

UNITED WORKERS UNION

**SUBMISSION TO THE ROYAL COMMISSION
INTO AGED CARE QUALITY AND SAFETY
ON THE IMPACT OF THE CORONAVIRUS
(COVID-19) ON THE AGED CARE SECTOR**

24 JULY 2020

“ Residents need more one on one time with staff. They need to feel safe and need reassurance and attention because families cannot visit. Personal care workers cannot do everything, we try, but there are not enough of us. ”

“ The media and medical advice was ‘stay home, stay safe’ but we went out EVERY DAY to deserted streets, terrified people and no clear information or protection. We are essential services and healthcare professionals but not recognised. We are just essential enough to be forced to work, not high profile enough to be recognised. Coming out of this nightmare has me seriously reconsidering my options. I would get more respect selling shoes. ”

“ The retention bonus is just a drop in the ocean of what we are really worth. We are often there because we care about our clients. Our pay is not equal to our ability, loyalty, skills and needs. ”

INTRODUCTION

“We deserve respect and recognition as our work is not easy and we’re playing a critical role during this health crisis. How we care for each other during this crisis will be what we remember once it is over.”

- UWU member Lillian

United Workers Union welcomes the opportunity to make a submission on the impact of coronavirus (COVID-19) on the aged care sector on behalf of our members to the Royal Commission into Aged Care Quality and Safety.

The United Workers Union (UWU) is a powerful new union with 150,000 workers across the country from more than 45 industries and all walks of life, standing together to make a difference. Our work reaches millions of people every single day of their lives – we feed you, educate you, provide care for you, keep your communities safe and get you the goods you need. Without us, everything stops. We are proud of the work we do – our aged care members are the people providing care, support and dignity to older Australians every day. During the COVID-19 pandemic they have been doing this essential and largely undervalued work under even more stress, and the cracks in the system have shown even more. Our members in aged care are passionate about addressing the crisis in aged care, and improving the quality of care of all older Australians during this pandemic, and every day. That is why over 1000 of them responded to an UWU survey during May and June to discuss the impact of COVID-19 on their work and the quality of care delivered to residents. This submission details these members’ voices and the survey findings to make recommendations to finally address the crisis in the aged care sector. Our members know that the aged care sector needs more funding; more staff to manage workload and provide quality care; better wages, conditions, and job security; better retention policies, government funded paid pandemic leave, and better consultation and communication with workers. They call on the Commission to join workers in advocating for the changes needed to ensure a world class aged care system for all who need it.

For more information on this submission, please contact Research and Policy Analyst, Natalie Dabarera,

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EXECUTIVE SUMMARY

“Carers are barely meeting all their tasks, no time for person-centred care, feeling exhausted. There is absolutely no time to give some 1-1 attention which residents crave and is just a common courtesy to show them the respect they deserve.”

The COVID-19 pandemic is having a significant impact on aged care workers and the sector as a whole. Australia’s deadliest outbreak of the virus so far took place in a residential care facility, and COVID-19 has had a disproportionately high impact on older people and aged care recipients. Victoria is in the midst of a COVID-19 crisis and infection rates are soaring in residential aged care. This is having a devastating impact on Victorian aged care residents and workers, with many infected and ill. Sadly, several aged care residents in Victoria have died during this outbreak, showing again how dangerous COVID-19 is in aged care settings. UWU members welcome the Royal Commission’s examination of the impact of COVID-19 on the aged care sector.

Our members are working at the forefront of the COVID-19 pandemic, providing essential care to our elderly in high risk environments. Our members are committed to providing dignity and care to older Australians in care, but the COVID-19 pandemic has stretched an already underfunded sector to its breaking point. The care needs of aged care recipients have increased during the pandemic but government funds have not recognised this. Our members in residential care do not have enough staff to provide quality care, with a significant number reporting that understaffing has become even more of a problem since the pandemic. Our members in home care do not have enough time to complete routine care tasks during the pandemic or provide clients with social and emotional support, which they so desperately need right now.

Funding for the aged care sector must be urgently increased to reflect the true cost of providing quality care. Funding should take into account the staffing levels and hours required to ensure aged care recipients can have all their needs met, including emotional and social needs. Most of Australia is now easing restrictions but this is not a return to normalcy for aged care. Given older people are at increased risk, and that there may be further waves of infection, as demonstrated by the spike in cases in Victoria, many COVID-19 related measures will be in place for the foreseeable future, and funding must take into account these additional costs.

