Inquiry into Delivering Quality Care more Efficiently: Interim Report

Submission to the Productivity Commission

26 September 2025

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Australian Human Rights Commission

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The Commission's key functions include:

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Overview

Summary

The Productivity Commission's Inquiry into delivering quality care more efficiently (Care Inquiry) is a timely opportunity to reorient the care sector's policy and practice framework towards one that places people and communities at its core.

The draft recommendations in the Interim Report provide a helpful starting point for reform. They go some way towards addressing existing regulatory complexities across the care sector to improve outcomes. However, the Commission is concerned that the Interim Report does not fully engage with a human rights framework or view the fulfilment of human rights as a desirable goal of reform. Embedding human rights in care reform is both socially and economically essential.

Greater attention should be given to issues such as widespread fraud, adequately servicing rural and remote areas, meeting unmet complex needs, the need for community connectedness and safe relationships, and perverse financial incentives. Failure to address these issues will continue to have a negative impact on productivity and efficiency. Reform should include metrics focused on equality, wellbeing and rights of care recipients and workers.

The government should act as a guarantor of quality, safety, and equity in the care sector. It should ensure providers meet standards of quality and safety and continuously improve, while protecting rights. This will help avoid repeating the systemic failures identified by the Independent Review into the National Disability Insurance Scheme (NDIS Review), the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) and the Royal Commission into Aged Care Quality and Safety (Aged Care Royal Commission).

Recommendations

The Australian Human Rights Commission (Commission) recommends: that the government's productivity agenda adequately considers and integrates human rights; key actions to strengthen the draft recommendations in the Interim Report; that the experiences of culturally and racially marginalised care workers are considered in the Final Report.

Recommendations

Overarching recommendation:

The Productivity Commission should apply a human rights framework to its recommendations across all reform areas, by

- **integrating human rights principles and standards.**
- **embedding formal mechanisms for the meaningful participation of people with lived experience.**
- **including human rights and people-centred indicators as key metrics for quality, safety and productivity, and as part of a comprehensive data framework.**

Draft Recommendation 1: Reforming quality and safety regulation

- **Action 1: Government should invest in community and localised support systems to avoid an overreliance on market-based approaches.**
- **Action 2: Government should include the broad range of disability support services in safety, quality and regulatory reform rather than limiting reform to the NDIS only**.
- **Action 3: Government should develop a national Code of Conduct for all care sectors including mental health, building on existing frameworks such as the NDIS Code of Conduct and the Statement of Rights in the Aged Care Act 2024.**
- **Action 4: Redress inequities in access to disability supports for older Australians. Older Australians with disability should have equal access to the supports they need.**
- **Action 5: Government should embed human rights principles into the design, delivery, and governance of digital health systems.**
- **Action 6: Government should develop a National Framework on the Elimination of Restrictive Practices, across all settings, as part of broader regulatory reforms.**
- **Action 7: Governments should implement anticipatory safeguards for emerging technologies (e.g. neurotechnology) and the use of Artificial Intelligence across the care sector to protect human rights including privacy, autonomy, and equality.**

Draft Recommendation 2: Collaborative Commissioning

- **Action 1: Government should increase investment in ACCHOs to expand their capacity to deliver aged care, disability and mental health services, including workforce development, infrastructure, and service integration.**

Draft Recommendation 3: A National Preventative Framework

- **Action 1: The establishment of the Prevention Framework Advisory Committee should include identified lived experience roles and membership.**
- **Action 2: A National Prevention Framework should include funding for tailored, place-based prevention initiatives that address the social determinants of health such as housing, education, employment and social inclusion to reduce isolation and promote inclusive participation.**
- **Action 3: A National Prevention Framework should be supported by legislation to ensure sustainability and accountability.**

Human Rights and Productivity

Embedding a rights-based approach to reform

The recommendations in the Productivity Commission's Interim Report fail to engage with a human rights framework and the necessary elements of rights-based reform.

