

## Statement of Janice Hilton

**Name:** Janice Hilton  
**Date of birth:** [REDACTED]  
**Address:** [REDACTED]  
**Date:** 11 October 2019

1. This statement made by me accurately sets out the evidence that I am prepared to give to the Royal Commission into Aged Care Quality and Safety. This statement is true and correct to the best of my knowledge and belief.
2. The views I express in this statement are my own based on my own knowledge and experience, except where they are based on information I have received. Where I rely on information, I believe that information to be true. The views I express in this statement are not intended to represent any views of my employer or any specific organisation.

### Background

3. My full name is Janice Hilton. I am 64 years old and I live in [REDACTED] I am currently employed as a home care worker for a large private provider. [REDACTED]
4. Prior to home care, I worked as a disability support worker. I also worked as a live-in carer in the home care sector, as a child care educator at an OSHC (Outside School Hours Care service) and as a youth worker.
5. The children I was working with as a youth worker were traumatised and had challenging behavioural issues. It was difficult work. After a while I decided to move to work in aged care.
6. I have now worked providing care in the home for 10 years, working in aged care home care for the last 6 years.
7. I'm a foster parent. I am also my father's carer and in the past I looked after my husband who was chronically ill for 8 years. My father receives home care services from another provider. I have a broad overview of what is happening in the sector.

### Qualifications

8. I have a Certificate IV in Disability, a Certificate III in Children's Services and an Associate Diploma of Business. I have done a course in Counselling Skills and I have a partial certificate in Individual Support. My employer in childcare paid for my Certificate III, but I had to pay for the other qualifications myself. My Certificate IV in Disability was more than \$2,000.
9. When I was working in child care, the National Quality Framework was introduced which required child care educators to have minimum qualifications. When the Framework was introduced, the private service that I worked for paid for my Certificate III in children's services. I completed the certificate III through Peak Training with the other employees at the service while I kept working. It took me about 9 months to complete my certificate

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- III. The service received funding so that all of its child care workers could get the minimum qualifications needed under the National Quality Framework.
10. **My experience as an aged care home care worker**
11. I work with disabilities and aged care. I do personal care, social support, and domestic assistance. Domestic assistance is cleaning clients' homes or units. There is more domestic assistance happening these days. Some days I might get 6 hours of cleaning without a break. It's physically demanding especially in a heat wave.
12. I also take people to appointments and shopping (social support). I have a lady I take shopping. That takes two hours. If clients have walkers then it's slower.
13. Many clients don't have driver's licences anymore so sometimes I have to take them to appointments.
14. I am more qualified than a lot of other home carers, although my employer does not recognise my qualifications. When I started with my current employer they offered me casual work as a grade 3 carer. A grade 3 does complex care such as bowel care, hoisting, lifting and PEG feeding. A grade 2 just does personal care, like showering clients. A grade 1 care worker just does domestic care, mainly cleaning.
15. I wanted to be permanent part-time, because I wanted job security, and to get annual leave and sick leave. My employer offered me a permanent part-time position, but only as a grade 2 care worker. That meant I had to take a pay cut. As a part-time grade 2 care worker, I got paid about \$7 per hour less than I had got as a casual grade 3.
16. As a grade 2 care worker, I still do some grade 3 work. I have the skills and experience to do grade 3.
17. If I see a grade 3 client, I get paid at a higher rate. However, I don't get many grade 3 clients now because the company I work for decided not to provide NDIS services anymore because they say they can't afford to do NDIS work. They just focus on aged care now, which for me involves mostly grade 2 work. My employer is transitioning the remaining NDIS clients out to other providers. The aged care packages pay for travel time, whereas the NDIS packages don't.

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18. **My work day**

19. On a work day I leave home and drive about 15 minutes to my first client. I shower and dress them. Then it is domestic assistance. Sometimes it's 4-5 hours straight domestic assistance. This can be very physically demanding.
20. I might spend 1.5 hours with my first client. Depending on their personal care and domestic needs it might be 2 hours. Then it's straight onto the next client and the third. I get no breaks. I usually travel 10 to 15 minutes by car between clients. If I am running late, I usually create a note on my phone as to why. The allocator (who prepared the roster) is supposed to read the notes.
21. I usually see three clients a day. My employer has tightened up a lot on overtime, so I'm usually just meeting my contract hours and the money I take home has been reduced as a result.