The COVID-19 pandemic is highlighting to Australia what many care recipients and their families already knew: aged care workers are essential workers. Yet aged care workers continue to be undervalued. The pay and working conditions of aged care workers fails to reflect the true value of their work. The retention bonus has been poorly implemented, and the Federal Government has refused to fund paid pandemic leave for the sector. The Federal Government must recognise the essential and critical work of aged care workers during and beyond the pandemic by providing targeted funding that goes directly to improving the wages and working conditions of aged care workers; expanding the eligibility criteria for the retention bonus; and by funding paid pandemic leave.

During the pandemic, it is crucially important for aged care workers to be informed and consulted on infection control. Disappointingly, the Federal Government has left aged care workers out of consultation processes, and is failing to communicate adequately with workers. Some members report that they have been confused, uncertain and terrified that they would contract COVID-19. The Federal Government must consult with workers when preparing pandemic plans or any major change to the system, and must set up appropriate channels for centralised communication with aged care workers.

This pandemic has laid bare the crisis of funding in aged care and the incapacity of the current system to genuinely meet the care needs of residents and clients. It has also highlighted the devaluation of aged care workers, who have been working through the height of the pandemic, without the pay and conditions they deserve, or the information they need to work safely. Aged care residents, clients and workers deserve better.

This submission addresses the above issues in the following order:

- **Section 1:** The crisis of funding in aged care
- **Section 2:** Workforce issues
- **Section 3:** Infection control and communication

UWU offers the following recommendations to ensure improvements to aged care happen in practice.

SUMMARY OF RECOMMENDATIONS

RECOMMENDATION 1: The Federal Government urgently increase funding to the sector to ensure the delivery of quality aged care services, taking into account increased costs for the sector as a result of COVID-19.

RECOMMENDATION 2: The Federal Government undertake a cost of care study as a matter of priority to determine the true cost of providing quality care, specifically including workforce costs and taking into account the increased time to care required as a result of COVID-19.

RECOMMENDATION 3: In consultation with the sector, the Federal Government develop a mandated minimum staffing model for residential aged care that meets the total care needs of all residents, including physical, social and emotional needs and is delivered by a skilled and appropriately remunerated workforce.

RECOMMENDATION 4: The Federal Government urgently respond to concerns with individualised funding in home care and commit to new funding models that reflect the true costs of delivering quality home care. COVID-19 has demonstrated the insecurity of home care work under the current funding model, and that workers lack the hours to provide quality care.

RECOMMENDATION 5: The Federal Government recognise the essential and critical work of aged care workers during the COVID-19 pandemic by providing targeted funding that goes directly to improving the wages and working conditions of aged care workers.

RECOMMENDATION 6: The Federal Government amend the eligibility rules for the retention bonus and ensure access for all aged care workers. The bonus should also be paid in full to workers, after tax.

RECOMMENDATION 7: The Federal Government fund paid pandemic leave for all aged care workers.

RECOMMENDATION 8: The Federal Government must consult with workers when preparing pandemic plans or any major policy, funding or operational changes in the sector.

RECOMMENDATION 9: The Federal Government set up appropriate channels for centralised communication with aged care workers in a pandemic.

KEY FINDINGS FROM UWU SURVEY OF AGED CARE WORKERS MAY TO JUNE 2020

- Over three-quarters of residential care workers report not having enough staff to provide quality care during the pandemic.
- Over 90% of residential care workers and over 80% of home care workers report not having enough time to complete tasks at least some of the time.
- 43% of residential care workers report under-staffing has become more of a problem since the pandemic.
- Over 90% of residential care workers and over 85% of home care workers report they don't have enough time to provide the required social and emotional support.
- Two-thirds of residential care workers report their workload has increased since the pandemic and almost half of home care workers report an increased workload.
- Almost half of home care workers report working fewer hours since the pandemic.
- 91% of aged care workers report they cannot afford to take unpaid leave.
- 88% of workers are worried about other staff having no choice but to work with mild symptoms because they have run out of leave.
- 72% report their work has become extremely or a lot more stressful since the pandemic.
- 62% of workers report an increase in abusive behaviour from residents, clients or their families.
- Even as identified essential workers, only 8% of those working in aged care have felt more valued since the pandemic, with 34% feeling less valued.
- More than half of direct-care staff report the retention bonus has had no impact on retaining them in the industry.
- 44% of workers report they won't or probably won't be working in aged care in 5 years' time.
- Only 58% of residential care workers and 59% of home care workers felt their employer communicated their infection plan well or extremely well.
- Less than a third of residential care workers feel extremely or very prepared to respond to an outbreak.
- Almost 30% of residential care workers, residential support workers and home care workers report they have not been provided additional training in implementing the safety measures or correctly using PPE.
- Only 9% of home care workers have been provided with a contactless thermometer.
- Only 56% of home care workers had sufficient supplies of hand sanitiser and gloves for their home visits.

