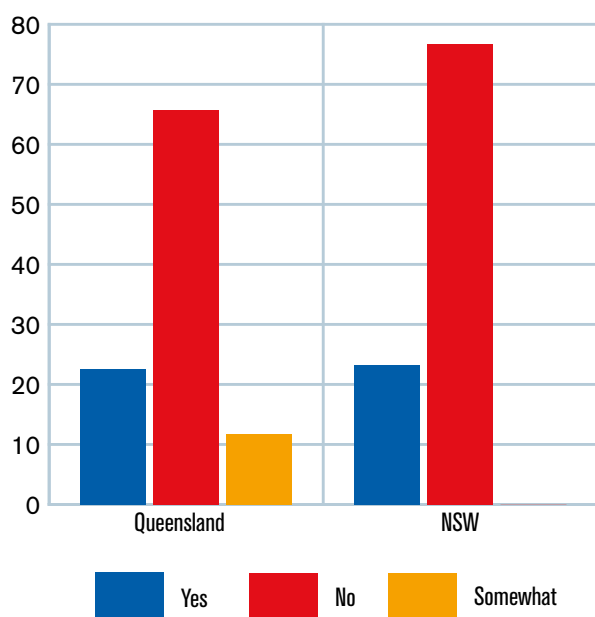
Visa on arrival to Australia	Queensland	%	NSW	%
Temporary				
Temporary business (long stay) visa (457)	89	26	26	22.4
Temporary business (short stay) visa (456)	18	5.3	3	2.5
Working holiday makers	12	3.5	4	3.4
Occupational trainee visa	0	0	0	0
Student visa	111	32.5	34	29.3
Total	230	67.3	67	57.7
Permanent				
Employer nomination scheme	6	1.8	0	
Regional sponsored migration scheme	6	1.8	0	
General skilled migration program	21	6.1	18	15.5
Other*	79	23.1	31	26.7
Total	112	32.8	49	42.2
Current visa	Queensland	%	NSW	%
Temporary				
Temporary business (long stay) visa (457)	24	7.1	26	22.4
Temporary business (short stay) visa (456)	0	0	0	0
Working holiday makers	1	0.3	0	0
Occupational trainee visa	1	0.3	0	0
Student visa	34	10	18	15.5
Total	60	17.7	44	38
Permanent				
Employer nomination scheme	47	13.9	9	7.7
Regional sponsored migration scheme	41	12.1		0
General skilled migration program	47	13.9	25	
Other*	144	42.5	38	32.7
Total	279	82.4	72	62

*Other includes citizenship and bridging visas

Employment rights and job security are vital issues for temporary visa holders. Fear of losing a job that is tied to an employer or fear that an application for residency would be rejected were cited by respondents as factors that caused them to tolerate lower pay and working conditions without complaining.

Chart 9 shows that nearly one-quarter, 22% in Queensland and 23% in NSW, believed that the visa they held affected their working conditions. Those who held a temporary 457 visa tied to an employer and students with restrictions on working hours were the main groups affected by this.

Chart 9: Extent to which visa held affects rights and working conditions (%)



A large number who were on a temporary visa or had previously held a temporary visa stated that employers regularly treated temporary visa holders unequally. This included a lack of consultation on shift changes and always putting the migrant worker on an unpopular or night shift. As one Assistant in Nursing from the Philippines who was working in Queensland, stated, “My manager recently cut down my working hours while I was on my holiday, and did not even inform me before doing it.” Another Assistant in Nursing working in Queensland said, “I never get to choose the shift I want. I do the unpopular shifts. I don’t want to cause trouble as I am tied to my employer and don’t want to risk losing my job.” Most felt unable to complain about unequal treatment for fear of losing their job and risking deportation.

In some cases employers were not fully aware of the validity of certain visas and preferred to employ workers on permanent visas:

The employer did not understand the concept of a bridging visa and it was very troublesome to convince them that I have full work right[s] as any others. The other thing is that it was extremely hard to find a job since all the public sectors only employ the ones with permanent residency or citizenship. (Registered Nurse working in Queensland, from South Korea)

Others experienced lower rates of pay and poorer working conditions because they were employed by an agency, rather than directly by an employer:

Because I was recruited to work in Australia by an agency, I was receiving my salary from the agency and not directly from the employer. I was also not receiving the same rights as the other employees because the agency was operating in its own way, e.g. getting extra days for working certain hours in a year. (Registered Nurse working in Queensland, from South Africa)

Others felt their temporary visa affected opportunities for career development, including applying for promotional positions. A Registered Nurse from the UK, working in Queensland, recounted the experience of many temporary visa holders:

The visa limits my career advancement. I cannot apply for certain professional development courses. I do a lot more work than some of my colleagues but get paid less. I am a mental health nurse in the UK but in Australia I am only a registered nurse, which I feel has taken me backwards instead of really reflecting my qualifications. My wife, who also came on the same visa, was put on the lowest scale of her grade, which does not reflect fair pay with other colleagues at her work. She has years more experience and has a degree in mental health nursing, but is getting paid just like a newly qualified nurse. She is doing complex work, but is tied in with a Visa 457 and cannot exit her contract. We have also been told that if we are considered for the posts permanently, then we will be interviewed again, which will be our third interview for a job we are already doing.

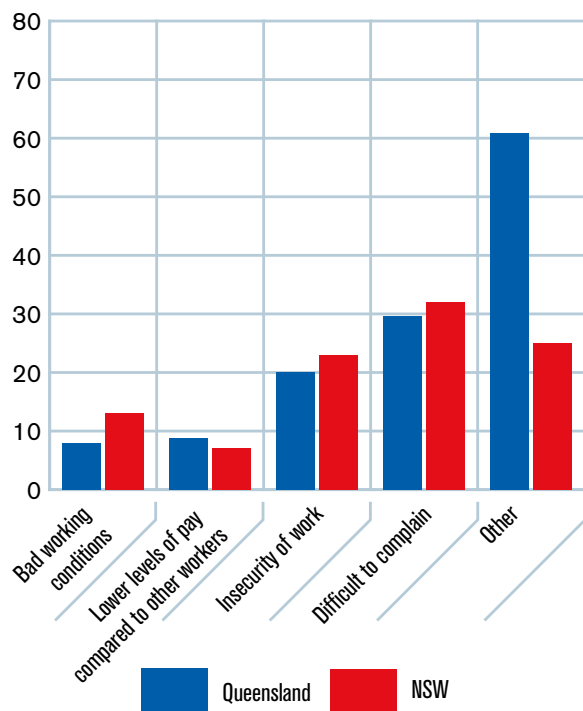
This issue of temporary visa holders not being equally valued was mentioned repeatedly:

Before becoming a citizen I felt I was tied to the employer who really didn’t value what I was contributing to the organisation. The boss only mentioned how valuable I was to the

organisation after I put in my resignation and [my boss] offered a pay rise for me to stay, but it was too late. (Registered Nurse working in Queensland, from Zimbabwe)

Chart 10 shows that nearly one-third of respondents, 29% in Queensland and 31% in NSW, said their temporary visa made it difficult for them to complain. In most cases their visas were employer-sponsored. One-fifth stated that this led to insecurity at work. For one-tenth, it resulted in bad working conditions, and just under one-tenth received lower levels of pay than their Australian colleagues.

Chart 10: Impact of temporary visa in the workplace (%)



Problems associated with visas and migrating

Many comments were made about confusion, complexity and delays in the immigration system, and the difficulties in gaining permanent residency and citizenship.

Frequent changes in immigration laws create confusion and difficulties for people to immigrate and settle down. (Registered Nurse working in NSW, from South Korea)

I studied for at least two years in Australia and paid the highest tuition fees. I worked extremely hard to pass the IELTS exam. Finally I became a skilled RN. But it is still very hard to settle down in Australia because it is so hard to get permanent residency now. (Registered Nurse working in NSW, from China)

The process of applying for a visa is very complex and if you ring up a helpline (or such) there are as many answers to your question as there are people answering it. There is no proper communication from the Migration Department, it's all very black and white, there is no tolerance of human errors in your application and if you make a mistake it will be declined, no questions asked. (Registered Nurse working in NSW, from Finland)

I applied for my residency six months ago. I still have no idea about the status of the application and no visa officer has been allocated either. Can the government please make things faster and less complicated? (Registered Nurse working in Queensland, from India)

Skilled migrant 457 Visa holders

A large number came to Australia on the 457 visa, which is one of the most common visas issued to migrant nurses. One of the concerns expressed by unions is that the government's policy of promoting more temporary migration restricts rights to permanent migration to Australia. Restricting permanent migration increases the potential for exploitation of temporary migrants.

The range of concerns associated with 457 visas includes being tied to an employer, which makes it difficult to complain or leave, and different rights to public services and social protection compared to Australian citizens.

As a taxpaying overseas health worker, please arrange similar rights and facilities as Australians, at least education for kids in public school without tuition fees. (Registered Nurse working in NSW, from Bangladesh)

Student visa holders

Health and social care workers who arrived on student visas with permission to work were the largest group of respondents to the survey. Nursing unions in Australia have expressed concern about the potential for exploitation of nurse trainees who have been recruited by private recruitment companies to work in the aged care sector. A government inquiry in 2007 found that eight Chinese nurses on Section 442 visas had been exploited for cheap labour in Australian nursing homes, with pay of only AU \$300 for a 50 hour week.

A large number of those who held student visas were working as Assistants in Nursing in aged care facilities. They experienced some of the greatest difficulties with

regards to working conditions and financial hardship. The survey sample from NSW included ten student visa holders from the Philippines who were working as Assistants in Nursing in aged care facilities. All had nursing qualifications from the Philippines and were studying for post-graduate qualifications so they could work as nurses in Australia. The key concerns expressed by student visa holders included:

- Financial hardship caused by being restricted to working 20 hours a week during term.
- No right to social protection and public healthcare under the Medicare program and a requirement to take out private health insurance.
- No right to subsidised transport or other financial assistance as enjoyed by Australian students.
- The imposition of school and overseas university fees for the children of migrant workers.