To reduce the burden on consumers and carers to uphold their rights, governments and service providers should embed human rights principles and standards into the design, delivery, monitoring and evaluation of care services and prevention programs. Key principles are:

- **Participation and inclusion:** Everyone has the right to participate in decisions that affect their human rights. Participation in decision-making must be active, free and meaningful, and give attention to the issues of accessibility and inclusion.
- **Equality and non-discrimination:** All forms of discrimination in the realisation of rights must be prohibited, prevented and eliminated. Priority should be given to people in the most marginalised or vulnerable situations who face the biggest barriers to realising their rights.
- **Accountability and transparency:** Monitoring requires the development and use of appropriate human rights indicators to report compliance and outcomes.
- **Self-determination and autonomy**: Individuals and communities are empowered to make their own choices, govern their own lives, and pursue their own goals and interests.
    - For First Peoples, this supports economic, social, and cultural development aligned with their values and beliefs.
    - For people with disability, it means recognising their autonomy and independence, and providing the support needed to direct their own lives.
- **Dignity:** All people have inherent worth which must be respected and upheld in all laws, policies and practices. Dignity is both a core principle and goal of human rights, guiding how all other rights should be implemented.

Participatory approach

People with lived experience should be actively involved in decisions that affect them. Their participation helps ensure policies are inclusive, intersectional and uphold the human rights of diverse groups.

Governments have explicit obligations under international human rights law to support the meaningful participation of people with disability,[1] First Peoples,[2] and children[3] in decisions that affect their lives and rights.

This includes the right of First Peoples to self-determination.[4] Poor consultation processes disproportionately impact First Peoples and culturally and racially marginalised people. When these voices are excluded, policy and service design are likely to privilege western and colonial perspectives of care, adversely effecting both quality and productivity.

The Productivity Commission should recommend embedding participatory approaches in care reforms. These approaches should be understood as an ongoing process rather than a one-time event, and should be built on 'transparency, mutual respect, meaningful dialogue and a sincere aim to reach a collective agreement.[5] Legal and regulatory frameworks should support these processes and include formalised mechanisms for co-design and self-determination.[6]

Responding to structural inequalities

A rights-based approach to care reform should drive systemic change. Positive measures should be introduced to fulfill rights for groups that are disproportionality disadvantaged.[7] Developments like the Statement of Rights in the new Aged Care Act are a step in the right direction, however its impact is limited by the lack of direct legal enforceability.

Reforms should address the institutional racial inequities in health and social care.[8] The Commission has done substantial work to identify key actions to advance the human rights of Aboriginal and Torres Strait Islander women and girls, including in the care-sector (both from a workforce and service delivery perspective).[9]

The Productivity Commission's final report should include:

- culturally safe practices consistent with the National Agreement on Closing the Gap (Closing the Gap) framework.[10]
- the recommendations in the Commission's Wiyi Yani U Thangani Report.
- the findings from the Commission's Health Inequities in Australia Scoping Review.

Reorientation towards wellbeing, rights and person-centred outcomes

The government's Productivity Agenda should adopt measurement systems that reflect local needs and the nuanced realities of the care sector. This includes recognising the relational and emotional labour of care, the importance of continuity of trust, and the need for trauma-informed and culturally safe services.

Since the 2021 Aged Care Royal Commission, there have been efforts to harness data collection in the aged care system to ensure improved quality and safety. With growing demand on the care sector broadly, the maturity of digital infrastructure significantly affects how patient outcomes are measured and

delivered. A recent review of the digital environment in the aged care and health sector highlighted significant gaps in infrastructure. The *Australian Aged Care Data Landscape Report* also demonstrates that data is not collected or used consistently across these sectors.[11] This issue is replicated across the disability data landscape which is fragmented and poorly integrated across service settings and life domains. There continues to be limited information on the experiences of people with disability and the appropriateness and effectiveness of the services they receive.[12] An aligned regulatory framework requires a more robust and standardised approach to data collection and quality assessment.

With growing demand on the care sector broadly, the maturity of digital infrastructure significantly affects how patient outcomes are measured and delivered. Investment in digital infrastructure across the care sector should be targeting the developing and integrating human rights and people-centred indicators.

