

Submission by the Australian Nursing and Midwifery Federation

ANMF Submission to the Department of Home Affairs – Review of Regional Migration Settings Discussion Paper

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**Australian
Nursing &
Midwifery
Federation**



Annie Butler
Federal Secretary

Lori-Anne Sharp
Federal Assistant Secretary

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: anmffederal@anmf.org.au
W: www.anmf.org.au



Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 326,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF welcomes the opportunity to provide feedback in response to the Department of Home Affairs' Discussion Paper 'Review of Regional Migration Settings'. The ANMF supports the Government's ambitious reform agenda for Australia's migration system including the focus on a redesigned regional migration program and the efforts to establish regional migration settings that are contemporary, fit for purpose, and which promote a diversity of skills and contribute to Australia's vibrant regional communities and economies.
6. The ANMF highlights that any efforts to support strong and sustainable regions will be necessarily based on establishing and sustaining strong and fit for purpose health and care



economies along with their attendant workforces.¹ While the Discussion Paper does provide some limited examples and mention of migrants working in the health and care economy, we note that a necessarily strong focus on these sectors is absent. This is a missed opportunity as the health, wellbeing, and attractiveness of living and working in any regional (or indeed metropolitan) location will always be contingent on the availability, accessibility, appropriateness, and effectiveness of local health, support, and care services for every member of the community whether they are migrants or existing residents.

7. At the outset of the Discussion Paper, the objective for regional migration settings to ‘raise living standards’ is referenced.² While we fully support this objective, from a practical perspective, it is difficult to ascertain how the reforms outlined in the paper will raise living standards for migrants and local communities. The systemic issues across Australia’s health, care, housing, childcare and social services extend across all areas of the country and are not being addressed at a pace and quantum adequate to meet demand. These challenges are also evident in large metropolitan centres but are often amplified in regional areas where resources and infrastructure are scarcer. We take this opportunity to highlight the fundamental interconnections between the health workforce and care economy and the communities in which they live and serve. By addressing long-standing attraction and retention issues across the health and care sectors in concert with migration policy, we can ensure that regional migration is appropriately targeted, addresses genuine and unique regional skills shortages, and builds a sustainable and supported care economy and health workforce that is fit for purpose into the future.
8. The ANMF strongly agrees that addressing and eliminating migrant exploitation is a critical component to ensuring that migrants and others live full, healthy, and productive lives. More must be done to recognise and harness the valuable contribution that migrants,

¹ Peters MDJ. The care economy: a catalyst for inclusive and sustainable growth. *Aust J Adv Nurs*. 2024;41(2):1-3. Available from: <https://doi.org/10.37464/2024.412.1808>

² Australian Government Department of Home Affairs. Supporting strong and sustainable regions – Review of regional migration settings Discussion Paper June 2024. [Internet] Canberra (AU): Commonwealth of Australia; 2024. June. Available from: <https://www.homeaffairs.gov.au/reports-and-publications/submissions-and-discussion-papers/review-of-regional-migration-settings-discussion-paper>



including international students, make to regional communities, including by working locally while studying. We must also face the reality of the racism, marginalisation, and discrimination that can and does occur in both regional communities and metropolitan areas. Efforts to address exploitation and social harm, the risks and impacts of which are heightened in isolated regional locations, will be hampered if access to essential supports from diaspora, childcare, social services, health care, housing and alternative employment continue to be heavily constrained.

9. The ANMF acknowledges that this review is taking place alongside other reforms as part of the Migration Strategy, such as the recent review of the Points Test System and consultation on Best Practice Standards for Skills Assessment Authorities. Outside of migration reform are industry and sector specific changes including but not limited to significant legislative reforms in aged care, the scope of practice and health workforce review, the establishment of a new national jobs and skills authority, and a rebalancing of Australia's industrial relations system. This emphasises the need for an integrated and whole-of-systems approach to be taken across national and industry policy, of which migration is one component, rather than the panacea.