Another difficulty faced by student visa holders is that employers want people to have experience:

When I applied for a job, most of the places needed “experience”. A lot of overseas students never had experience or haven’t had [a] chance to work in Australia. But they don’t open the door for people without experience. I think this is discrimination. If no one hires inexperienced people, where do these people gain experience? In my opinion, we all should have a chance

to be trained for a short period of time. If the manager is not happy with the person during training period, they can decide whether or not hire this person. (Registered Nurse working in Queensland, from China)

Gaining permanent residency

Significant concerns were expressed about the government’s policy that restricted permanent migration. In particular, respondents believed the government needed to value the contributions of migrant health and social care workers. As one Registered Nurse working in NSW stated, “They should realise that the diversity of immigrants only enhances the positive qualities of our great country.”

The majority of temporary visa holders wanted to gain security of employment and permanent visas. Many experienced frustrating delays in the processing of applications for permanent visas. Being tied to an employer for twelve months, or in some cases longer on a bridging visa, was also of concern:

I have been expecting to get regional migration sponsorship from my workplace for four months. But according to their requirement, I will have to work twelve months in the same facility to be eligible. Therefore I need more patience and have to wait eight months more. (Registered Nurse working in Queensland, from Nepal)



A respondent from India working as a Registered Nurse on a temporary 457 visa said:

If the employer is happy with the employee's work then they should support the employee to settle into the country permanently by sponsoring them for a permanent visa, which gives the employee a sense of security. Currently many of the employers don't do this because it will cost them to sponsor an employee. But it would be nice if they could think from the employee's perspective as well.

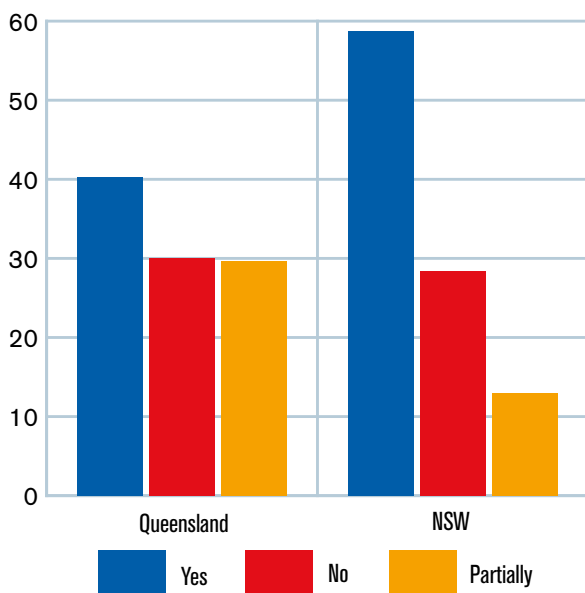
A large number of migrant nurses were sponsored by family members and had substantial loans to repay for travel, registration and training. A Registered Nurse from South Korea stated, "We had invested a lot of money for studies and with the hope of a bright future. But if we don't get permanent residency there is no bright future."

f) Recognition of qualifications, skills and experience

The research identified the extent to which the qualifications, experience and skills of migrant workers were fully recognised. Other studies have found that migration can result in deskilling and an under-valuation of the skills and experience gained in the person's country of origin. PSI's own research, conducted in Kenya, Ghana and South Africa in 2011, uncovered instances of exploitation and lack of recognition of skills and experience.

Chart 11 shows that many were working in positions that fully recognised their work skills and experience, 40% in Queensland and 58% in NSW. However, 29% in Queensland and 12% in NSW stated that their skills and experience were only partially recognised. A further 30% in Queensland and 28% in NSW said their experience and skills were not fully recognised.

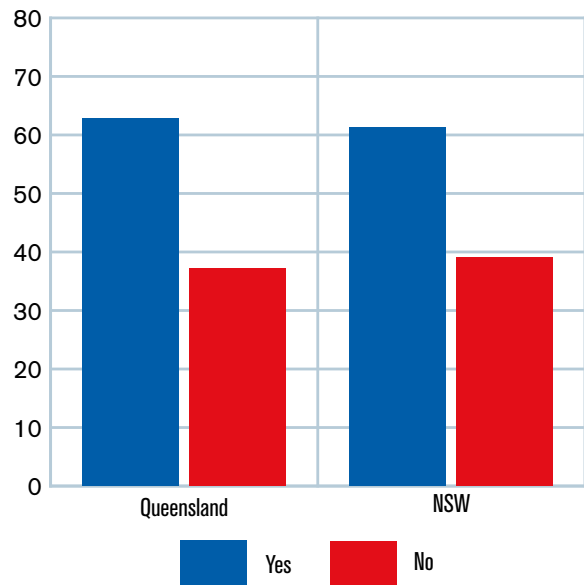
Chart 11: Recognition of experience and skills (%)



The majority of respondents were working at the same skill level as the job they had held before they migrated. In Queensland 17% were working at a higher skill level than the job they held before migrating, 47% were working at the same skill level and 35% were working at a lower skill level. In NSW 24% were working at a higher skill level, 26% were working at a lower skill level and 54% were working at the same skill level. Although most were working in jobs at the same skill level, this shows that migration can lead to better opportunities for higher skilled jobs, but it can also deskil a nurse or midwife.

In some cases skills and experience were not fully recognised because the job was not at the skill or pay level that was expected. In some cases the migrant worker may have been misled about the job or pay level. As Chart 12 shows, in Queensland just over one-third of respondents, 37%, and in NSW 38%, were working in a job that was at a skill level and/or pay that was lower than they had expected.

Chart 12: Extent to which job taken was at the same skill level and/or pay that was expected



In some cases, nurses were recruited to work in lower qualified social care jobs. In others, nurses and midwives were required to take a bridging course, an English language test, or had to wait long periods for their registration to be processed before they could work as a nurse or midwife. During this waiting time many were employed as Assistants in Nursing.

Some fully qualified nurses were working as social care workers in private nursing homes. Other nurses and midwives worked in lower grade positions that did not recognise their experience or qualifications in specialist roles.

I actually contacted some nursing agencies here but they would all say that being [a] Nepalese Registered Nurse is not enough and that I needed to have some experience in aged care to work in Australia as an Assistant in Nursing. (Registered Nurse working in Queensland, from Nepal)

I was not qualified to work as a Registered Nurse here even though I was fully qualified in the Philippines. Working as an Assistant in Nursing is all I am qualified [for] here and I have no choice as I am not registered to work as a Registered Nurse in Australia. But I did pass the English and Nursing sections of the tests to go to work in the USA, so why not here? (Registered Nurse working in NSW, from the Philippines)

It is important to have a clearer understanding of the pre-requisites of nurse registration to make it easier for qualifications to be recognised. I had several post-graduate certificates from the English National Board which were not recognised by Australian employers and consequently, [I] was not eligible to apply for certain positions. (Registered Nurse working in NSW, from the UK)

One Registered Nurse from the Philippines came to Australia directly after completing her four-year Bachelor of Nursing and licensure exam in the Philippines. Once registered she migrated to Australia as a student and had to follow a further two year graduate course in order to work as a nurse, during which time she worked as an Assistant in Nursing in an aged care facility:

Instead of doing the whole two year course of Bachelor of Nursing again, they should assess or reconsider the program done in the country of origin and match [it] with the Australian standard. (Registered Nurse working in NSW, from the Philippines)

A midwife from South Africa who had been working as a Registered Nurse for three years spoke of her frustration at not having her skills and experience recognised. Despite 20 years of experience, she was not permitted to work as a midwife in Australia. She

was unable to take the midwifery bridging course because the cost was prohibitive. She had been promised in writing that the hospital where she worked would sponsor her for permanent residency. However, the hospital reneged on this, forcing her to seek employment elsewhere. She said:

The fact that my midwifery experience and knowledge is not recognised in a country that is crying out for midwives flabbergasts me. I think that candidates should be looked at on a personal basis or at least be allowed to participate in a short course to see if you do actually know what you are doing... I would still like to work as a midwife here as I feel I have so much to offer, but am very restricted... I cannot understand why I am being discriminated against because I am a South African midwife.

The lack of recognition of qualifications, deskilling and working at lower skill levels are important concerns for trade unions. It will be important for trade unions to advocate for full value and recognition to be given to the skills and experiences of migrant workers.

The lack of mutual recognition of qualifications from countries other than the UK and New Zealand means skilled migrants must make a significant investment of time and money to take a bridging course and qualify for registration to work in Australia. A female nurse from the Philippines who migrated with her family four years ago said she felt deskilled: "I was a clinical instructor RN in my country. Here I am only a residential care officer caring for the aged."

A large number of respondents said they were frustrated by bureaucracy and lengthy waits. Most waited over six months to have their registration to practice as a Registered Nurse processed. During this time it was not uncommon for the person to work as an Assistant in Nursing or Student Nurse at much lower pay.

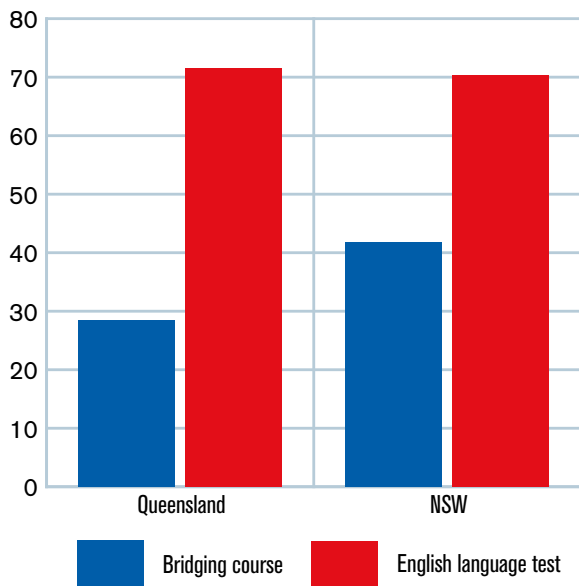
Bridging courses and English language tests

The requirement to pass an English language test and/or follow a bridging course was a cause of distress and financial hardship. Many considered the bridging course they followed to have been unnecessary, often replicating training already completed in their country of origin.

Chart 13 shows that a large number of respondents had to undertake a bridging course to enable them to work in Australia as a nurse or midwife, 28% in Queensland and 32% in NSW. Even larger numbers were required to take an English language test

to demonstrate their competence in English in a workplace setting. Just over half of all respondents had to take an English language test, 57% in Queensland and 55% in NSW.