International examples of integrated care models

The World Health Organisation's Framework on Integrated People-Centred Health Services (IPCHS), emphasises the importance of engaging and empowering people and communities and delivering individually responsive services.[13] Putting people at the centre of the care they receive not only reflects the values of participation and inclusion, it has also led to stronger primary care systems and co-designed health programs in service reforms in other countries.[14]

The IPCHS Framework provides guiding principles and standards that could be embedded into Australian social service and health design to better position Australia's international obligations to uphold human rights, including universal rights to health,[15] non-discrimination[16] and participation,[17] the rights of indigenous peoples to self-determination,[18] and the right of people with disability to live independently and be included in the community.[19]

Overarching recommendation: The Productivity Commission should apply a human rights framework to its recommendations across all reform areas, by

- **integrating human rights principles and standards.**
- **embedding formal mechanisms for the meaningful participation of people with lived experience.**
- **including human rights and people-centred indicators as key metrics for quality, safety and productivity, and as part of a comprehensive data framework.**

Draft recommendation 1: quality and safety regulation

Alignment of regulation and standards across the disability, aged care and veterans care services should reflect care sector realities and emphasise government stewardship in the safety and regulation of practice and service delivery. This includes developing a more unified eco-system of support that is person-led, individually responsive and grounded in the relational aspect of care and human rights.

The Productivity Commission should consider the following action areas under its draft recommendation 1:

Action 1: Government should invest in community and localised support systems to avoid an overreliance on market-based approaches. Quality and regulation should include human rights principles and standards rather than focusing purely on a set of compliance benchmarks. The importance of community-based initiatives, the catalytic role of local governments and community designed and delivered care services and supports should be given much greater recognition.

Action 2: Government should include the broad range of disability support services in safety, quality and regulatory reform rather than limiting reform to the NDIS only. The NDIS Review recommended significant reforms across the disability support system, including the introduction of foundational supports, which should be factored into the broader regulatory landscape to ensure consistency and equity across service systems, and to avoid future fragmentation. The new aged care system needs to incorporate foundational supports for older people living at home to sustain community supports and connectedness, relationships, capacity and resilience building and advocacy.

Action 3: Government should develop a national Code of Conduct for all care sectors including mental health, building on existing frameworks such as the NDIS Code of Conduct and the Statement of Rights in the Aged Care Act 2024. There are significant overlaps with human rights obligations across these sectors, often implemented by shared workforces. The *Aged Care Act 2024* (Cth) sets a precedent for rights-based regulation, embedding a Statement of Rights that, while not enforceable, states the rights that care recipients should expect when seeking or accessing government-funded aged care services.[20]

Any regulatory reform that governs multiple service systems as proposed by the Interim Report should be grounded in a consistent rights-based framework and embed enforceable rights that have clear pathways to redress.

Action 4: Redress inequities in access to disability supports for older Australians. Older Australians with disability should have equal access to the supports they need. Disability services available to older people must be equitable and responsive to their specific needs. This could be done in an action plan under 'the Aged Care Diversity Framework' that addresses the specific barriers and challenges experienced by older people with disability in aged care to ensure their rights are realised**.**

Action 5: Government should embed human rights principles into the design, delivery, and governance of digital health systems. This includes:

- ensuring that digital innovation does not come at the cost of inclusion or dignity,
- recognising and designing digital health policy in alignment with the UN Roadmap for Digital Cooperation,[21] UN Secretary-General's Guidance on Human Rights Due Diligence for Digital Technology Use,[22] and the Special Rapporteur Report on Digital Innovation and the Right to Health, and[23]
- implementing Priority Reform 4: Shared Access to Data and Information of the *Closing the Gap* framework.[24]

Action 6: Government should develop a National Framework on the Elimination of Restrictive Practices, across all settings, as part of broader regulatory reforms. Regulation of restrictive practices is a human rights imperative and should:

- be aligned with human rights obligations, including those under the CRPD[25] and the *Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment* (OPCAT).[26] This includes the establishment of National Preventative Mechanisms (NPMs)[27] as complementary safeguarding mechanisms,[28] and
- establish common definitions, authorisation pathways, and reporting to ensure equal protections across service systems, including but not limited to the NDIS, Aged Care and Mental Health.

