RE: SUBMISSION TO THE ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

Thank you for the opportunity to make a submission and the extension of time to submit to the Royal Commission into Aged Care on Workforce issues in the Aged Care Industry under the pandemic. This Royal Commission is of fundamental importance to the ASU members and all Australians.

This submission supports our earlier submissions made on the 4 October, 6 December 2019 and the ASU’s Submission in to Aged care System Governance July, 2020. Our submissions focused on the working conditions of the community and the home care workforce and the value of services with public accountability.

The ongoing Covid-19 pandemic and the circumstances consequential to it has only reinforced the content of our early submissions.

The ASU is increasingly concerned about the impact that the proposed cessation of CHSP block funding will have on community care in Victoria. We know that many Councils are concerned that they cannot continue to deliver community care under the CHSP due to the lack of growth funds and low unit costings. We understand that Councils receive a lower unit costing than other agencies.

Victorian Councils have been a significant contributor to an effective Victorian Aged Care system and the impact of the loss of Councils in this role is not yet understood.

We therefore stress again that:

1. There is an integral connection between the health, safety and well-being of the aged care workforce and the health, safety and well-being of people using aged care services; and

2. That local council in Victoria play an important role in promoting the health, safety and well-being of the home care workforce in aged care.

If you have any questions please contact ASU Lead Organiser, or via  
Introduction:

1. This Submission is made by the Australian Services Union, Victorian and Tasmanian Branch. The ASU represents an estimated 6,000 community care workers employed by local councils and other agencies across Victoria. ASU Local Government membership in aged and disability services is largely composed of direct community care workers, but includes client liaison officers, assessment officers, team leaders and managers. The ASU also represents workers in not for profit aged and disability service providers in Victoria, who work in a range of roles including direct care work, case management, and management roles. The ASU’s principal exposure to the aged care industry is through our members’ experiences of working for Victorian Councils delivering personal and community care in the home.

2. The ASU provided a submission to the Royal Commission in Aged Care Quality and Standards on the 4th October, 2019. The focus of that submission was:
   - The integral connection between the health, safety and well-being of the aged care workforce and the health, safety and well-being of people using aged care services; and
   - The role that local councils in Victoria play in promoting the health, safety and wellbeing of the home care workforce in aged care.

3. The ASU provided a submission to the Royal Commission in Aged Care Quality and Standards on the 6 December 2019. The focus of that submission was:
   - The importance of reasonable pay, training, guaranteed hours, and uniform standards across the sector to ensure the appropriate provision of services in the aged care sector; and
   - The need for explicit support from the Commonwealth Government as the primary funder and regulator, including legislation similar to that provided for disability workers and block funding.

4. Victorian Councils are mandated under the objectives of the Local Government Act 1989 to act in the best interests of the local community, having regard to the long term and cumulative effects of decisions. Victorian Local Government has a strong record of being an excellent provider of services to elders. Local Government Authorities (LGAs) provide an excellent model of strong governance and workforce leadership in the area of aged home care services. The Municipal Association of Victoria (MAV) has argued and documented the case for Victorian Councils work in aged care and particularly under CHSP thoroughly elsewhere.

5. Appropriate funding and better standards for workers is integral to ensuring that the aged care workforce does not become a workforce of last resort. The ASU supports the Leading Age Services Australia notion that extrinsic motivation is necessary to ensure strong levels of staff retention, which is needed to provide quality aged care. This should be done through the Commonwealth Government by ensuring better standards for workers and appropriate funding.
6. The ongoing coronavirus pandemic has reinforced the need for effective, well governed and community oriented aged care. The consequences of aged care that does not provide appropriate workplace support and care for those using its services have been disastrous throughout. The ASU stresses that investing in the aged care workforce is integral to stopping similar consequences from occurring again.

7. A note on terminology – ASU members work in a wide range of occupations across Local Government and the not for Profit sector. We have used the generic term home carer.

**Survey analysis:**

The ASU surveyed members working in aged care to analyse the impact of COVID-19 on the sector. ASU members provide personal and community-based care in the home through Victorian Councils and NGOs. Two surveys were conducted.

The COVID-19 pandemic has shown the consequences of workers working across multiple workplaces. These implications have proven the dire need for secure work in the sector, thus discouraging workers from working in multiple workplaces.

The first survey conducted focused on hours worked by home care workers during COVID-19 and received 526 responses. 17 respondents were from the private sector, with the remainder working in local government-based care. The survey showed overall that:

- 94% of respondents only worked for one aged care provider, rather than across multiple facilities. For those who did work for a second provider, 27% also worked in residential care and another 27% worked for another home care provider.
- 51% of respondents had lost hours due to COVID-19;
- Of these respondents, the majority (37%) had lost between 5 and 8 hours of work per fortnight.