Question One: *How can the various temporary and permanent visas available to the regions work together to better meet skills needs? For example, Designated Area Migration Agreements (DAMAs) and regional employer sponsored visas.*

10. The visas and programs that target regional migration and that are particularly relevant to the ANMF include the Pacific Australia Labour Mobility scheme (PALM), the Aged Care Industry Labour Agreement (ACILA), and Designated Area Migration Agreements (DAMA) that are currently in place for health and care sector employers. Currently, these programs have poor intersection and integration. They offer different benefits, risks, and conditions to migrant workers and there is an entirely inconsistent approach to labour market testing



and employer verification across the programs.

11. The Government must ensure these programs are consistent in the opportunities available to migrant participants. While the PALM scheme has no pathway to permanency, it offers much better support for accommodation, welfare officers, guarantee of hours, training, and education. The PALM scheme is arguably better regulated, at least in terms of labour market testing and Departmental oversight of employers and the program. While the ACILA has a pathway to permanency, the fact that it is employer-sponsored exposes migrant participants to higher risks of exploitation. Labour market testing, regulation, guarantee of hours and welfare support, are not included under the ACILA. The ANMF supports these programs but is eager to see greater consistency in governance and opportunity across these regionally and aged care focused programs.
12. Gender equity is a central focus for the ANMF and a significant issue in relation to migration. The ANMF is concerned by the tendency in Australia’s migration policy to entrench migrant women into temporary migration pathways. Many of these pathways are regionally focused. Often, these visas are attached to roles that underutilise these workers’ skills and qualifications and are low paid. It is common for internationally qualified nurses and midwives recruited from low and low to middle income countries to work as personal carers in Australia, with limited pathways to qualification recognition or nursing or midwifery practice. This is despite widespread nursing and midwifery shortages around the country which often disproportionately impact people living in the regions. Overrepresenting certain demographic groups, such as younger women, in low paid work, particularly where wrap around supports are not readily available and pathways to permanency are limited will have an overall negative affect on gender equality, social cohesion, safety and economic outcomes.
13. The ANMF is pleased to see a commitment to ‘tripling permanent places available in regional



migration’.³ We are however concerned that the permanent migration program is being redesigned to favour tertiary educated, well-paid Caucasian males, at the exclusion of women of colour. We articulated these concerns in our submission to the review of the Points Test and drew attention to the findings of the Migration Review, which is worth repeating here ‘... where Employer sponsorship provides a pathway from temporary to permanent residence onshore, this visa is underpinned by a model that introduces a substantial level of exploitation risk’.⁴ The ANMF strongly recommends an increase in the availability of skilled independent (visa subclass 189) pathways, and a decrease to employer sponsored pathways, for female-dominated and temporary migration.

14. The ANMF does not support DAMAs in their current form. Unlike the ACILA, there is no tripartism i.e., no requirement for Designated Area Representatives (DAR) to engage with unions for labour market testing and verification of employment conditions for the migrant worker. The concessions to the Temporary Skilled Migration Income Threshold (TSMIT) are highly variable and not subject to rigorous Departmental scrutiny. The TSMIT concessions have traditionally been used in DAMAs (and other temporary skilled visas labour agreements and visas) to undercut the floor for Award wages.
15. As DARs are predominantly peak bodies, such as Business Councils and Chambers of Commerce, the DAMA essentially becomes ‘self-regulated’ by industry. The DAMAs present a regional migration pathway that is entirely out of step with other programs, creating confusion, inconsistency, and undermining protections for the migrants they engage. Unless DAMAs are significantly reformed to improve their governance, wages, and conditions, then the ANMF cannot support their operation.