Action 7: Governments should implement anticipatory safeguards for emerging technologies (e.g. neurotechnology) and the use of Artificial Intelligence across the care sector to protect human rights including privacy, autonomy, and equality.[29]

Draft recommendation 2: Collaborative Commissioning

Collaborative commissioning should prioritise the leadership of Aboriginal Community Controlled Health Organisations (ACCHOs) in delivering culturally safe services to Aboriginal and Torres Strait Islander peoples.

The Productivity Commission should consider the following action areas under its draft recommendation 2:

Action 1: Government should increase investment in ACCHOs to expand their capacity to deliver aged care, disability and mental health services, including workforce development, infrastructure, and service integration. In line with Recommendation 47b of the Aged Care Royal Commission,[30] and as recommended in the *Wiyi Yani U Thangani Report*, increasing the capacity of ACCHOs is essential to ensuring culturally appropriate care and locally available services.[31] Where no ACCHO exists, mainstream providers should be held to cultural safety standards when delivering services.

Draft recommendation 3: National Prevention Framework

A National Prevention Framework should be designed to operate across mental health, disability and aged care settings, in a way that is proactive, inclusive and community based with a focus on reducing segregation, isolation, and systemic disadvantage. The Framework should be grounded in the social determinants of health, human rights, and be guided by lived experience, as recommended in the National Preventative Health Strategy 2021-2030, National Children's Commissioner's Help Way Earlier! Report and the Commission's National Anti-Racism Framework.

The Productivity Commission should consider the following action areas under its draft recommendation 3:

Action 1: The establishment of the Prevention Framework Advisory Committee should include identified lived experience roles and membership. Prevention should target communities disproportionately impacted by poorer health outcomes. The lived experience of these communities should be integrated into the Committee's functions and involve a participatory approach to decision-making, with formalised partnerships and accountability measures.

Action 2: A National Prevention Framework should include funding for tailored, place-based prevention initiatives that address the social

determinants of health such as housing, education, employment and social inclusion to reduce isolation and promote inclusive participation. These initiatives should be co-designed with communities and embedded in national agreements like the National Health Agreement and National Mental Health and Suicide Prevention Agreement.

Action 3: A National Prevention Framework should be supported by legislation to ensure sustainability and accountability. Legislation should embed human rights principles and outline roles and responsibilities for national action on, and investment in, prevention.

Culturally and racially marginalised care workers

Intersection of gender, race and migration

The draft recommendations of the Productivity Commission *Interim Report on reforming the care industry*, such as a recommendation for uniform registration of care workers, will have significant impacts on many women workers. The Productivity Commission has been tasked with considering gender equality in the scope of this Inquiry.[32]

As identified by the Productivity Commission, the care industry remains highly segregated by gender with 79% of workers in the industry being women,[33] a large percentage of whom are women who are culturally and racially marginalised (CARM), including many on temporary migrant visas.[34]

The Jobs and Skills Australia Report *New Perspectives Old Problems* highlight that CARM women are more likely to be in lower paid roles despite having the skills and qualifications of the non-CARM men who dominate leadership roles in the sector. The Report also demonstrates the economic value of investing in intersectional data analysis to inform equitable workplace policies to close the gender pay gap at a targeted level. [35]

It is well established that there are workforce shortages in the care industry, which are projected to grow based on the increasing care needs of Australia's ageing population. Migration continues to form part of Australia's strategy on addressing these domestic challenges,[36] through dedicated migration pathways such as the Aged Care Industry Labour Agreement and the expansion of the Pacific Australia Labour Mobility (PALM) Scheme into aged care.

It is essential that any regulatory changes proposed by the Productivity Commission are considered against the intersectional workforce composition of the care industry with the human rights of workers at the forefront.

Lived experience

The protection of human rights for workers is an essential element of the provision of high-quality care. Intersecting forms of discrimination based on attributes of gender and race produce a wide range of workplace harms for care workers, which in turn impacts workplace productivity.[37]

Understanding the lived experience of workers is key to identifying the scope of the problems within the care industry and developing solutions. The experiences of CARM women workers in the care industry has been overlooked in policy and research. Government should dedicate appropriate effort and resources to understanding the lived experience of this cohort of workers and adequately value their contribution to the care industry and Australia's economy.