While results from workers in the private sector are limited, there was a marked difference between the experiences of those working in the private sector and those working in local government. 71% of workers in the private sector lost hours by consequence of COVID-19, compared to 52% of workers in local government. While the impact of COVID-19 has been felt thoroughly across the sector, these limited results suggest this was better contained by local government employers.

A second survey conducted focused on the experience of workers in the workplace during COVID-19 and received 407 responses. This survey sought feedback on support provided within the workplace, patient experience and health and safety concerns. The survey showed overall that:

- 63% of respondents were aware of patients who had become eligible for home care packages but instead chosen to remain with council services;
- 45% of respondents were aware of patients choosing to remain with council services despite being offered higher levels of care;
- 44% of respondents in this survey reported that they did not receive adequate government support;
- 38% of respondents reported that their own health and safety was their biggest concern at the time;
- 29% of respondents required additional PPE to what was provided by the workplace; and
- Of these respondents, 53% purchased this PPE themselves.

The results showed high levels of satisfaction with the services provided by ASU members, especially compared to those provided through home care packages. This is notable considering the 44% of respondents reporting their dissatisfaction with support provided by the government. The ASU therefore urges that additional government support be provided to aged care services provided through local government so as to maintain the patient satisfaction currently provided.

Both surveys gave opportunity for respondents to provide further feedback. Many respondents reported feeling dissatisfied with their work, that there was “no support” and despite “loving (their) job, (they) seem to be working more hours for less pay.” The ASU notes the positive impact felt in the community by the work of our members and urges that this work should be better supported by the federal government.

On the question of how much support these workers have received during the pandemic, and specifically on what more could have been provided, ASU members had a lot to say. Their exclusion from the aged care retention bonus was a source of great concern, as was the impact the pandemic was having on their finances generally, as well as safety concerns such as a lack of PPE:

**Financial support:**

“Working from 30 hours per week to minimum under 23 hours is/has affected me greatly financially and mentally. Taking long service leave and staying home because I cannot afford to go anywhere or hours cut down I need to pay my bills and live! I feel anxious every pay day wondering HOW can I live and continue with all this stress!”

“To be recognised for the retention package! We do exactly the same work as every else and yet we don’t qualify”

“Jobkeeper as we work for the Council we (support workers) did not qualify, especially when I had to pay my rent and bills as a single person.”

“Access to the jobseeker payment as my regular hours aren’t being paid by my employer and as a result I have been working up to 15hrs less per week. I would also like to have access to the government’s aged care retention bonus”.

“A pay rise and the aged care retention bonus which is available for home carers, to recognise our Direct Care work, working as a frontline worker, working all during the time during the COVID restrictions, working with elderly and disabled clients in the community, whilst putting ourselves at risk of catching the COVID virus ourselves and spreading it to our own families.”

“If my work is not valued as others, is it time to leave the industry altogether?”
“Acknowledgment as a frontline worker. Extra money for being a frontline worker as our job can be risky, going into possible covid 19 homes, shopping centres, taking clients in cars where you really can’t practise social distancing. I hope we can learn from this.”

“Easier access for direct care workers to get additional money for shortened hours. The process of job seeker was long and you have to travel more than 35 km to closest office. Many didn’t bother trying”.

“Don’t get me wrong, it’s fabulous that people who lost their jobs got well compensated, and for many got more money and can actually live, I just want there to be recognition for those who kept working, got paid the same or less then their unemployed friends, and still had to carry on and home school, care for ageing parents, etc etc.”

Support from employers/PPE:

“Prompt support from the start. We were offered more support and PPE two months in? We were asked to use our own hand sanitizer given to us in a gift bag at christmas in the early stages of the outbreak of covid-19.”

“More emphasis on our health and the risk we are putting ourselves in, because we love our job.”

“I was uncomfortable that all the office staff were protected through work from home, but I was expected to keep working as usual, with just a small amount of hand sanitiser offered additionally.”

“Home carers are very isolated. We seem to be lepers. All communication are via emails zoom Internet we don’t see anybody, only when we pick up our PPE’S and that is only a 15 minute drop in”

“A bonus of some description, recognition from management for a job well done. Office workers thanked for doing their part and working from home, nothing for us working on the front lines so to speak. Felt unappreciated and like I was infectious when I went to the office, avoided but staff in office. I didn’t want to go to the office, it was awful. I felt like a Leper and that office staff, team leaders seemed not to care about us, loaded us up with printouts and questions to ask and sent us out to face the music. Off you go, good luck”

“Every frontline worker should be given a DAILY bonus for what we all have done & achieved. Proper PPE & hand sanitizer(never got that), self care/mental health advice/support. For council community support workers we also are dealing with losing our jobs at this time but STILL we went out to assist, support & keep our most vulnerable smiling throughout this time.”