³ Australian Government Department of Home Affairs. Supporting strong and sustainable regions – Review of regional migration settings Discussion Paper June 2024. [Internet] Canberra (AU): Commonwealth of Australia; 2024. June. Available from: <https://www.homeaffairs.gov.au/reports-and-publications/submissions-and-discussion-papers/review-of-regional-migration-settings-discussion-paper>

⁴ Australian Nursing and Midwifery Federation. Review of the points test discussion paper 24 May 2024. [Internet] Melbourne (AU): Australian Nursing and Midwifery Federation; 2024. May. Available from: <https://www.anmf.org.au/media/0s3difqr/2024-05-24-anmf-response-to-the-review-of-the-points-test-discussion-paper.pdf>



Question Two: *Should there be a regional occupation list? How should regional occupation lists work alongside the Core Skills Occupation List? What should be considered in compiling the regional occupation list?*

16. The ANMF does not oppose the creation of a regional occupation list. We believe it would assist in streamlining the current approach to identifying and addressing skills shortages, particularly for the unique challenges and occupations in regional areas. It would also introduce greater consistency in regional migration, for example DAMAs are not linked to any occupation list and skills shortage assessments are inconsistent between DAMAs and with other programs. The ANMF would expect to see better alignment with the new Essential and Core Skills pathways under the Migration Strategy. This will require Jobs and Skills Australia to ensure this is achievable through accurate and up to date lists.
17. A regional occupation list that better aligns with various other lists can contribute to improved data collection, employer practices, and genuine skills shortage assessments. It can also improve the intersections with related areas, such as Vocational Education and Training (VET) and tertiary education offerings and choices for international students in regional areas. The ANMF supports the removal of additional criteria from regional employer-sponsorship, to ensure the Department’s regulation of any employer-sponsored visa is clearer and more consistent.
18. The ANMF is however concerned that an additional list at this time will not achieve the above benefits. The current landscape for skills and occupations lists is, as the Discussion Paper identifies, fraught with complexity and misuse by employers. We believe that creating another list and integrating it into the existing system will be difficult and create further confusion. The process must be carefully managed and occur with close consideration of other migration and skills reforms, such as the ongoing ANZSCO review and newly proposed National Skills Taxonomy.



19. Poor data collection, analysis, and dissemination has been acknowledged by various Departments involved in migration, including the Department of Employment and Workplace Relations and the Department of Foreign Affairs and Trade during their involvement in the PALM. The absence of data collection is worse at the intersection, with sectors that struggle to carry out or are entirely devoid of comprehensive workforce planning. This includes aged care and the broader nursing and midwifery workforce. Inconsistent approaches to labour market testing and skills assessments, and restrained pathways to qualification attainment and recognition also hamper efforts to better understand the migrant health and care workforces.
20. A reformed regional migration program and new occupation list presents an opportunity to better understand and support a sustainable health and care workforce, its overlaying demographics, and the spread of migrant (and domestic) workers in regional areas.
21. Building a clearer picture of the shortages that exist and where, for example, additional primary and preventative health care services and workers are needed and where vacancies are unable to be filled by Australian residents, will improve targeted healthcare migration, and deliver on the need to build strong, healthy, and sustainable communities for all people living and working in Australia. This mapping needs to be at local level in rural and remote areas to provide accuracy and local contextual relevance and the opportunity to educate people on the community to which they are considering migration. This is particularly important for regional communities, where chronic health issues, mental health issues, and the burden of disease is often worse than in urban centres and where local services and supports are frequently harder to access or largely non-existent.



Question Three: *Could the definitions of regional be aligned across the various regional visas? How can definitions be structured to better account for the unique circumstances of regions?*

22. The current definition of ‘regional’, where only the capital cities of Sydney, Melbourne and Brisbane are not eligible for incentives, is not fit for purpose and will be increasingly difficult to sustain with growing internal migration and population growth in many regional centres around Australia. Under this broad definition, the regional migration system essentially has ‘tiers’ of migration, where migrants and visa places are diverted to larger regional areas that are more attractive and therefore easier to place people. This means there is little connection to workforce needs and planning, and no assurance that skills shortages are genuinely verified and region specific. This undermines labour market testing, skills and job matching, and the quality of study and jobs on offer to migrants in genuinely regional and rural locations. This damages the sustainability of regional migration and does not effectively support the communities that live and work there.

