



AMA submission to the Senate Select Committee on Job Security

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Overview

The Australian Medical Association is pleased to provide a submission to this Inquiry to highlight the impact of insecure and precarious employment on health in Australia. The key messages of this submission are:

- Job insecurity is a significant stressor that is associated with a range of negative health outcomes;
- Job insecurity further exacerbates existing levels of social and economic disadvantage, and efforts to improve job security can lead to improvements in health equity;
- The Australian Government must recognise job security as an important social determinant of health, with significant negative implications for public health; and
- To address the health impacts of job insecurity, the Australian Government must ensure that all individuals have access to means that support adequate standards of living, regardless of their participation in paid employment, and invest in measures that support retraining and re-employment for those who are affected by underemployment or unemployment.

The submission will principally address Terms of Reference a), b) and d).

Health Effects of Insecure Work

Job insecurity occurs when workers have uncertainty about the length of their employment, a lack of access to entitlements such as leave and superannuation, or unpredictable working hours. In 2019, [less than half](#) of all employed Australians had a permanent full-time job with access to entitlements.

Job insecurity has a range of well-evidenced effects on individual health, including:

- [stress and anxiety](#) resulting from uncertainty about future work;
 - an [increased likelihood](#) of psychological distress and psychiatric morbidity;
 - a [higher risk](#) of coronary heart disease;
 - [higher incidences](#) of high cholesterol and hypertension; and
 - [feeling unable](#) to report injuries or accidents suffered in the workplace.
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In Australia, rates of insecure work are higher among people who already experience social and economic disadvantage, including women, young people, Aboriginal and Torres Strait Islander peoples, migrants and people with a disability. This means that disadvantage is both a predictor of insecure work and exacerbated by insecure work.

Overall, people in insecure work are generally on a lower income than those in secure employment. In August 2020, full-time employees with paid leave entitlements [received a median weekly income](#) of \$1300, compared to a median income of \$624 among those workers without paid leave entitlements. As outlined in the AMA’s Position Statement [Social Determinants of Health – 2020](#), the 20 percent of Australians living in the lowest socio-economic areas are 1.6 times more likely as the highest 20 per cent to have at least two chronic health conditions, and live about three years less on average. People in insecure work are also less likely to have the time and resources to access appropriate health care when they do become unwell. This includes being able to take leave to attend medical appointments; having sufficient income to pay for regular medications; being able to afford regular and specialist medical care; and having adequate time at appropriate hours to engage in preventive behaviours such as sport, scheduled exercise and healthy eating. Minimising the health impacts associated with insecure work therefore has important implications for health equity.

Estimates [indicate that](#) one quarter of women are in jobs without paid leave entitlements, compared to one fifth of men. Among people in insecure work, women [earn less](#) – in August 2020, \$180 less per week (\$570) than men (\$750). This disparity means that women experience further disadvantage – for example, having less access to training and career advancement in insecure jobs; missing out on regular superannuation benefits; and increasing rates of financial and housing stress when compared to men.

For Aboriginal and Torres Strait Islander peoples, who also face existing inequity in employment outcomes, insecure work is more common. As outlined above, people in insecure work have limited access to skills training and are also more likely to suffer from chronic health conditions, both of which [make it harder](#) to secure permanent full-time work.

The risks of insecure work exacerbated by the COVID-19 crisis

The COVID-19 pandemic has highlighted the risks and extent of insecure work in Australia. Perhaps the most obvious ramification of COVID-19 was the rapid loss of employment among “non-essential” workers, who were affected by shutdowns and business downturns. The [vast majority](#) of people who lost work were in casual or part-time roles, or self-employed. Australia’s strong public health response to the pandemic has seen economic activity bounce back and casual and part-time employment has grown again since the major shutdowns – but the mental health impacts of these dramatic changes will be ongoing for some time.

Another risk of insecure work that was exposed by the COVID-19 pandemic is the impact of leave entitlements on workers’ ability to comply with public health directions. From early in the pandemic, health advice to all Australians recommended that people stay home if they were feeling unwell, to get a COVID test if they met the testing criteria, and to isolate at home while they waited for the results. For people working in jobs without leave entitlements, this meant foregoing several days of paid work in the instance of any cold-like symptoms, an

understandably undesirable situation. While there is limited data on whether frontline casual workers were able to meet this public health direction, media and public speculation throughout the pandemic hypothesised that many casual workers would continue attending work while unwell, and several [anecdotal examples](#) supported this. Acknowledging this, AMA President Omar Khorshid [called for](#) Australian employers to support their employees to stay at home and get a COVID test when unwell.

Similarly, workers who are stressed about losing income may be more likely to provide inaccurate information to contact tracers, or to stay quiet rather than come forward with concerns about safety in the workplace. For many in insecure work, the possibility of losing income is a significant risk for their health and wellbeing, which may contribute to the withholding of information. This situation played out publicly on several occasions throughout the pandemic – notably, with a [worker at a pizza restaurant](#) in Adelaide lying about their work situation and being blamed for the resulting city-wide lockdown. Additionally, [hotel quarantine workers](#) have spoken about their hesitation to raise concerns about inadequate PPE and infection control.

The AMA urges Australian governments to consider the additional impacts of COVID-19 on insecure work, and to consider how the stress of losing income may impact individual responses to public health advice.

Responding to the Health Effects of Insecure Work

Researchers tend to agree that the principal factor contributing to poor health among insecure workers is prolonged anxiety about losing income, and the repercussions that this will have for workers' standards of living and ability to support their families. Governments can allay this anxiety by both supporting policies that encourage secure working arrangements, and by ensuring that there is an adequate social safety net to allow Australians to live healthy lives if their income is insufficient. The AMA's Social Determinants of Health Position Statement calls on the Australian Government to:

ensure that all individuals have access to means that support adequate standards of living, regardless of their participation in paid employment, and invest in measures that support retraining and re-employment for those who are affected by underemployment or unemployment.

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