Chart 13: Interviewees who had undertaken bridging course and English language test



Bridging courses

A number of respondents felt that the requirement to undertake a bridging course was an unnecessary burden. A nurse from the Philippines who was working in Queensland, said, “I have to do the whole three years on top of my four years nursing degree.” This led to the considerable financial hardship of paying course fees while working as an Assistant in Nursing and earning a much lower rate of pay than a nurse. A Registered Nurse from South Africa said the AU \$10,000 cost of the bridging course was prohibitive for most nurses:

I have never come across such badly worded application forms with inconsistent terminology anywhere! Anything that cost that much should result in a whole new qualification. This matter of the cost of a bridging course will be the single biggest stumbling block for anyone else coming from South Africa now.

Some health and social care workers experienced considerable stress in waiting for a decision about registration following a bridging course. A nurse from the Philippines, working in Queensland, stated:

I am still waiting for the result of my appeal on [my] application as Registered Nurse, to have my bridging course. When the AHPRA decided not to give me eligibility, I waited for nearly two years, the final decision was to refuse my application.

Another Registered Nurse working in Queensland, from Malaysia, experienced delays and bureaucracy in the registration process:

My qualification and experience as Registered Nurse was not recognised by AHPRA and I was advised to take the Enrolled Nurse course. There was a delay in processing my application. After almost nine months [I was] told I'm not qualified. There was no direct service for interactive enquiries with [a] relevant person managing the case, therefore getting information and advice was impossible.

A significant hardship for temporary visa holders with dependent children was the high school fees that are charged for international students. A Registered Nurse from Slovenia, who was working in Queensland on a bridging visa, said:

Just before I graduated, the migration law changed and we could not apply for permanent residency for another year. We had to pay for [a] bridging visa and our son was treated as an international student for another year, which means higher expenses for schooling (\$15,000 per year). If you are on student visa you have no benefits. We spent nearly \$100,000 on my degree and my son's degree. We've been exposed to huge financial stress when on [the] bridging visa.

The International English Language Testing System (IELTS)

A large number of respondents expressed concerns about the appropriateness and relevance of the English language test, as well as the high cost and arbitrary nature of the test. Several felt that it was unnecessary to require nurses and midwives who had been working and/or studying in Australia for a considerable period of time to take the IELTS in order to gain permanent residency. In some cases even people from English speaking countries were required to complete the test. A Registered Nurse from Ghana said:

English language is the universal language used in my country Ghana and I can speak and write good English, better than some people who are from other English speaking countries. Why should I then pass an English test to work in Australia?

One respondent from the Philippines, who was working as a Registered Nurse in NSW, believed that it was an unnecessary burden:

I am an overseas qualified nurse from the Philippines and have attended further nursing study in English to qualify for work in Australia. Why should I have to do the English exam to be allowed to stay and work in Australia on a permanent basis?

One respondent, who had completed the IELTS test in NSW, said the test was not appropriate for those working in a healthcare setting:

The questions on the IELTS test don't necessarily pertain to our profession. They ask us about business, which is far from nursing, so naturally you have to think quickly and make up an answer.

Other respondents recounted the confusion surrounding the IELTS test. A Registered Nurse from Japan, working in Queensland, said there were difficulties and confusions:



When I entered Uni for the Bachelor of Nursing, IELTS wasn't needed if I completed the course to become a Registered Nurse, but the regulation changed before the completion. Everyone was told different information. Even people at Uni and in the Nursing Council couldn't tell what was going on. I ended up on the diploma course in nursing for overseas students, which was not recognised by the Nursing Council, and that was why all the students needed IELTS.

Some respondents felt the test was unfair and should be abolished. This was particularly the case for those who had undertaken graduate and post-graduate study in Australia. One participant stated that, while having a high level of English was necessary for nursing, it was important to "stop blaming nurses from overseas who are more than capable of nursing... It's not only migrated nurses who make mistakes." (Registered Nurse working in NSW, from South Korea)

The costs were also prohibitive for some respondents. A Registered Nurse from Tonga who was working in Queensland said:

The English test is very hard and very expensive. A lot of nursing staff from the Pacific Island only have [on] average \$200 a fortnight to support big families. It is very difficult for them to save money to sit the exam... Allow nursing staff from countries that are required to pass the English test to have a free course to help them pass the test.

Some found the test to be very difficult and took a number of attempts to pass. A Registered Nurse from Sweden, working in Queensland, stated:

I found this test terrible. Before I came to Australia I had nine years of English studies in my backpack. I am not sure if I would even pass this test in my own language. I found the reading part the worst... The short time I got for the reading part and to answer 40 questions was not enough for me. I had to do this test 3 times to pass. That was also to the cost of AU \$900. And to add to that, my application to migrate here was almost \$2,000 and I didn't have any working conditions. It was a very stressful time and I almost gave up.

A Registered Nurse from South Korea who was working in Queensland said:

The biggest difficulty I had to face was the ridiculously high standard of English they were

after. For instance, an IELTS score above 7 for each section is something I swear many local people will not be able to get. My overall score was 8.5 including 9 on reading and listening. Nevertheless, it took me six months to get my license because in one section I was 0.5 of a mark short. What a waste of time and money!!!

A Registered Nurse from Vietnam, said:

It's very difficult to get IELTS 7.0 with 7.0 at all 4 skills. I believe that even an Australian cannot achieve this score for 4 skills.

The difficulty of the test and the costs suggest the government, employers and trade unions should consider ways to more effectively support migrant workers in building their language skills and preparing them for the test.

g) Support received from the government and trade unions

Support from government services on arrival in Australia

Support for newly arrived migrants is vital to help them integrate into life in their new country. The vast majority of respondents to the survey received little or no support from the government in relation to housing, financial assistance, childcare and schooling or employment. Slightly higher numbers in Queensland received information about living in Australia, processes for nurse registration, and visas than was the case in NSW. The support received from government services in Queensland is outlined in Chart 14, and in NSW, in Chart 15.

Chart 14: Government services of help on arrival in Australia (Queensland) (%)

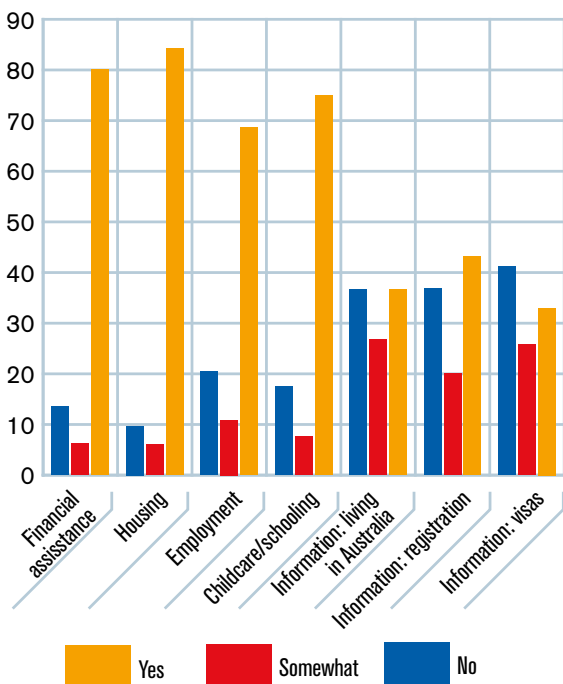
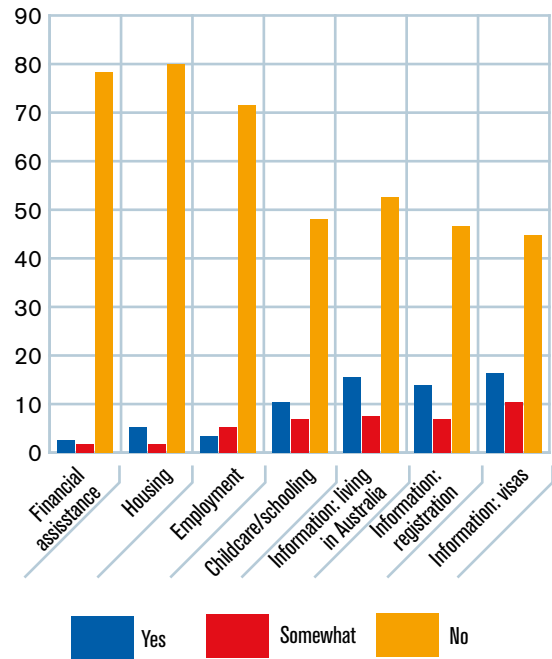


Chart 15: Government services of help on arrival in Australia (NSW) (%)



Support and services from trade unions in countries of origin and in Australia

Around one-third of respondents were members of a trade union in their country of origin, 36% (in Queensland and 39% in NSW). Of those who had been trade union members, only a very small proportion, 12%, had received help and advice prior to migration. Where help had been given, this included information about joining a union in a new country, applying for a position overseas and information about migrating. Very few received help or support from a trade union on arrival in Australia. Only 9% in Queensland and 10% in NSW received support or information. This points to a need for unions in countries of origin and in Australia to play a more proactive role in providing information and advice to migrant workers prior to migrating, and on arrival.

h) Experiences of integration in Australia

How well migrant workers integrate affects their overall well-being, social inclusion and sense of belonging in their new country. The vast majority of health and social care workers had positive experiences of integration. Respondents in Queensland had slightly more positive experiences than was the case in NSW. Chart 16 illustrates the experiences of migrants in Queensland, and Chart 17, experiences in NSW.