Further resourcing must also be dedicated to capturing intersectional workforce data. The existing intersectional data reflects that the gender pay gap is largest between CARM women and non-CARM men.[38]

In the Australian Human Rights Commission's recent report, *Speaking from Experience,* migrant workers reported staying in unsafe workplaces when their rights have been breached due to limited employment options, restrictive visa conditions, and reliance on their current income to support themselves and often their families.[39]

The Commission supports, in principle, the proposals to improve the mobility of workers, reduce administrative burdens and to create more consistent care regulations. However, the Interim Report has not explored how these proposed changes will interact with Australia's migration system, particularly the pathways that are specific to aged care. It also remains unclear whether the significant portion of migrant care workers will be able to benefit from the proposed changes.

The Final Report of the Care Inquiry should consider:

- a greater focus on gender equality and the Working for Women Strategy, particularly in relation to how to improve the valuing of unpaid care and increasing the gender balance of the care industry,
- the role and contribution of culturally and racially marginalised women workers and all women workers in the delivery of both paid and unpaid care,
- how the draft recommendations regarding changes to regulatory frameworks for workers will interact with the migration system,
- which visa conditions may limit the ability of migrant workers to take advantage of intended increased mobility across the industry, and
- further recommendations to be made to reduce additional burdens or restrictions on migrant workers.

Endnotes

[1] The CRPD requires governments to closely consult and actively involve people with disability, including children with disability, in the development of laws and policies, and in decisions that affect their lives and rights: *United Nations Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 2515 UNTS 3 (entered into force 3 May 2008), arts 4(3), 33(3) ('*CRPD*').

[2] The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) recognises the right of First Peoples to be actively involved in decisions affecting them and to develop and maintain their own decision-making institutions. Governments must consult and cooperate with First Peoples to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them: *United Nations Declaration on the Rights of Indigenous Peoples*, 61st sess, Agenda Item 68, UN Doc A/RES/61/295 (2 October 2007, adopted 13 September 2007) arts 18, 19 ('*UNDRIP*').

[3] Governments must uphold the best interests of children and respect their views in decision-making processes: *United Nations Convention on the Rights of the Child*, opened for signature 20 November 1989, 1577 UNTS 3 (entered into force 2 September 1990) arts 3, 12, 23(1) ('*CRC*').

[4] *UNDRIP* (n 2) arts 3, 4.

[5] See United Nations Committee on the Rights of Persons with Disabilities, *General Comment No. 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organisations, in the implementation and monitoring of the Convention*, UN Doc CRPD/C/GC/7 (9 November 2018) [28], [47].

[6] Ibid [53], [94(e)].

[7] See *CRPD* (n 1) arts 1, 3, 4, 12, 19, 20, 25, 26; See *United Nations Convention on All Forms of Discrimination Against Women*, opened for signature 18 December 1979, 1249 UNTS 13 (entered into force 3 September 1981); See *UNDRIP* (n 2) arts 3, 4, 18, 19, 24, 31; See *CRC* (n 3) arts 2, 3, 8, 12, 19, 23(1), 24; See *International Convention on the Elimination of All Forms of Racial Discrimination,* opened for signature 21 December 1965, GA Res 2106 (XX) (entered into force 4 January 1969).

[8] See Daniel Demant et al, *Health inequities in Australia: A Scoping Review on the Impact of Racism on Indigenous and Other Negatively Racialized Communities Health Outcomes and Healthcare Access* (Report, September 2025, Australian Human Rights Commission and the University of Technology Sydney).

[9] See Australian Human Rights Commission, *Wiyi Yani U Thangani: Women's Voices* (Report, 9 December 2020).

[10] Closing the Gap Partnership, *National Agreement on Closing the Gap* (July 2020) 5-16 <https://www.closingthegap.gov.au/sites/default/files/2022-09/ctg-national-agreement_apr-21-comm-infra-targets-updated-24-august-2022_0.pdf

[11] See Varnfield M et al, *Australian aged care data landscape: gaps, opportunities and future directions* (Report, March 2025, CSIRO) <https://aehrc.csiro.au/new-report-provides-snapshot-of-digital-health-in-aged-care/>.