23. The ANMF supports a refined, consistent, and genuine definition of ‘regional’ and one that will evolve and be fit for purpose now and in the future. At present, we propose using the Modified Monash Model (MMM). This would harmonise policy work carried out by various Commonwealth Departments. For example, the Department of Health and Aged Care uses the MMM to assess and determine exemptions for staffing practices for nurses in regional, rural, and remote aged care services.



Question Four: *How can we reform Working Holiday Maker program visa settings to limit exploitation, while still ensuring regional Australia can access the workers it needs? For example, are there innovative strategies to incentivise Working Holiday Makers to choose regional Australia as their preferred destination, without tying the incentives to specified work visa requirements?*

24. The current Working Holiday Makers (WHM) scheme is responsible for some of the worst examples of exploitation of migrant workers. The ANMF does not represent the industries where WHM visas are traditionally used, for example regional tourism and horticulture, however, as a union representing the rights of all workers, we call on the Government to urgently address the rampant exploitation of these visa holders. The WHM in its current form undermines the efforts to improve other migration programs, by demonstrating to business that a race to the bottom on migrant wages, conditions and living standards is condoned by Government and industry. This undermines better regulated schemes, such as PALM.
25. The ANMF has some limited coverage of WHM visa holders in the most recently included specified work stream of critical COVID-19 health care work. The ANMF is particularly concerned that there has been no initial or ongoing union involvement in the specification of this stream under the WHM. We do not have oversight of the labour market testing, wages, or employment conditions that nurses, midwives and carers are being recruited into under the WHM COVID-19 response. We are also concerned that this stream for specified work has and continues to place additional pressure on the global nursing workforce shortage and does not meet Australia's obligations to ethically recruit internationally



qualified nurses and midwives.⁵

26. The ANMF welcomes the pilot that will soon commence because of the Migration Amendment (Strengthening Employer Compliance) Bill 2023, the Strengthening Reporting Protections and Workplace Justice Visa. However, we are disappointed that by Government and Department design, the pilots will exclude WHM visa holders (and others). This is antithetical to the intent of the Bill and pilot. The Government must act decisively to identify and stop the exploitation of migrants including by genuinely encouraging migrants to come forward and protecting all migrants who do report exploitation. More must be done to ensure that the data collected through SRP and WJV leads to meaningful and timely regulation of employers including accrediting employers of choice and banning poor and criminal actors from accessing migrant labour.

Question Five: *How can we ensure a more consistent approach to lower paid migration across various visa products, as well as reflect our commitment to maintain the primacy of our relationships with the Pacific?*

27. The ANMF highlights that it would appear unreasonable that the Discussion Paper would specify that the PALM is out of scope but nonetheless goes on to draw on the scheme to illustrate issues and opportunities with regional migration. Placing PALM outside of scope is incongruent with the paper's own identification of the scheme as an important regionally focused program. The paper identifies PALM's visa settings as 'not the primary requirement of the visa [to be regional], but make the visa strongly tied to the regions – [including] the PALM scheme where many visa holders work in regional Australia.' This is also reflective of persistently unfavourable attitudes towards female dominated, low-paid care and support

⁵ Buchan J and Catton H. Recover to Rebuilt: Investing in the nursing workforce for health system effectiveness. [Internet] Geneva (CH): International Council of Nurses; 2023. March. Available from: https://www.icn.ch/sites/default/files/2023-07/ICN_Recover-to-Rebuild_report_EN.pdf



economy focused migration, such as the PALM aged care stream.

28. Australia tends to target young, female migrants from less well-resourced countries and regions, such as the Pacific nations and Timor-Leste, to work in our care and support economy. Often, these migrants are drawn from the health systems of those countries and are qualified as a nurse in their home country.⁶ There is often little synergy between how care and support is delivered in Australia (formal, residential facilities) and how care and support is delivered in the sending countries (informally and in/by community) resulting in a lack of skills and knowledge for those migrating. Although the ANMF support the requirement to complete a Certificate III as part of the PALM Aged Care Expansion Program, the attainment of Certificate courses in Australia can have little transferrable value when migrants return home. The qualification holds a high value in the Australian labour market and economy, but we lose these skills by not offering permanent migration pathways to PALM participants. Reform of regionally and care sector targeted migration programs must provide more opportunity for permanent migration and recognise the prevalence and value of temporary migrants who have undertaken work and study in vocational sectors. It is important however, that recruiting migrant health workers from other nations occurs in an ethical manner and does not deskill and depopulate the health and care systems of our more vulnerable neighbours.⁷