Chart 16: Experience of migrating and integration (Queensland) (%)

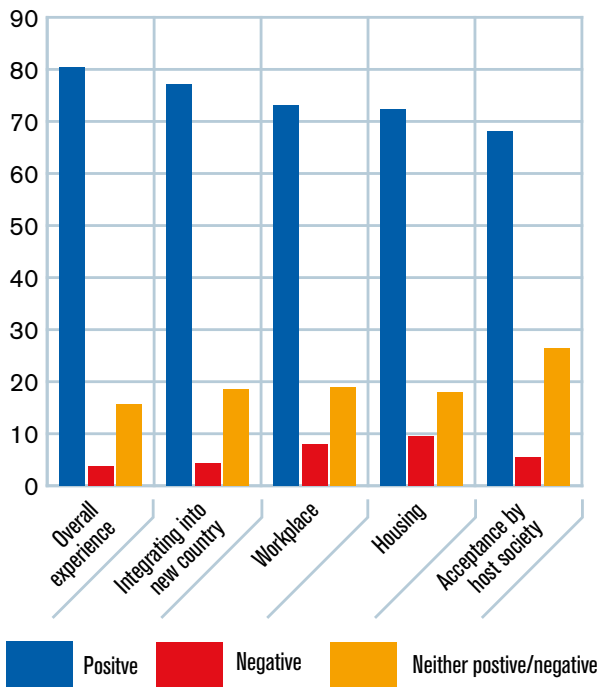
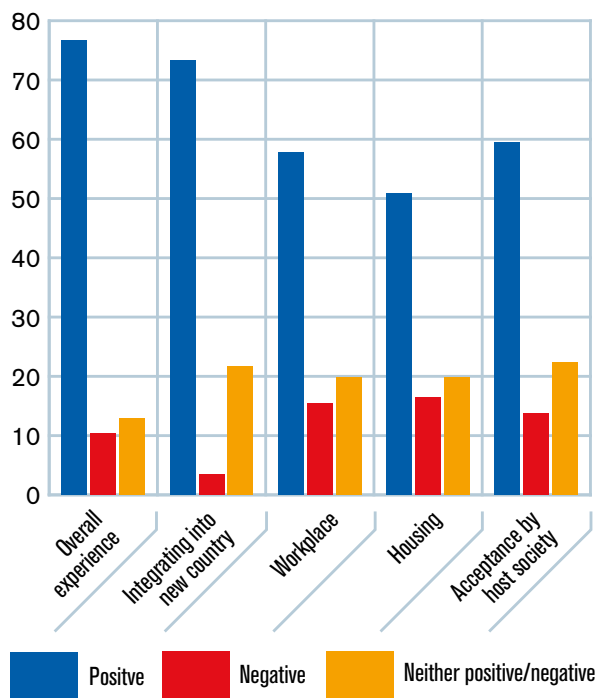


Chart 17: Experience of migrating and integration (NSW) (%)



In Queensland, 80% stated that their overall experience had been positive, 15% that it had been neither positive nor negative, and 3% that it was negative. Slightly lower levels of positive experiences were found for integration into a new country, the workplace, housing and acceptance by the host society.

In NSW the results were slightly lower, with 76% saying the overall experience had been positive, 12%

that it had been neither positive nor negative, and 10% that it was negative. Lower levels of positive experiences were found in relation to integrating into a new country, and these were substantially lower in the workplace, in housing and acceptance by the host society. Respondents in NSW had more negative experiences in the workplace, in housing and acceptance by the host society than respondents in Queensland.

Migrant health and social care workers faced immediate problems on arrival because they did not have the evidence of a salary or address needed to open a bank account or take rented accommodation.

I was denied a housing loan, car loan, credit card and chequing account until I had worked in Australia for a month. I even had housing and [a] job with a reputable organisation such as RFDS,[and that] did not make it easier. (Registered Nurse working in Queensland, from South Africa)

A number of respondents experienced difficulties in getting used to spoken Australian:

I found it hard to understand Australian English because of the slang at the beginning. I got used to it from listening to and watching Australian TV shows and getting my friends to phone me on the telephone, as I found it hard to understand phone conversations.

Integration was also affected by access to public services and social protection. As mentioned above a large number of temporary visa holders had to take out private health insurance. Access to childcare was another factor:

I would love the hospitals to have their own childcare facilities. Not having any family around was hard, especially with daycare centres only operating five days a week [and not on] public holidays. I was not able to do all the shifts expected from me due to restricted childcare hours. We had 24-hr. childcare centres available for healthcare workers in South-Africa to accommodate single parents or parents that worked out of town. I think for shift workers that is priority. (Registered Nurse working in Queensland, from South Africa)

The following respondent highlighted the particular difficulties faced by international students:

The government is doing a great job allowing this opportunity for international students to come and study here. It is still hard and

complicated to find a way to settle here at first, due to many things needed from immigration, such as working status, financial status. It would be nice if the government [could] change that and support students in their first period to settle. Supporting students who want to stay here permanently after studying would be very helpful from the government. (Student nurse working in Queensland, from Kiribati)

Integration in the workplace

Integration into the workplace is an important factor in determining whether the overall experience of integration is positive. In Queensland, 73% had a positive experience, 19% stated that it was neither positive nor negative, and 7% stated that it was negative. In NSW, there were much lower levels of positive experiences. 57% said they had a positive experience, 19% neither positive nor negative and 15% had a negative experience.

Positive experiences included being welcomed as a colleague, gaining clinical and professional experience, opportunities to work with modern medical equipment and gain new skills, good working conditions, a positive working environment, access to technology and a less stressful working environment.

Negative experiences included bullying and harassment, discrimination and racism, inadequate orientation and support when a new job was taken up, difficulties in adjusting to the Australian culture and “way of doing and saying things”, not being included and welcomed by work colleagues and isolation and loneliness. The following are some of the comments made by respondents about their experiences of discrimination and racism:

I experienced racial discrimination and negative criticism in the workplace. (AIN working in NSW, from the Philippines)

Sometimes in the workplace I felt racism and discrimination, because they think if you are from Africa you are a refugee. (Registered Nurse working in NSW, from Zimbabwe)

Although some of my co-workers told me to go back to my own country as I was told that I was taking the work of Australians, and some of my patients told me they don't want to be looked after by a 'coloured person', my experiences are still positive as the majority of people I meet are very nice. (AIN working in aged care in NSW, from the Philippines)

There is still a fear of difference and unfamiliar behaviours, practices and perceptions. I also think that some people are concerned about losing their place or job to a migrant. (Registered Nurse working in NSW, from Israel)

A nurse from China who was working as a Registered Nurse in NSW stated that he had experienced bullying and harassment in the workplace, which he put down to his gender and ethnic origin. When this was not addressed in the workplace he found another job. He called on unions and employers to fully implement policies on bullying and harassment against migrant workers:

Ensure migrant nurses of their human rights, rights to be free from bullying and harassment and free from discrimination. (Registered Nurse working in NSW, from China)

Several respondents experienced difficulties in the workplace because they were not welcomed, supported and/or because their experience was not valued:

I felt that the people I worked with were not supportive enough. I could not make friends as I felt they were unapproachable. They were always critical of my work and experiences. Obviously their procedures were different, but in the end it was the same goal we were achieving. They would not acknowledge my experience. I had a very tough time for the first 2-3 years, but I persevered and now I enjoy my work better. My husband and I now feel better, now having got used to the Australian life and customs. (Registered Nurse working in NSW, from Mauritius)

Working conditions are really not good. Nurses are abused [by patients and other staff] on a regular basis. Co-morbidities of the patients changed the workload of nurses drastically and the government refuses to acknowledge this fact. (Registered Nurse working in NSW, from South Africa)

Others experienced discrimination because they were migrant workers, in some cases on temporary visas, or because they earned lower pay in the aged care sector:

I've never been consulted regarding change in my roster. It changes every time without consultation with me. My employer says they can't give me choice of shifts because they spent a lot of money to employ me from

overseas. (Registered Nurse working in Queensland, from Pakistan)

There is insecurity at work because I work for an agency and I am on a temporary visa. This makes it difficult to complain, and in getting the shifts that I want to work. (Registered Nurse working in NSW, from Zimbabwe)

I work in an aged care facility and the disparity of salaries between hospitals and aged care facilities are horrendous and not fair, as we work as much or more in an aged care centre. (Registered Nurse working in aged care in Queensland, from Brazil)

Integration in housing

Housing is a key factor that impacts on integration, particularly on arrival. Nearly three-quarters, 72% had a positive experience with housing, 18% had neither positive nor negative, and 9% had a negative experience. Many of those with a positive experience spoke about the benefits of having housing provided on arrival, and of being offered better housing conditions than those existing at home. One of the immediate difficulties faced by newly arrived health and social care workers is having references and a deposit for housing. A respondent from Zimbabwe stated, "I could not get accommodation because I had no reference from a landlord in Australia. It is necessary for help to be provided in finding temporary accommodation and in finding rented accommodation."

A respondent from the Philippines had been promised accommodation by the recruitment company, but this did not materialise. Another had to pay AU \$50 a night in a hotel for three weeks because there was

no accommodation as promised by the recruitment company.

Another factor is the high cost of housing, particularly in Sydney. A Registered Nurse on a temporary visa working in Sydney said:

I am living in an extremely high rental area, which I was not warned about, and it is difficult to buy a house on temporary visa. I have no big deposit. I am not sure if I will last because all my pay seems to be going on rent.

Acceptance by the host society

Acceptance by the host society is another important factor impacting on integration. In Queensland, 68% had a positive experience of acceptance by the host society, 26% neither positive nor negative, while for 5% the experience was negative. The level of positive experiences was lower in NSW, with 59% reporting a positive experience, and 22% neither positive nor negative. 13% had a negative experience. One respondent said:

People were shouting at me to go back to my country along the road. I am not feeling safe because of the experience. (Assistant in Nursing, working in aged care in NSW, from South Korea)

The fact that a significant minority of respondents had negative experiences of integration, suggests the need for more efforts to ensure that migrant health and social care workers are supported in integrating into work, housing and life in Australia, and that the host society becomes more aware of their experiences and contributions.



i) Improving the migration experience: suggestions for governments in countries of origin, the Australian government and trade unions

A key goal of the research was to identify what governments and trade unions can do to provide better information, advice and support prior to and during the migration process.

Suggestions for governments in countries of origin

Respondents said governments in countries of origin have a responsibility to ensure that migration is ethical and that prospective migrants are fully informed about the rights associated with different visa arrangements, the cost of living and rights to social protection.