[12] Australian Institute of Health and Welfare, *People with Disability in Australia: Existing data sources and challenges* (Web Report, 23 April 2024) <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/key-data-gaps/existing-data-sources-and-challenges>.

[13] See World Health Assembly, *Framework on Integrated, People-Centred Health Services: Report by the Secretariat* (Report No A69/39, World Health Organisation, 2016) <https://www.who.int/health-topics/integrated-people-centered-care#tab=tab_1>.

[14] See Organisation for Economic Co-operation and Development, *Health for the People, by the People: Building People-centred Health Systems*, (Report, 16 December 2021) <https://doi.org/10.1787/c259e79a-en>; Hafiz O et al, 'Examining the Use and Application of the WHO Integrated People-Centred Health Services Framework in Research Globally – A Systematic Scoping Review' (2024) 24(2) *International Journal of Integrated Care* 9, doi: 10.5334/ijic.7754

[15] *International Covenant on Economic, Social and Cultural Rights,* opened for signature 16 December 1966, GA RES 2200A (XXI) (entered into force 3 January 1976) art 12; *Universal Declaration of Human Rights,* GA Res 217A (III), UN GAOR, UN Doc A/810 (10 December 1948) art 25.

[16] See *United Nations International Covenant on Civil and Political Rights,* GA 2200A (XXI) (23 March 1976, adopted 16 December 1966) art 2, 26; *International Covenant on Economic, Social and Cultural Rights,* opened for signature 16 December 1966, GA RES 2200A (XXI) (entered into force 3 January 1976) art 2(2); *Universal Declaration of Human Rights,* GA Res 217A (III), UN GAOR, UN Doc A/810 (10 December 1948) art 7.

[17] *United Nations International Covenant on Civil and Political Rights,* GA 2200A (XXI) (23 March 1976, adopted 16 December 1966) art 25; *CRPD* (n 1) arts 4(3); *UNDRIP* (n 2) arts 18, 19; *CRC* (n 3) arts 3, 12, 23(1).

[18] *UNDRIP* (n 2) arts 3, 4.

[19] See *CRPD* (n 1) art 19.

[20] See *Aged Care Act 2024* (Cth) s 23, 24, 144.

[21] See United Nations, *Report of the Secretary General: Roadmap for Digital Cooperation* (Report, June 2020) <https://www.un.org/en/content/digital-cooperation-roadmap/>.

[22] United Nations, *Guidance of the Secretary General: Human Rights Due Diligence for Digital Technology Use* (Report, May 2024) <https://www.ohchr.org/sites/default/files/2024-08/digital-technology-use-guidance-sg-1-en.pdf>.

[23] Tlaleng Mofokeng, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Digital Innovation, technologies and the right to health*, UN Doc A/HRC/53/65 (21 April 2023) <https://www.ohchr.org/en/documents/thematic-reports/ahrc5365-digital-innovation-technologies-and-right-health>.

[24] See Closing the Gap Partnership, *National Agreement on Closing the Gap* (July 2020) 13-15, 20 <https://www.closingthegap.gov.au/sites/default/files/2022-09/ctg-national-agreement_apr-21-comm-infra-targets-updated-24-august-2022_0.pdf>; See generally Productivity Commission

(Cth), *Closing the Gap: Annual Data Compilation Report* (Report, July 2025) < <https://www.pc.gov.au/closing-the-gap-data/annual-data-report/closing-the-gap-annual-data-compilation-july2025.pdf>.

[25] See *CRPD* (n 1) arts 12, 14, 15, 16, 17.

[26] See O*ptional Protocol on the Convention Against Torture*, GA Res 57/199, UN Doc A/RES/57/199 (18 December 2002, entered into force 22 June 2006) <https://www.ohchr.org/en/instruments-mechanisms/instruments/optional-protocol-convention-against-torture-and-other-cruel>; See also *United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment,* opened for signature 10 December 1984, GA Res 39/46, (entered into force 26 June 1987).