Despite the challenges workers have dealt with during the pandemic, however, there was still a strong sense that the work they were doing was important, valuable, and valued, particularly by clients who wanted to avoid moving into residential care. When asked what was valuable about their work, responses included:
“As a long term worker in local government, I believe that clients had confidence that both I and council would ensure services were delivered in a way that ensured their health and safety during the pandemic.”

“Most of my clients rely on me to do my job according to their needs by adapting to them and sometimes I am the only contact they see in a fortnight.”

“We are sometimes the only person they see from one day to the next and making a difference in their day and reassuring them and seeing the smile on their faces makes it all worthwhile!”

“Providing quality, valued in home service to the most vulnerable people in our community at the expense of our own health.”

“Keeping our client connected and informed and providing a safe service in the mist of Covid - 19”

“I think we are a valuable service in the community. Many would not be able to remain at home without our help. We know by the feedback we receive how needed we are to their everyday requirements. As far as Covid-19 our health is our priority but then again so are our clients so we put ourselves in possibly harms way to assist our clients.”

“I love the contact and interaction with the clients and helping them stay in their own homes and giving them a break all while keeping an eye on their health or any changes.”

“Caring for the elderly, thru this crisis it has made us feel appreciated more and value, I love the people, love my job. Love the personal care best.”

“The provision of community service is so much more important to my clients as they do feel so isolated and vulnerable during this time of COVID-19, having a familiar voice at the end of the phone means the world to them and I am so happy I have been able to support them as best I can under the ever changing circumstances.”

**COVID-19 and Home Care:**

There has been no shortage of coverage and analysis of the impact on the COVID-19 response as a result of the corporatisation of the residential aged care system. The comparison between private residential care and state owned residential care has highlighted yet again that the marketisation of such vital care services only leads to cost-cutting at the expense of our most vulnerable, even to the point of causing hundreds of unnecessary deaths.

The ASU believes that the model of home care run in Victorian local government provides an important alternative to the for-profit, residential model. Designed to keep older Victorians in their homes for as long as possible, this model has appropriate checks and balances and is required to operate in the public interest as part of its fundamental mandate. Yet it is not valued by the federal government, to the detriment of care provision.
During the COVID-19 pandemic, local government home care workers were specifically excluded from receiving the aged care workforce retention payment. At the same time, many of them saw their hours cut and income sharply reduced. This slight was deeply felt by our members. In the words of one ASU member in our July 2020 survey;

“Let me just say- this job is fabulous, but home carers voices need to be heard and their needs met. I know a barista who is now paid more with JobKeeper than they did before and I’m receiving half my wage.”

The significant economic hardship that is being felt by ASU members in home care because of these decisions is of great concern to the union. Responses to our surveys included examples of workers who have had to draw on their super balances in order to support family during the crisis, while at the same time they are being told they and their work are essential.

It is illogical that despite all we know about insecure work and underemployment as a significant factor in acceleration of the spread of COVID infection in aged care facilities due to carers working for multiple employers, these workers have not been provided with the support and stability they need to limit the number of jobs they take on. Recent steps to limit aged care workers across multiple sites by providing them with assurances of terms and conditions to second to a single employer have again excluded home care workers. The ASU estimates the number of home care workers who also work in residential aged care facilities is between 10 and 30%.

However, it is our contention that even despite the challenges the sector is enduring, and despite the lack of federal government support, this model, with proper funding, can still form a best practice design for caring for the elderly while allowing them to maintain their independence for as long as possible. The local government model gives workers far more secure work than those employed through private providers, with better terms and conditions, and the possibility for ongoing employment. The requirement of local government to act in the public interest, rather than for the benefit of shareholders, is central to ensuring the quality of this service.

Even during the challenges the sector has faced this year, workers in local government still reported greater levels of support than their private counterparts. 84% of aged care workers employed in local government said they had been given adequate PPE, for example, compared to 61% in the private system. 64% of local government respondents said they had been adequately supported by their employer, as opposed to 46% in the private sector.

We believe that as many as a dozen Victorian Councils have made the decision to withdraw from delivering home care services over the past two years, due primarily to the expected cassation of CHSP block funding. This has occurred despite knowing that there are thin markets in their regions and that many alternative providers only offer casual employment and will take on clients selectively. Secure and decent employment; the critical ingredients to ensuring maintenance of an experienced and committed workforce and quality care have characterised Victorian Council Home care services.
With the ongoing workforce crisis in aged care, holding on to experienced workers may require some new thinking. These jobs have proved how essential they are during the COVID-19 pandemic, it is important that they are not allowed to be swallowed whole by the private sector, with all that entails.