They recommended better access to information about:

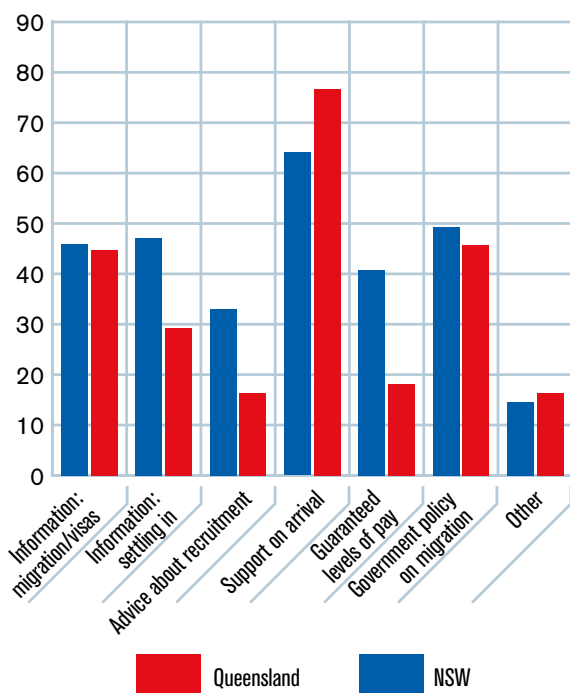
- Reciprocal healthcare arrangements and the right to access and apply for Medicare.
- Length of time and processes for nurse registration.
- Applying for visas and restrictions imposed by different visas.

They called on governments to monitor recruitment companies to ensure they follow ethical recruitment practices.

Suggestions for the Australian government

Chart 18 ranks the main actions the Australian government should take to improve the migration experience. Overall support on arrival and a better policy on migration were the two most important suggestions.

Chart 18: Suggestions for the Australian government (%)



Respondents were asked to identify key issues that needed to be addressed by the Australian government. The following suggestions were made:

- Support on arrival in Australia.
- Accessible information.
- Improve migration policies and rights to permanent residency.
- Access to Medicare and social protection for temporary visa holders.
- Assistance for migrant health and social care workers in the English language and a review of the appropriateness of the test.
- Monitor the practices of recruitment companies and end unethical recruitment.
- Provide better support and integration in housing and work.
- Raise awareness about the benefits of overseas health and social care workers to the lives of Australian people.

A representative selection of the suggestions made by respondents on these issues is provided below.

Support on arrival in Australia

Information and support on arrival in Australia was ranked as the number one priority in the survey and in respondents' comments and suggestions. The main issues were accessing services such as housing, schooling and childcare, help with registration and processing visas, help in navigating the transportation system, and general support services. Migrant health and social care workers made the following suggestions about support on arrival:

Making sure that new migrants are getting enough support to enable a smooth settling in a new country, as this is scary if you have no one you know other than your family. They should establish citizen's advice bureaus where people can go and have free information in the place they are living. (Registered Nurse working in NSW, from Zimbabwe)

I think that migrant workers should be assisted with settling in the new country, such as helping with kids with regards to their schooling [and] help[ing] their partners with job placement/ qualifications, as it is difficult to raise families with only one spouse working. (Registered Nurse working in Queensland, from the Philippines)

Give us a bit more support emotionally as it can be very depressing for the first two years to be able to get settled. (Registered Nurse working in NSW, from South Korea)

It is important to consider the spouse or children's support and benefits so as to not incur undue stress having to work in a new country. (Registered Nurse working in NSW, from Malaysia)

Support migrants after they arrive in Australia, not only financially but also psychologically. (Registered Nurse working in NSW, from Taiwan)

To provide lots of encouragement, because sometimes [the person] may not be there within the family or community, and be patient as it takes time for some people to settle. (Registered Nurse working in Queensland, from Sudan)

Accessible information

Many respondents stated that information was difficult to access and understand. This included information about settling in, rights to healthcare, accessing public services, transferring pension entitlements and information about the way of life and culture in Australia. Migrant health and social care workers made the following suggestions about accessible information:

Practical advice about cultural and working differences when migrating for work to Australia... Maybe a 'welcome pack' of some kind could be provided which could give migrants some useful information on who to contact regarding certain issues and maybe a point of contact or helpline number. (Registered Nurse working in NSW, from the UK)

An information policy on exactly what the visas do/ do not entitle you to." (Registered Nurse working in Queensland, from the UK)

Information on how to transfer pensions from previous country to Australia and timeframes to do that in, so that you don't get heavily taxed. (Registered Nurse working in Queensland)

Government policy on migration

The need for a clear government policy on migration, and a migration system that facilitates permanent migration, generated a significant number of comments. Unclear guidelines on visas and residency permits, bureaucratic procedures and continuously changing policies led to confusion, a lack of flexibility and a lack of transparency. Migrant health and social care workers made the following suggestions about Government policy on migration:

Visas should be flexible for migrants to move from one place to another if they are unhappy. (Registered Nurse working in Queensland, from the Philippines)

Treat the international people as equal and try to help them to achieve something, because we are of benefit to Australia. Make the working hours higher and not just 20 hours because that is another benefit for Australia. We are not scared to work and we are giving the good quality of care to our residents/patients. (Student working in Queensland, from Czech Republic)

The Australian government should improve the migrating conditions for all people who have migrated... If the government doesn't pay any attention in this, then there will be less migrants, which will decrease the quality of work in Australia. (Assistant in Nursing working in NSW, from Nepal)

Have one central agency to manage and support all migrants. Have a quicker and more streamlined process of assessing qualifications and providing registration. (Registered Nurse working in NSW, from India)

For hospitals planning to sponsor nurses, they could arrange low cost housing, practical advice and assistance if necessary for arranging Medicare cover, ATO [Australian Tax Office] and application to Nurses Board Registration. (Registered Nurse working in NSW)

Improve and facilitate family and relative reunion for migrants in Australia. (Registered Nurse working in Queensland)

Social protection issues for temporary visa holders

Inequalities in access to social protection and particularly public health services through the Medicare program, were highlighted by temporary visa holders and students. Migrant health and social care workers made the following suggestions about social protection:

It is only fair to provide Medicare for 457 visa holders and student visa holders. There should be separate tax computation for 457 visa holders since they cannot avail themselves of the benefits that permanent resident visa holders have been enjoying. (Registered Nurse working in NSW)

Have access to Medicare immediately. If not, the employer should provide the private health insurance. (Registered Nurse working in Queensland, from the Philippines)

English language training

Many commented on the difficulty of the English language test. They suggested a review of the appropriateness of the test, and support and training in advance of the test so they are not unnecessarily delayed in contributing fully to health and social care services in Australia. Migrant health and social care workers made the following suggestions about English language training:

If you study in Australia (university degree) [then you] should not need to do the English test. (Registered Nurse, working in Queensland)

We need more help with language skills for people from overseas who come to work in Australia, especially in health care, as communications is essential. (Registered Nurse, working in NSW)

I had a very easy transition to life in Australia but have worked alongside others whose journey had been far more difficult. I believe that making English education freely and easily available to all immigrants whose first language is not English, is a fundamental necessity to enable them to be independent and participate fully in their new country. (Registered Nurse working in NSW, from the UK)

Cancel the current requirement of [an] English test. That is ridiculous and too harsh. It just stopped a lot [of] foreign experienced nurses to work here. Some are forced to work as [a] personal care worker instead of [as a] Registered Nurse simply because they couldn't pass the English Test, which many Australians also said they wouldn't be able to pass if they go for it. (Registered Nurse working in Queensland, from China)

Please stop the politics of English language. Diversity is good. You need different coloured flowers in a garden to make it beautiful. (Registered Nurse working in Queensland, from India)

Integration and housing

Affordable housing is a key concern, particularly when migrant health and social care workers first arrive in Australia. Migrant health and social care workers made the following suggestions about integration and housing:

Housing support is definitely top of the list for support. Agencies should be checked [to ensure] that they are acting in the best interests of the nurse rather than ensuring maximum profit when nurses are living in small crummy homes and no basic amenities. (Registered Nurse working in Queensland)

Better housing information, accommodation for overseas nurses to avoid inhumane living conditions, tolerating such only to stay in Australia. (Assistant in Nursing working in Queensland, from the Philippines)

Provide help in finding affordable or subsidised housing. (Registered Nurse working in NSW, from the Philippines)

Support with housing and support for looking for a house when a person migrates. (Assistant in Nursing, working in Queensland)

Provide government loans to help people settle in when they arrive. (Registered Nurse working in Queensland, from China)

Integration in the workplace

Working conditions, pay and recognition of skills and experience are of particular concern for health and social care workers. This of particular importance for migrant workers who are tied to an employer, working in private aged care homes or on student visas with limits on working hours. Migrant health and social care workers made the following suggestions about integration in the workplace:

Consider the work experience of any qualified individuals from other countries, as I think we work hard and we get salaries comparable to new graduates, and yet we hold much bigger responsibilities than the new graduates. (Registered Nurse working in Queensland, from the Philippines)

Please acknowledge previous knowledge and experience from working in other countries. (Registered Nurse working in Queensland, from the Philippines)

Eliminate racism and discrimination, promote democracy at work and more education to workers of team working. (Registered Nurse working in Queensland, from China)

Treat skilled staff fairly and have regulations so that they are paid according to their skills, and not put them on the bottom pay purely because they are coming from abroad. (Registered Nurse working in Queensland, from Nepal)

Equalise the salaries for nurses working in aged care facilities in hospitals... the disparities in salaries is... not fair as we work as much or more in an aged care centres. (Registered Nurse working in Queensland, from Brazil)

A more fair and just rule for the migrants from low developing countries in accounting for their work culture... that needs to be accounted for and tapped, to bring out the best from them. For example, a culture of work where I come from is listening most of the time. Being assertive can be classified as being disrespectful, but here it's the opposite. (Registered Nurse working in Queensland, from Fiji)

The Australian government needs to make sure that there are no cultural issues in the work setting. Though it has been regulated... it still needs monitoring. In some places, this might be caused by the workforce that is dominated by people who are not culturally sensitive. (Registered Nurse working in Queensland, from Indonesia)

Recruitment companies and ethical recruitment

As detailed earlier, some respondents experienced unethical recruitment. This led to suggestions that recruitment agencies be required to provide accurate information prior to migration, and that regulations be strengthened to end unethical practices. Migrant health and social care workers made the following suggestions about recruitment companies and ethical recruitment:

Have better monitoring of recruitment agencies. Some of them charge a lot of money and say that they are paying this to the government. (Registered Nursing working in Queensland)

The migration and recruitment process should be made transparent. There are a lot of agencies playing in the middle and cheating candidates to get more money. (Registered Nurse working in Queensland, from India)

Raising awareness of the benefits of overseas health and social care workers

Finally, respondents highlighted the importance of promoting equality, diversity and tolerance in the workplace and across Australian society. Many health and social care workers had experienced discrimination and negative attitudes. Key government priorities should be to raise public awareness of the benefits that overseas health and social care workers bring to the Australian healthcare system, and to promote

culturally aware workplaces. Migrant health and social care workers made the following suggestions about raising awareness of the benefits of overseas health and social care workers:

Please educate citizens, especially health professionals, and make them aware that they need more nurses and [that] this is why they are sourcing nurses from abroad, as there are not enough nurses within the country... We appreciate the job that we got when our country was bad, but they should also appreciate the labour they get because they need it. (Registered Nurse working in NSW, from Zimbabwe)

The government should teach the host society about tolerance towards migrants. (Registered Nurse working in Queensland)

I think there should be some more support for newly working migrants to make a more smooth transition... Maybe educate managers [about]... the special needs that migrants have, as they are lacking family and community support. (Registered Nurse working in NSW, from Israel)

Provide training for Australians... Create [a] culturally sensitive working environment. (Registered Nurse working in Queensland)

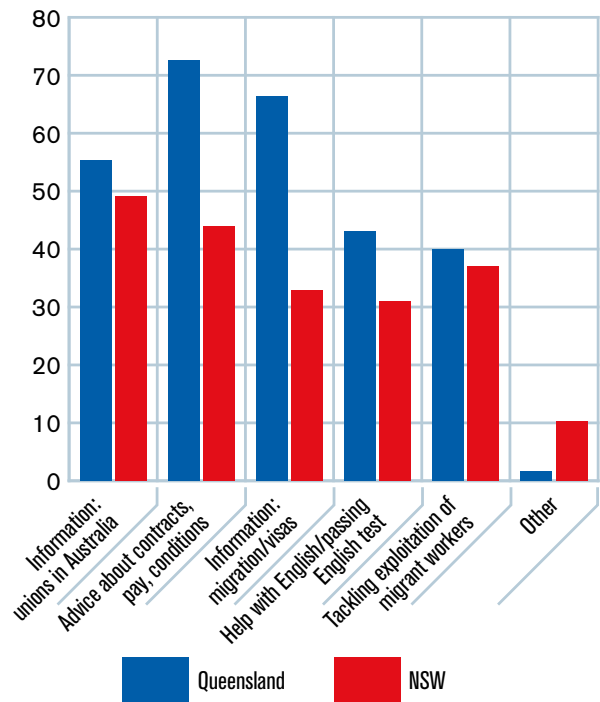
Improving the migration experience: suggestions for trade unions

As one of the peer researchers stated, trade unions have a vitally important role to play in advocating for the rights of migrant workers: “We want to show the government that trade unions matter and they are important to the sustainability of policy making.”

Chart 19 shows how respondents ranked actions that could be taken by trade unions. The highest ranked issue was for unions to be more proactive in providing advice about contracts of employment, pay and working conditions. Second, they suggested unions provide more information about the role of unions, how to join trade unions, and how to become involved in trade union advocacy and campaigning. Related to this and ranked third, was the need for trade unions to protect the rights and working conditions of migrant workers and end workplace exploitation. Ranked fourth, was information about migrating, visas and applying for permanent residence in Australia.

Finally, trade unions were seen to have a role to play in assisting and preparing migrants who have to sit the English language test in order to work in their chosen job.

Chart 19: Suggestions for unions in Australia



Many believed that unions were vitally important in lobbying the government and ensuring that suggestions made to the government were implemented. Unions were also seen to play an important role in providing information to, and organising, migrant workers. As one respondent said, unions could provide an “opportunity to meet other migrant nurses.” (Registered Nurse working in NSW, from China)

Unions in countries of destination and origin could work closely together. “Having union-to-union handover from country of origin to country of destination, and union-to-union communication for prepared support,” was suggested by a Residential Care Officer from the Philippines working in NSW. In addition, a large number stated that trade unions have a critical role in representing migrant workers. A Registered Nurse from Zimbabwe said, “There should be a trade union or sort of board to represent exploited /unsatisfied migrants.”

3.3 The value of migrant health and social care workers: views of non-migrant workers

A focus group was conducted with twenty-one non-migrant health and social care workers, who were members of the NSWNMA.

How Australian workers support and engage with migrant workers in the workplace is vital to integration in work and promoting a workplace culture that values and respects diversity. It is a core trade union objective to protect the rights of all workers, and therefore to value the roles, contributions and backgrounds of migrant workers. Overall, the main issues identified were consistent with the issues raised by migrant health and social care workers.

Barriers to integration experienced by migrant health and social care workers

Non-migrant nurses, midwives and social care workers in NSW identified issues based on their observations in the workplace and in their union activities. The most common were:

- Workplace inequalities and exploitation arising from temporary contracts of employment on the basis that "...they sometimes can be abused to overwork, to guarantee their positions; the feeling like they have to say yes to all shifts offered in fear of losing their positions."
- Migrant health and social care workers often miss out on employment and promotional opportunities: "I think staff who have English as their second language are often overlooked when it comes to employment and promotion." There is also racism in the workplace: "[There are] racial issues from residents, patients and staff."
- Difficulties faced by migrant workers in adapting to a new culture and workplace setting. In some cases language barriers arose because of difficulties in understanding the Australian accent, terminology and idioms.
- Problems with recognition of overseas qualifications. This often required unpaid clinical observation and additional working hours, either unpaid or at reduced pay, in order for the migrant workers to be recognised as proficient in their fields.

- Isolation of migrant workers, particularly if they work in rural communities with no support.
- A failure to provide accommodation or meals for migrant workers when they first arrived, even though the fee paid to the recruitment agency was supposed to include this.
- Difficulties in finding accommodation, particularly for newly arrived migrant workers who had not yet established bank accounts or who did not have references from previous landlords in Australia.
- Difficulties for some migrant workers in passing the written English exam, which is a requirement for registration. One nurse said, "It is essential that overseas nurses are fluent in English but I'm not sure that the current exam is the best way to make this assessment."
- Inadequate support and preparation from recruitment companies: "The concerns I have are that the recruitment companies are not being realistic about what it is like to live and work in other countries. There is a lack of practical advice and support for nurses, especially in helping families to prepare for living in Australia."

The value of overseas nurses

The twenty-one Australian nurses, midwives and social care workers commented on the significant contribution that migrant workers make to the healthcare and aged care sectors in Australia. One said, "Our health system needs overseas nurses and the backlog of nurses-to-patient ratio is growing to an alarming rate." This was reinforced by two other nurses, one of whom stated that "Without overseas nursing staff, the current health care system as it is will not function in terms of provision of care and services." The other said that "Overseas nurses are almost 95% in the aged care sector. They belong to diverse communities living in Australia today and contribute their valuable wealth of knowledge in healthcare services."

Contribution to a diverse and multicultural workplace and society

Migrant workers were seen to contribute to a multicultural workforce capable of providing services to an increasingly diverse population. Comments included:

They bring new perspectives to nursing care – great in our multicultural society.

Migrant nurses are very valued and they are important to the overall care of the patient as they offer cultural benefit.

They bring diversity and culture to the Australian way of nursing.

[They are] very valuable as we live in a multicultural society. In nursing, you work because you care for people. The colour or origin of the person has no bearing on the heart or desire to nurse people... Overseas employees in any environment bring rich culture and diversity allowing us to explore new ways and alternatives to achieving desired outcomes.

International experience and practices

In addition, migrant nurses, midwives and social care workers brought new experiences and knowledge. "There is real value from learning from the experiences of others," said one. Another stated, "It is important to learn from each other, exchange and share knowledge and also to work together." This experience brought an "understanding of cultural issues regarding birth, death and grieving," and a contribution to care that "may bring additional language and cultural skills," which is "an asset in managing patients from multicultural backgrounds." Overseas experience was also seen to bring "a different perspective to nursing," and "insights into how things are and can be done differently."

Migrant nurses also contributed to the professional development of nursing and quality nursing care on the basis that:

Australia is a multicultural country, and besides the experience and knowledge overseas nurses and midwives bring to Australia, they also bring with them their cultural background... This includes the ability to work as an advocate for women and their families from diverse ethnic backgrounds.

The value of overseas trained nurses in Australia is high. Much practice improvement occurs due to overseas nurses providing their research and experience in Australian clinical settings.

Overseas nurses play an invaluable role in the health service, bringing a wide range of international experience and a different world view, which can only enhance the service.

Migrant nurses, midwives and social care workers help ensure that the healthcare needs of Australians are met. As one non-migrant nurse said, "They are assisting to support services in rural areas where we are so desperate for nurses and doctors." Another said, "They are a valuable resource to our workforce."

The Australian nurses commented on the strong work ethic and happy disposition of the majority of migrant workers, and that they should be supported through an orientation to Australian culture and work practices:

I think that if the nurses are given an introduction to working in Australia then they can contribute to patient care by giving high quality care. These nurses believe that caring for patients is very important and will go that extra mile to provide services to their patients due to their work ethic.

The contribution of migrant workers to the quality of care

Australian nurses were overwhelmingly of the view that migrant workers contributed to high quality care: "They contribute a high quality of care, work very hard and adjust to local ways very well." One nurse stated that this was particularly notable in aged care:

Yes, especially in aged care, which is becoming more multicultural... their personalities are a joy to older residents who enjoy a smiling face and non-confronting approach... Overseas nurses contribute equally to the health care system in a similar manner to their Australian counterparts. Their role experience gained abroad helps them to be a more rounded health professional.

What needs to be done to address the challenges faced by migrant health and social care workers

A wide range of suggestions was made to improve the situation of migrant workers. A number of suggestions were made to improve the visa system and to ensure that migrant health and social care workers have rights to work with permanent residency. The group also said that employers had a responsibility to ensure that recruitment was ethical. It was suggested that in aged care "more opportunities for permanent full-time employment" were needed.

To assist with integration, more government information and support was needed prior to migration and on arrival in Australia. One nurse said:

They pay their fees and come here to work but on arrival they need more training and support... Not enough time is given on the transition to work here. This could be sorted out before migrating.

Support on arrival and help with housing were suggested by another:

New nurses could be helped with supported housing and an introduction to Australian society. One strategy could be, for example, the use of a liaison officer – someone who is familiar with how things work in Australia.

Help with and classes to improve English language skills were seen as important to gaining registration. One nurse said:

The AHPRA ensures that any foreign nurse who wants to work in Australia completes a satisfactory course or has documentation that proves they are competent. Further classes such as reading, writing and speaking English may assist these nurses.