29. The ANMF reiterates our position, as expressed in our submission to the Review of the Points Test, that more places for independent, permanent visas for migrants in the care and support economy, must be made available. Independent visas are less likely to expose migrant to risks of exploitation. When made available in conjunction with decent wages and conditions, community connection and social services, regional care and support work will be more attractive to migrants and facilitate retention in the sector and community. The

⁶ Jobs and Skills Australia. 2023 Skills Priority List - Key Findings Report September 2023. [Internet] Canberra (AU): Commonwealth of Australia; 2023. September. Available from:

https://www.jobsandskills.gov.au/sites/default/files/2023-09/2023%20SPL%20Key%20Findings%20Report_0.pdf

⁷ International Council of Nurses. Position Statement: International career mobility and ethical nurse recruitment. [Internet] Geneva (CH): International Council of Nurses; 2019. November. Available from:

<https://www.icn.ch/news/international-council-nurses-calls-ethical-recruitment-process-address-critical-shortage>



ANMF strongly recommends that PALM participants have priority and dedicated allocations for the Pacific Engagement Visa.

30. Embedding pathways to permanency into aged care temporary migration will ensure we retain the skills and knowledge of migrants already contributing to our society and the economy. It will also assist Australia to meet its international obligations supporting our neighbours and global partners as they are increasingly affected by issues including climate change and conflict displacement, as well as advance gender equality for the female-dominated, young migrant base in PALM aged care. Australia must be mindful of the human resource impact migration has on sending countries, particularly low and middle economy countries. We must ensure the benefits of migration are reciprocated for participating countries and individuals.

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

31. As previously explained, the ANMF believes a strong and supported health and care economy and workforce is fundamental to promoting and sustaining regional population growth and health and wellbeing – both for migrants and existing communities. Regional migration supports ‘higher living standards’ and health professionals and care workers will be critical to any efforts to improve and support sustainable population growth in the regions across Australia. Any regional population growth (and maintenance) will be contingent on sufficient access to a suitably staffed and supported health, maternity, aged care, and related sectors. Attracting regional migration requires the provision of wrap around services to support the person and their family. Availability of affordable housing close to workplaces, childcare, schools, affordable and accessible public transport, social services, nutritious and affordable food, and fresh water are all human rights that must be considered when asking people to move to regional areas, especially if there is an



expectation they will remain for extended periods. Access to social, cultural, and spiritual supports are also essential as well as ensuring safety, security, and freedom from discrimination. Co-designing communities with migrant populations and local communities will help to identify and address needs at a local level as will discovering the push and pull factors for migrants through research and data collection.

32. Streamlining qualification recognition and placements for internationally qualified nurses and midwives (IQNM) is critical and the ANMF appreciates the work the Government is undertaking in this area. Many internationally qualified nurses and midwives (IQNM) leave regional visa placements for metro areas as soon as they have an opportunity to attain recognition and work as a nurse or midwife. This decision is often because there is a lack of facilities and wider support services for themselves and/or their families in regional locations.
33. As mentioned earlier, more independent pathways to permanency and transferrable qualifications and skills for migrants in low paid sectors i.e., aged care will make living in regional areas more attractive. Quality jobs including secure employment, decent wages and conditions and career and qualification progression will attract and retain migrants to regions.
34. Protection for migrant workers to speak out about abusive employers without fear of visa cancellation or loss of income will help make migration more attractive, especially if combined with other measures to support and keep workers safe in the workplace and in the community.