[27] An NPM is an independent oversight mechanism focused on proactively preventing torture and other cruel, inhuman, or degrading treatment, primarily by monitoring and inspecting places of detention and closed environments. They play an important role in the independent cross-sector oversight and safeguarding of primary and secondary places of detention: Association for the Prevention of Torture and the Inter-American Institute of Human Rights, *Optional Protocol to the UN Convention against Torture: Implementation Manual* (Manual, 2010) 12.

[28] For further information see: Australian Human Rights Commission, submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *National Preventive Mechanisms: a formal safeguard for people with disability* (23 September 2023) < https://humanrights.gov.au/our-work/legal/submission/national-preventive-mechanisms-formal-safeguard-people-disability>; Australian Human Rights Commission, *Road Map to OPCAT Compliance* (17 October 2022) <https://humanrights.gov.au/sites/default/files/opcat_road_map_0.pdf>.

[29] For further guidance see the following submission and report by the Australian Human Rights Commission: Australian Human Rights Commission, submission to the Select Committee on Adopting Artificial Intelligence, *Adopting AI in Australia* (15 May 2024) <https://humanrights.gov.au/our-work/legal/submission/adopting-ai-australia>; Australian Human Rights Commission, *Human Rights and Technology* (Final Report, 1 March 2021) <https://humanrights.gov.au/our-work/technology-and-human-rights/publications/final-report-human-rights-and-technology>.

[30] The Aged Care Royal Commission recommended that the Australian government ensure that the new aged care system makes specific and adequate provision for the diverse and changing needs of Aboriginal and Torres Strait Islander people, and that priority is given to existing and new Aboriginal and Torres Strait Islander organisations, including health, disability and social service providers, to cooperate and become providers of integrated aged care services: See *Royal Commission into Aged Care Quality and Safety* (Final Report, 1 March 2021) vol 3(a), 246.

[31] Australian Human Rights Commission, *Wiyi Yani U Thangani: Women's Voices* (Report, 9 December 2020) ch 4.2, 97-100; *Royal Commission into Aged Care Quality and Safety* (Final Report, 1 March 2021) vol 3(a) 246 (recommendation 47).

[32] Letter from The Hon Patrick Gorman MP to The Hon Dr Jim Chalmers MP, 12 December 2024 <https://www.pc.gov.au/inquiries/current/five-productivity-inquiries/australias-productivity-pitch/gorman-letter.pdf>.

[33] Productivity Commission (Cth), *Delivering quality care more efficiently* (Interim Report, August 2025) 5 <https://www.pc.gov.au/inquiries/current/quality-care/interim/quality-care-interim.pdf>.

[34] There is inconsistent data collection on intersectional factors like race, culture and language. Some statistics indicate that approximately 40% of aged care workers speak a language other English at home, providing some insight into the diversity of the aged care workforce: Department of Health and Aged Care (Cth), *Aged Care Worker Survey 2024 report* (November 2024) 17 <https://www.health.gov.au/sites/default/files/2024-12/aged-care-worker-survey-2024-report.pdf>.

[35] Jobs and Skills Australia, Gender Economic Equality Study – Paper 1: New Perspectives on Old Problems: Gendered Jobs, Work and Pay (Report, Australian Government, 7 August 2025).

[36] Department of Home Affairs (Cth), *Migration Strategy: Getting migration working for the nation* (December 2023) 21 <https://immi.homeaffairs.gov.au/programs-subsite/migration-strategy/Documents/migration-strategy.pdf>.

[37] See Iris Arends, Christoper Prinz, and Femke Abma*, 'Job Quality, Health and At-Work Productivity'* (Working Paper No. 195, Organisation for Economic Co-operation and Development, 22 June 2017).

[38] Commission for Gender Equality in the Public Sector, *Intersectionality at Work: building a baseline on compounded gender inequality in the Victorian public sector (2023, October)* <https://www.genderequalitycommission.vic.gov.au/intersectionality-work/chapter-4-gender-and-culturally-and-racially-marginalised-employees>.

[39] Australian Human Rights Commission, *Speaking from Experience: What needs to change to address workplace sexual harassment* (Report, June 2025) 29–31 <https://humanrights.gov.au/sites/default/files/Speaking%20from%20Experience%20Report_0_0.pdf>.