22. **Management**

23. The home care provider that I work for employs 'service coordinators', who manage clients' home care packages, and people called 'allocators' who do the rostering.
24. The service coordinator is based at the office. They occasionally visit clients to do interviews or reviews. The service coordinators manage the clients and connect them with services and workers. They are also the team leaders, leading a team of 8 or 10 and up to 20 home care workers. They run the team meetings.
25. The service coordinators communicate with the allocators about what the individual clients need, whether a grade 2 or 3 worker is needed to provide the service, and then the allocators assign the workers and create the roster.
26. One of the service coordinators at my work told me that the coordinators have to case manage 170 to 200 clients. Two service coordinators at my work have just left. There is a high turnover of coordinators.
27. Because the service coordinators have to manage so many clients, some clients fall through the cracks. By way of example of how clients fall through the cracks, there is a 90 year old couple that I provide domestic services for. I emailed the case supervisor to say I have only 15 minutes to do all the ironing for two people for a fortnight, and that it wasn't enough. The service coordinator arranged for them to be assessed by somebody from My Aged Care. But there has been no increase to the hours that I have to help this couple.
28. A lot of the service coordinators have no formal qualifications. They come from various backgrounds, a lot were care workers who've stepped up. Their understanding of what a client needs is often lacking as they are not health professionals and answer to a Branch Manager who in many cases is also a former care worker. We need health care professionals as service coordinators.
29. An example of how the service coordinators don't understand the needs of the client is a recent experience where I attended one of my regular clients,

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but he wasn't there. I called the service coordinator and she asked me to locate a key to check the rooms to make sure he's not dead on the floor. I asked the service coordinator if it was possible that he was in hospital. She said she'd let me know. I went onto my next client. After my last client I called back and the service coordinator told me that the client had been in hospital and transferred to a therapy hospital. I asked what was wrong and was he 'ok'. The service coordinator had no idea what was wrong with him. I just received a blunt, 'I don't know.' There was no follow up of the client that I know of.

30. My father receives home care services from a different provider. His provider has an occupational therapist as the coordinator and only manages about 23 clients. It is a big contrast compared to the company for which I work. After my father was recently hospitalised, the occupational therapist arranged follow up care with doctors, a social worker from the hospital and family on a phone conference. The difference in follow up care between my father's provider and the experience with my employer is extraordinary.
31. When my father moved to his current provider, the coordinator immediately upgraded my father to a Level 3 package and he was given a lawn mowing service as part of the package and began to receive regular domestic service. He can be transported to medical appointments if they are not local and I am not available due to work commitments. This provider also offers activities for clients and outings in a small bus if they choose to attend social events and want to get out of their home for a day. They even offer dog washing services that are fully funded for their clients.
32. **Rosters & worker shortage**
33. I'm on a 30 hour contract fortnightly, which can be up to 39 hours fortnightly. If I get asked to do extra shifts, I do them if I can. I have foster children (one with a disability) so I need to spend time with them as well. Rosters are changing regularly which makes it difficult to try to have some work/life balance and plan ahead for events.
34. I was in this situation recently where I only had one client on my roster for the day but I knew it would change, so I did not know my exact starting or finishing times. I had to ring the office and say I have two kids that need to get to a swimming carnival 20 minutes from home. One of my kids had made it to zone level but I didn't know what was on my roster.
35. On a recent Thursday between my second and third client, an allocator called me to ask me to go out to a client in a suburb I was not familiar with. The client wanted 1.5 hours' domestic assistance. I queried the short notice. The allocator said that they would put down 'refusal to work' if I didn't take it. I explained that I'd just arrived at another client, and by the time I was done and travelled to the new client, I would be out of my work hours. The allocator backed off then. But I felt I needed to report it to the union – they are trying to pressure you into taking jobs and being threatening. I found out later that the allocator did put a 'refusal to work' on my payslip. This was the