Question Seven: *Do provisional visas successfully encourage large scale retention of migrants in the regions? Is the length of a provisional visa the right length? Should both the regional employer sponsored visa and the regional nominated visa have the same*



provisional visa arrangements?

35. Lack of robust data on regional employer sponsored (494) and regional nominated (491) visas mean we do not have a clear picture of the success and risks which impacts negatively on workforce planning. Considering the utilisation rate and migrant outcomes in each subclass could provide data to inform where change is needed.
36. Communities must be supported to lead the creation and sustainability of their own ecosystems. Community mobilisation is part of the solution to building populations. Giving community groups access to people with the skills, experience, knowledge, and data to facilitate identification of needs and the planning, development and evaluation of culturally safe communities is essential.
37. Codesign is another important skill required for planning to ensure programs and resources are appropriate and fit for purpose in local contexts and not imposed or approached as a 'one size fits all' is important. Research must be locally specific and wide reaching to help planners and communities understand local needs and those of migrants through the migration stories and experiences across the broad range of nationalities that choose to migrate to Australia.

Question Eight: *How can we improve planning for regional migration, especially given the return of migrants to regional Australia post-pandemic? Should there be more flexibility provided to states and territories in planning for regional migration?*

38. As discussed, there is poor integration with sector specific workforce planning and development. Improved resources and policy are required to build better relationships with regional education providers (TAFE and tertiary), and community services.
39. Where there is a shortage of specific workers, communities must be empowered through



funding and support to share in the responsibility of welcoming migrant workers by ensuring those who move to regional areas and their families are able to live and work in a culturally and physically safe environment.

40. It is critical that there is better collaboration between Federal, State and Territory Governments given the important role of jurisdictions in providing housing, childcare, education, social services, and other wrap around services. We must be mindful however of maintaining a sound balance in this regard so as not to make the mistakes seen in countries like Canada where the level of control delegated to the provinces resulted in a fragmented and inconsistent system, difficult to oversee and regulate nationally. Whilst Australia tends to look to Canada’s system as superior, research demonstrates that an underutilisation of skills and underemployment in the migrant population is common.⁸ For regional Australia, this has the potential to result in a skills loss as migrants choose to either move to metropolitan areas where services are better or bypass Australia altogether. Here, the ANMF wishes to highlight the importance of understanding and acknowledging the specificities and nuances of local contexts and that policies and processes that work internationally are often unlikely to be able to be effectively transplanted wholesale without substantial modification.
41. Migration must be ethical, and Australia must always consider its actions when recruiting from overseas countries. The World Health Organisation’s Code on international recruitment puts forward the principles to be considered in recruitment of healthcare workers from overseas and discourages the active recruitment of health personnel from

⁸ Nguyen T. Canada welcomes immigrants, but their skills are underused [Internet]. RSM -The Real Economy Blog; 14 September 2023. Available from: <https://rsmcanada.com/insights/economics/canada-welcomes-immigrants-but-their-skills-are-underused.html#:~:text=Canada%20faces%20skill%20underutilization%20challenges,growth%2C%20necessitating%20reforms%20and%20investment.>



developing countries facing their own critical shortages.^{9,10}

Conclusion

42. The ANMF welcomes the opportunity to respond to the Department of Home Affairs' Discussion Paper 'Review of Regional Migration Settings. The ANMF supports the work being undertaken but continues to have concerns regarding the types and application of migrant worker visas and the risk of abuse by employers. Australia has a responsibility to use ethical migration practices to assist in providing a sustainable workforce but must ensure migrant workers are physically, psychologically, spiritually and culturally safe with access to the wrap around services that allow them and the communities in which they are placed, to thrive.

⁹ World Health Organization. WHO Global Code of Practice on the International Recruitment of Health Personnel. [Internet] Geneva (CH): World Health Organization; 2010. Available from: <https://www.who.int/publications/i/item/wha68.32>

¹⁰ World Health Organization. User's guide to the WHO global code of practice on the international recruitment of health personnel. [Internet] Geneva (CH): World Health Organization; 2010. Available from: <https://www.who.int/publications/i/item/wha68.32>