It was suggested that employers and workers had a responsibility to “create a conducive environment in the workplace to integrate overseas nurses.” Orientation and information on arrival in the workplace should include “information to new migrant nurses on our health system, the structures within nursing, an education session on medications and an overview of the Australian health culture.” Practical ways to integrate and welcome migrant health and social care workers included establishing “good orientation and a buddy system, and to make them feel welcome and supported,” and “by leading the way and accepting nurses from other cultures and celebrating our differences, e.g. theme days.”

Suggestions for the government include:

Assisted education sessions/seminars, [a] mentoring program and or web based chat line to enable overseas nurses to get in touch with colleagues from [a] similar background/culture, who are already living and working in Australia.

[A] lot more information to nurses and their families when they get here in relation to the health system where they will be working.

Providing local support persons in the form of overseas support officers will also assist. [A] helpline for overseas nurses may also be useful, but then nurses can always call their union.

Classes about Australian culture, language classes, especially for medical terms and idioms, e.g. what is a ‘chux’, a ‘bluey’, etc.

Better education prior to commencement of work in Australia about Australian culture, the people, expectations and socialisation. Ensuring English is spoken well to allow them to socialise and communicate to the best of their ability and as expected.

The role of Australian nurses in supporting workplace integration

Australian nurses were aware of the importance of welcoming and supporting migrant workers to build “camaraderie amongst nurses” and help newly arrived migrant nurses to integrate in the workplace. This included “ensuring that Australian nurses that currently work with, or may potentially work with, overseas nurses are more culturally aware and sensitive to the difficulties experienced by overseas nurses.”

Australian nurses clearly saw the value of helping migrant health and social care workers to integrate into the workplace. As one said, this is about valuing the skills and experience of the migrant worker: “First and foremost, the experience they bring with them should be valued and respected.” The introduction of buddy systems and providing guidance and friendship were recommended: “Have a mentor/buddy system to assist with their integration,” and “Help them with language and customs, [a] buddy system, encourage them to join the union, invite them home,” and, “Make them feel welcome, find out what they need help with and provide support and encouragement.” Other suggestions included a better understanding of cultural differences: “Give them the opportunity to learn the cultural differences between themselves and the culture of the nurses employed,” and “Assist them to settle into the Aussie life, for example, catching public transport, learning to drive, how to use the bank etc.”

As one nurse recommended:

Make them feel welcomed and valued, help in practical ways in assisting in introducing them to the surrounding areas they live in, entertaining, areas to relax, exercise, obtaining needs and where to go. A committee or group [could be set up] at the workplace to provide a package of resources and a night or social event to integrate and make them feel welcome.

Another suggested that this could be more easily facilitated in smaller rural communities:

Working in a smaller community has its advantages. Colleagues can support and assist them to meet people, know where to go for good coffee, ensure they socialise in the community, sporting clubs, church groups or similar [groups].

Raising awareness of the situation and experiences amongst workers and the Australian public was described as vitally important to integration. One nurse said, “Develop education for staff and their attitudes to develop workplace integration, to assist with the barriers that isolate migrant workers in their surroundings and workplace.” In addition, there needed

to be more appreciation of the contribution of migrant health and social care workers. Another nurse said, “Current local healthcare workers need to be made aware that without overseas nurses, they will have to carry the patient burden on their own. That will help them realise the value of overseas nurses.”

The role of Australian unions

The group emphasised the role of trade unions in promoting the rights of migrant health and social care workers and fighting against exploitation. Participants cited examples of workplace exploitation that needed to be addressed:

They do not have the same rights to further education [and must carry the] burden of costs for further exams to prove their level of competency... Some migrants will work for less or the lower paid positions because they are migrants, e.g. Filipino ladies will work above the normal hours because their work in poorly paid areas will lead to exploitation.

International nurses that gain sponsorship through a hospital feel that they must do all shifts (night shift in particular as it is hardest to fill) and overtime, as they feel it is disrespectful to say no. I think this is unfair and certain restrictions should be put in place to protect these nurses.

From my experience migrant nurses are being offered and given a lower rate of pay and are employed on individual flexibility agreements. I think they get paid less and are cheaper to employ.

It was suggested that unions could do more. For example, one non-migrant nurse suggested, “Unions could organise a program similar to a ‘buddy’ system used when starting a new job. This could help new workers to get settled in Australia.”

Section 4: Conclusions and recommendations

4.1 Conclusions

The qualitative and quantitative participatory research in Australia involved 478 migrant nurses, midwives and social care workers in NSW and Queensland, and twenty-one non-migrant nurses and midwives in NSW. It gives voice to the experiences, concerns and issues faced by migrant health and social care workers. It provides an evidence base to support trade union advocacy, information and campaign work. The social dialogue can play a key role in advancing ethical migration, decent work and equality. Trade unions have resources, knowledge and perspectives that can help find solutions to the issues raised in the study. As part of a global study, the Australian research will also link strategically into PSI's global advocacy work with international organisations.

Although many migrant health and social care workers spoke of positive experiences, the survey identified a wide range of issues that affect their integration, well-being and human rights. Migrant and non-migrant health and social care workers suggested actions to be taken by the government, employers and trade unions to ensure that migrant health and social care workers receive the services, information and support that they need, and are treated equally and with dignity. Key issues of concern identified by the survey include:

- A shift in government policy towards temporary rather than permanent migration and the unequal access to services and rights of temporary visa holders.
- Difficulties and confusion about visas and registration, and the lack of information, transparency and flexibility in the systems.
- Issues concerning ethical recruitment practices and the undervaluing of migrant health and social care workers' skills and experiences.
- Barriers in integrating in the workplace, in the community and in accessing services and housing.

An associated finding from this research, which is backed up by PSI's research in Kenya, Ghana, South Africa and the Philippines, is the impact of migration

on poor countries in the global south. On the one hand, remittances have become an important source of income for the families of some migrant workers. On the other hand, low levels of investment in healthcare, low salaries, poor working conditions and limited opportunities for career enhancement are major push factors to migrate. While migration is a human right, many migrant health and social care workers would prefer to stay in their own countries if there were better opportunities, higher pay and improved investment in healthcare. Discussions about promoting migration to richer countries must also consider the impact of loss of staff on the quality of healthcare in countries of origin. Reciprocal arrangements to compensate countries of origin for their investment in training healthcare workers and loss of health workers, are badly needed.

Temporary migration should not be used as a solution to workforce shortages. Rather, there is a need for the government to plan for a domestic workforce that is able to meet the healthcare needs of the population in the long-term, with enough resources to attract and retain health and social care workers and to improve their pay and working conditions. In line with the findings from PSI's research in Kenya, Ghana, South Africa and the Philippines, there is a need for countries of destination to tackle recruitment from the ethical perspective and to respond to the impact of the loss of healthcare staff from the developing world. A dual approach that promotes ethical recruitment and systematic workforce planning is in line with the call from the Australian Nursing Federation's policy on international migration that "A primary strategy must include inter-government agreements which protect the interests of host and source countries, with particular acknowledgment of the need to minimise the negative impacts on the provision of health services in developing countries."

Demographic change, a growing economy, difficulties in retaining nurses and midwives, an ageing nursing workforce and a failure to plan systematically for future workforce needs, have all contributed to a shortage of health and social care staff in Australia. This is particularly acute in the aged care sector. As a

result, trade unions, employers and the government in Australia are posed with a dilemma. On the one hand, there is a need for adequate staffing levels to meet the health and care needs of the population. On the other hand, issues of global social justice and an ethical approach to migration are undermined if much-needed health and social care workers leave countries that do not have the resources to provide quality healthcare.

PSI's research on the international migration of health and social care workers in Australia as a country of destination, and in Kenya, Ghana, South Africa and the Philippines as countries of origin, shows that globalisation is having a major impact on patterns of migration in the health sector, providing both opportunities and challenges for migrant health and social care workers. Migration programs should be robust and provide opportunities for migrant health and social care workers to become permanent residents, but should also be sufficiently flexible to enable migrant healthcare workers to return to contribute to healthcare services in their countries of origin.

In Australia, the recruitment of overseas health and social care workers is increasingly driven by the employers' agenda. The migration program in Australia has largely been used to address shortages of staff. However, the emphasis on temporary migration leads to inequality that treats migrant workers as secondary workers, employed in conditions of insecurity, with uncertain futures for themselves and their families.

Some of the measures introduced by the government to enhance workforce planning, improve the pay and working conditions of workers in the aged care sector and to protect workers who hold temporary 457 visas are steps in the right direction. However, it is essential that sufficient resources be put in place for inspection and enforcement so employers meet their obligations and do not employ migrant workers with lower pay, poorer working conditions and fewer opportunities for career development. Good practice approaches include fair and ethical recruitment, providing newly arrived migrant workers with proper orientation and training, and assistance in meeting the requirements for registration, visa applications and/or passing the English language skills test.

The final section of this report makes recommendations for the government, employers and unions in Australia. These recommendations focus on ensuring that migrant health and social care workers are treated equally to Australian citizens, are valued for their contribution to the healthcare system and are

supported in their migration journeys and integration into society and the workplace.

4.1 Recommendations

a) The role of the social dialogue

The social dialogue is central to driving changes in workplace practices and promoting rights-based migration policy and ethical recruitment practices. It is recommended that:

- The social dialogue be used to address the concerns raised in this study, particularly protection of the rights of migrant workers and an end to practices that result in exploitation. All relevant government departments should be urged to participate in the social dialogue where there are issues of relevance to them.

b) Trade union information, networking and support

As this is a trade union research project, there are specific recommendations concerning the actions that trade unions can take to provide information, networking and support for migrant health and social care workers. It is recommended that:

- Trade unions give a voice to migrant workers in union policies and collective bargaining, and that they help migrant workers to network.
- Trade unions provide accessible and practical information to migrant health and social care workers about visas, registration, requirements about bridging courses and the English language test, the role of trade unions in Australia and integrating into life in Australia. This should be published on union web sites and in information booklets, and disseminated to sister unions in countries of origin.
- Migrant health and social care workers, particularly those on temporary visas, be fully informed about their rights and how to claim their rights if there are violations in the workplace.
- A trade union help desk / telephone information line be established in each state to provide information and assistance to migrant health and social workers. This could be piloted by the NSWNMA and QNU.