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- first time in six years that this has happened, so I am working with the union and the office to have it removed.
36. Another time I had an allocator ring me around 9.15am. She told me she had been verbally abused several times that morning by clients. She told me that she had to change clients' rosters suddenly and send different people to them or cancel their rostered services as three care workers from the same team resigned that day. That puts a strain on administration staff who are trying to fill the unfilled services. The staff shortages happen so often now that many clients don't receive their service and miss out altogether.
  37. The travel time between client's homes isn't right – they might have me down for 10 minutes, but it'll take me 20 minutes to get there. I don't get paid for wear and tear on my car.
  38. Consistency of staff is a problem. A lot of people need a bit more social support which isn't happening. I go into people's places and I might only be there for 1 hour, and that's all they see for 2 weeks. Clients get upset, when care workers are getting chopped and changed about and they have to show the new person where everything is. The system is very broken. It's not working for the carer or the client.
  39. Some weeks ago, I was put in to a home that I hadn't been into for 2 years. This person's physical health was deteriorating rapidly due to Huntington's disease. It was a 2 person service. I was there for 3 days, then nothing happened for two days, then they put in another provider in to do the showering, and then we suddenly get told we are going back there again.
  40. Services may not be performed safely, for example when I was with the client with Huntington's disease, I witnessed the other carer mixing two antibiotics into syringes and putting them into the person's stomach. I was shocked, this went on for the next two days. I emailed the service coordinator, as it was not in the care plan. I said maybe she should be supervising this and checking that this is done correctly.
  41. Staff shortages are happening with my father's provider too. The manager who runs the system there told me that she had 8 people calling about not coming in. They couldn't provide a worker so I had to run my dad to an eye appointment on my day off. The whole system is broken, in crisis.
  42. My dad has \$13,000 worth of funding sitting there. A client of mine has \$6,000 of funding and he is upset because he has to catch taxis everywhere. The office said they need a weeks' notice to be able to take him to appointments. He can't get there. He needs to try and catch a taxi and then is out of pocket of his own money when he's got \$6,000 sitting there which could fund a carer to do the job.
  43. **Induction and training**
  44. Once upon a time, when I first started, we had 2 weeks of full on induction training followed by two full weeks of 'buddying'. Now, new staff only get 2 days induction training, then they're put out with a buddy for 5 -7 days. They have to work out the new phone and roster system on the job. New staff are

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just pushed out the door.

45. I don't get paid any extra for being the buddy.
46. My current employer does not provide quality training for new starters. This means new staff are given clients they don't feel prepared to care for and they get burnt out. Established care workers also don't get a lot of refresher training. They just provide small courses, i.e. on small complex care issues. They provide some online training but the quality is lacking.
47. I get repeat messages on my phone that my training is out of date. I just have to work around the required training. Some sessions are half an hour. I did one on privacy and one on abuse and neglect. The training that they have is a bit hit and miss.
48. Sometimes it seems like the employer has funding, and ask 'who can we send to the training?' They sent me to the same training twice. It was ridiculous. For the other types of training, you have got to go through a computer. But some people have to book in time in the office because they don't have a computer.
49. The day I came back from annual leave in December last year I had phone calls asking if I could do a complex care course at a spot quite a while away from me. My employer seemed frightened because they hadn't done any courses for a long time so they were trying to push us through to do these courses. They did pay me for the 3 hours training. It was just hoisting and lifting and everything; just a brush up thing.
50. **Support**
51. *Mentoring*
52. I'm a professional coach and mentor out at schools in my spare time. Last year, I applied for a care worker coach position that was advertised by my employer. The role involved responsibility for about 50 care workers, spending about 50% of the time in the field with other care workers and then doing your own care work for the other 50% of the time. They said they'd pay a higher rate only for 50% of the work done mentoring. They only had 4 people apply. I had to do a 'montage interview', which involved answering a series of questions by recording my response on the computer. It was difficult. Although I was suspicious that the coaching position would mean one person got overloaded, I was interested because I wanted to try and get my foot in the door. I did not get offered the position. The person who got the position resigned before she even started and nobody else has been offered the position since then.
53. *Union*
54. Because I am a union rep, when new care workers start I am supposed to be informed so that I can attend the induction. However, often I don't get told, or the induction for the new staff is held at a time when neither I nor the other union rep can attend.
55. Some time ago I attended an induction with 4 new care workers. One was extremely stressed. This girl rang me and told me that she hadn't been paid