- Trade unions use the research findings as strategic tools towards recruiting and organising migrant workers. Consideration should be given to supporting the establishment of networking and support groups for migrant health and social care workers, which again could be put in place by NSWNMA and QNU.

c) Global solidarity and union-to-union partnerships

Unions in Australia are well placed to advocate for ethical recruitment and a gender-sensitive and rights-based migration policy. The research shows that many workers migrate from the developing world because of poor conditions of employment, low pay and low levels of investment in healthcare. Healthcare staff will only be retained in these countries if there are improved resources. It is recommended that:

- Trade unions in Australia build global solidarity with unions in developing countries around collective bargaining, union organising and recruitment, access to quality public healthcare services and decent work. The NSWNMA and QNU could partner with sister unions in countries of origin.
- Establish bilateral exchanges between Australian unions and unions in countries of origin to share information about joining a union in Australia, cost of living, accessing services and workplace rights, etc.

d) A gender-sensitive and rights-based migration policy in Australia

More than three-quarters of respondents planned to stay in Australia indefinitely. This highlights an urgent need for trade unions to campaign for secure and permanent forms of migration, including ease of access to permanent visas. This is of particular concern for international students, many of whom have gained professional qualifications and skills that are of great value to the health sector, but are now experiencing delays and uncertainty in obtaining visas due to changes in immigration rules. It is recommended that:

- All migrant workers, whether on permanent or temporary visas, should enjoy the same rights, working conditions and pay as Australian workers. No worker should be tied to an employer as this causes hardship and makes it difficult for workers to complain or claim their rights. This means implementing a fairer system that does not disadvantage temporary visa holders.

- The government should ensure that there is a more transparent, less bureaucratic and faster visa and registration process.
- Further consideration should be given to extending the hours that student visa holders are permitted to work in order to end the financial hardship experienced by this group of health and social care workers.
- Temporary visa holders should have access to public healthcare, education/schooling for children and other public services. In particular temporary visa holders should have access to Medicare and to school and university education as enjoyed by Australian citizens.
- The Australian government should ratify and fully implement the UN Convention on the Protection of the Rights of All Migrant Workers and their Families.
- The government should fully apply the ILO's Rights-based Multilateral Framework on Labour Migration, which provides guidelines on a rights-based approach to labour migration, including promoting decent work, equality and rights-based labour migration policies, in consultation with the social partners, civil society and migrant worker organisations. The Framework specifies that the social dialogue "is essential to the development of sound labour migration policy and should be promoted and implemented."
- The government is urged to ratify and fully implement ILO Conventions on Migration: C97 Migration for Employment Convention, and C143 Migrant Workers (Supplementary Provisions) Convention.
- Healthcare and nursing unions should develop a campaign to promote a rights-based migration policy and ethical recruitment. They can build on the principles contained in the ILO's multilateral framework.

e) Ethical recruitment

Ethical recruitment practices are even more urgently needed as a result of the government's push for more employer-sponsored and temporary migration. Recruitment companies will, therefore, play an even larger role in the future. This is a concern as about one-quarter of respondents reported they had experienced unethical recruitment practices. It is recommended that:

- The government systematically monitor and regulate recruitment companies, and establish

a redress system for migrant workers who experience unethical recruitment.

- A register of approved/licensed recruitment companies be developed, along with enforceable ethical recruitment standards. This includes ensuring that recruitment companies are prevented from charging excessive fees, that contracts and agreements made prior to departure are honoured and that adequate information and practical support are provided on arrival.
- The government fully implement the ILO's Private Employment Agencies Convention, 1977 (no.181), and Recommendation (no.188).
- The WHO Code of Practice on the ethical recruitment of health personnel be fully implemented in Australia in a partnership between government, employers, trade unions and professional bodies.

f) Recognition of qualifications, skills and experience

Nearly one-third of respondents were working at a lower skill level than in their country of origin. In some cases, qualified and experienced nurses and midwives were working as Assistants in Nursing because their qualifications were not recognised. In other cases, nurses were unable to practice in their specialist skill area. It is recommended that:

- Better systems be created to recognise qualifications, work experience and properly value skills. It is important for these systems to recognise the qualifications of nurses and midwives who have many years of work experience in their countries of origin.

g) Bridging courses and the English language test

The survey found that the costs of following a bridging course or English language course were prohibitive, and in many cases these courses were deemed unnecessary. It is recommended that:

- The government and employers provide practical support and assistance to enable a migrant worker to pass the English language test. Unions can also assist their members with English language training and support. This could be promoted through union training programs and peer-support in the workplace.

- The cost and length of bridging courses be reduced, particularly for nurses and midwives who already have overseas qualifications.

h) Integration, settlement and support from the Australian government and trade unions on arrival in Australia

Limited support was provided to migrant workers on arrival by the government, unions and employers. This had a negative impact on settlement and integration. Measures are needed to promote social integration, inclusion and cultural diversity, as well to combat racism in the workplace and society. It is recommended that:

- The government provide more support to migrant workers at all stages of migration – in planning and preparing for migration, in transit, on arrival and reception. This should include information about services such as affordable housing, childcare, schooling for children, etc. Specific support should be provided on arrival in finding affordable accommodation.
- The Australian government ensure that migrant workers are supported if they return to their countries of origin, and cooperate with governments in those countries to support their reintegration. This should include information, training or assistance prior to departure and on arrival in their home country.
- The government, unions and employers all participate in educating the general public about the benefits of overseas health workers to the country and the benefits of having a diverse and multicultural workforce.

i) Integration in the workplace

Just over 15% of respondents had negative experiences in the workplace. It is recommended that:

- The government fully implement the measures agreed in 2011 to prevent workplace exploitation, including more systematic monitoring, inspection and follow-up of employers.
- Unions and employers, through the social dialogue in the workplace, ensure there are effective policies and procedures to promote integrated and equal workplaces free from racism, bullying and harassment.
- Unions raise awareness among their members about the importance of supporting colleagues

from overseas, for example, through on-going peer support and mentoring.

- Unions foster greater awareness about the value of migrant health and social care workers in providing services in a multicultural society, in bringing valuable international experience into the workplace and in contributing to the quality of care.
- Unions promote integration through peer-support and workplace initiatives that help to orientate workers to Australian ways of working and communicating. Specific initiatives should be taken to inform, recruit and organise migrant workers.
- Employers develop orientation programs for new health and social care workers, and support workers in processing visa applications and registering with relevant professional bodies.
- Employers participate in training and workplace initiatives to promote intercultural working practices.

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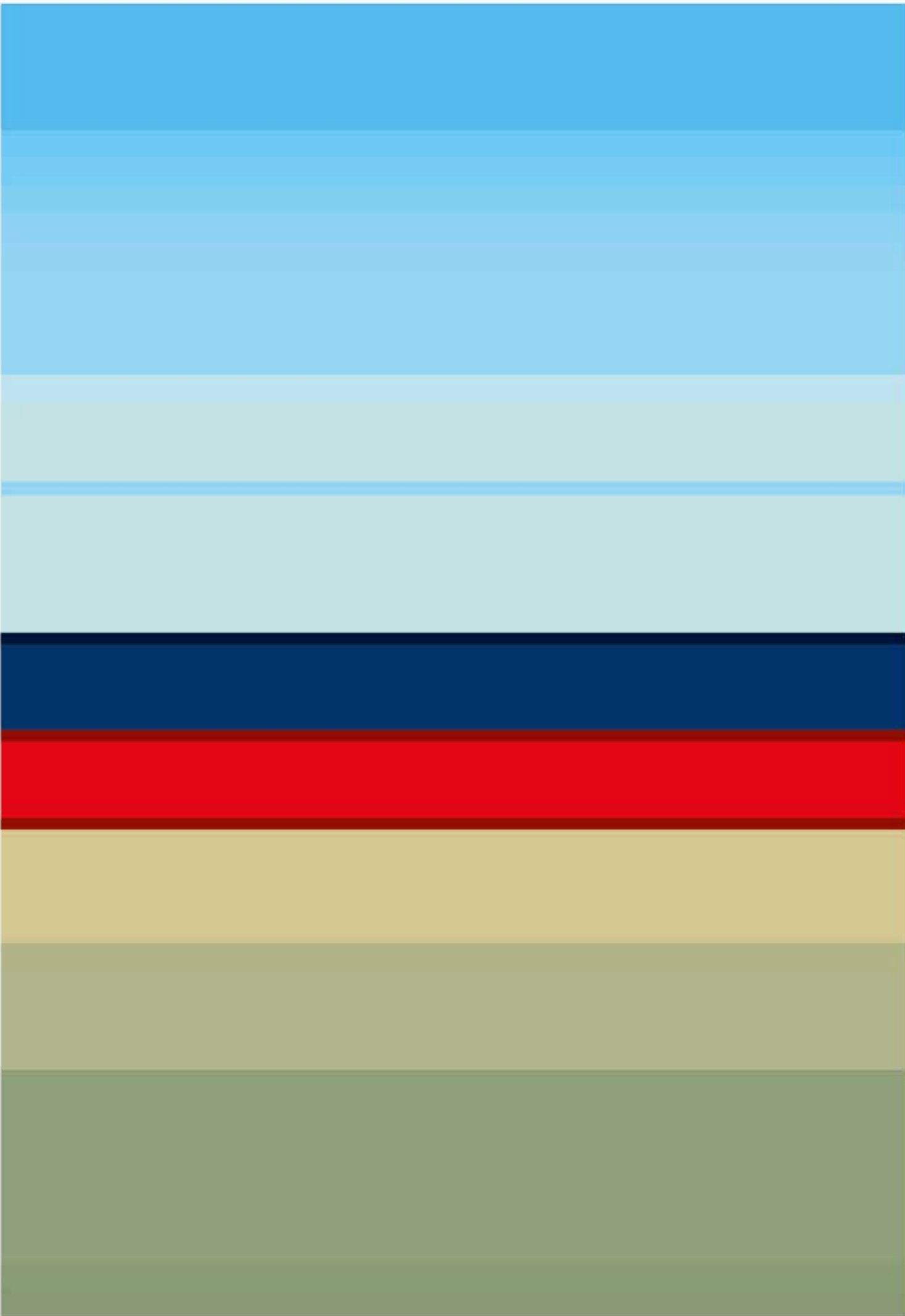
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