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for her training. She said she was on a 30 hour contract, but she was doing 52 hours. She hadn't been paid overtime. She was upset and she had no work-life balance as they hadn't got her availability right. They told her she couldn't change her availability for 3 months. I got her to contact the union and report it and say the contract hours exceed her availability.

56. They're burning these young people out because the young people don't know their rights.

57. *Team*

58. Team meetings are only held once a month and on occasions a team may miss out and it may be scheduled for the following month. Service coordinators lead the meetings. When a meeting is held, there may be a new face sitting at the table as a new care worker had started and nobody knew about it. Most often care workers are isolated from one another and only see one another at a team meeting.

59. *Pay*

60. When I started with my current employer we got a pay rise. It was long overdue. Our union has helped us with a new Enterprise Bargaining Agreement and subsequent incremental pay rises. Our pay doesn't keep up with cost of living, so we're attracting the wrong sort of people into the positions now.

61. Now, I mostly get domestic assistance work, so I don't get paid at the higher level for grade 3 work. But I'm not just doing domestic assistance. When people come straight out of hospital they have high needs. Sometimes they burst into tears. Even if I'm rostered for domestic assistance, I need to help them in the situation they're in. However I don't get paid for that.

62. My pay fluctuates each fortnight, but it's difficult to understand and to monitor. The pay can vary depending on whether you see a grade 2 or grade 3 client, and the amount of travel that you do.

63. With the recent decision to transition NDIS clients to other providers, care workers have lost hundreds of dollars in penalty rates and many have been forced into taking a second job or leaving the sector altogether. Many of these workers have a skillset that is also being lost to the sector.

### Recommendations

64. *Linkages*

1. We need professional help services staff at the helm that can link everything together. At the moment everything is disjointed. People come out of hospital, they're confused, all this medication to deal with, the clients drop pills on the floor, they miss medication and then they're back in hospital. It's about linking the professional staff with health professionals at the helm which who can coordinate people underneath them who are professional.

2. My dad's OT with his home care provider is brilliant. They even sent someone to the hospital to assist with my dad's care for when he returned home. Things need to be linked together.

3. When they go from nursing home to hospital there is no follow up, it's up

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to the carer to do the washing of the clothes, etc. yet they still take their pension from them.

65. No bullying  
1. There's bullying with clients and care workers and it needs to stop.
66. More funding  
1. We need the funding to get the people from our universities and from our health systems into these roles. We need to start attracting the right workers.
67. Wages need to be lifted  
1. Qualifications should be recognised. Someone can walk in off the street and be paid exactly the same as me.  
2. 95-96% of this profession is female. They're keeping the woman wages down. A lot of these women are there for a reason - they have to work - it's not fair to them the system, very low wages.
68. Staff training  
1. Some service providers just set up businesses and are using all untrained staff - this goes for disabilities and aged care. It's extremely dangerous not just for client but for support person - it's putting everybody at risk.
69. Community visitor  
1. Appointment of a community visitor external to companies to interview clients, families, care workers, allocators and office staff. Not someone hand-picked but at random to do checks on how the system is working every 12 months.
70. National quality framework  
1. A national quality framework like child care. I was thrilled to see aged care national standards. There are a lot of fly by night providers starting businesses. There needs to be a closer look at those providers and penalties for people who break those codes or standards. We need to have a version of the child care quality framework in aged care.

71. Signed: J. Hilton  
72. \_\_\_\_\_  
73. Date: 11/10/19  
74. \_\_\_\_\_  
75. Witness: DAVID PITTIS  
76. \_\_\_\_\_  
77. Date: 11/10/19

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