SECTION 1: CRISIS OF FUNDING IN AGED CARE

“ *There’s no one around to touch or talk or play with them, we wake them up, put them in a chair, all day with no visitors, no extra staff and put them back to bed 8 hrs later, with staff hardly getting a chance to talk to them. The reason I’d leave aged care is because it’s not really care, I feel like a robot.* **”**

The Federal Government is the regulator and the primary funder of aged care, and is responsible for ensuring the financial viability, stability, and sustainability of the aged care sector. The aged care sector was experiencing a crisis in funding before the COVID-19 pandemic. UWU members have long reported that they have high workloads, no time to care, short shifts, and inadequate hours of work to provide the quality of care that they know Australia’s elderly need and deserve. COVID-19 has exacerbated all of these issues and the sector has now been stretched to breaking point.

RECOMMENDATION 1: The Federal Government urgently increase funding to the sector to ensure the delivery of quality aged care services, taking into account increased costs for the sector as a result of COVID-19.

RECOMMENDATION 2: The Federal Government undertake a cost of care study as a matter of priority to determine the true cost of providing quality care, specifically including workforce costs and taking into account the increased time to care required as a result of COVID-19.

RECOMMENDATION 3: In consultation with the sector, the Federal Government develop a mandated minimum staffing model for residential aged care that meets the total care needs of all residents, including physical, social and emotional needs and is delivered by a skilled and appropriately remunerated workforce.

RECOMMENDATION 4: The Federal Government urgently respond to concerns with individualised funding in home care and commit to new funding models that reflect the true costs of delivering quality home care. COVID-19 has demonstrated the insecurity of home care work under the current funding model, and that workers lack the hours to provide quality care.

Older Australians deserve quality care, dignity and respect in aged care services at all times, especially during a dangerous and terrifying pandemic. COVID-19 has increased care needs across both the residential and home care sectors, but the Federal Government has failed to provide adequate funds to the sector to meet increased needs. During the pandemic, the Federal Government has stated it will be providing around \$850 million in additional funding for the aged care sector.¹ UWU welcomed the additional funding but the amounts announced have been inadequate, given the depth of issues in the sector, and the impact of COVID-19. The \$78.3 million that has been specifically allocated to staff continuity and supply is insufficient, given the difficulty the sector already faces in attracting and retaining workers.² The retention bonus is divisive, amounts to little after tax and is unlikely to play any significant role in retaining workers, as discussed in the next section on workforce issues. It is also unclear how the use of these additional funds will be regulated. Lack of transparency and accountability of the use of Government funding is a significant issue in the aged care sector. UWU has concerns that there is a real risk that

the funds will not be used effectively to improve staffing numbers and hours, or to increase quality of care for residents.

Increased care needs

Inadequate funding directly impacts upon the ability of the workforce to meet the care needs of residents. There is a clear link between staffing numbers, staffing hours and the quality of care people can expect to receive in aged care.³ Quality of care is highly dependent upon adequate direct care staffing levels. If staffing levels fall below minimum staffing levels then quality of care is compromised, leading to negative impacts on older people's wellbeing and health.⁴ Our members in residential care regularly report to us that the pressure to finish tasks in a context of chronic understaffing means there often isn't time for workers to respectfully deliver true person-centred care. This has worsened during the COVID-19 pandemic. The figures from our 2020 survey of over 1000 aged care workers are staggering. Over three quarters of respondents in residential care reported not having enough staff to provide quality care during the pandemic, and 43% reported that understaffing has become more of a problem since the pandemic. As one survey respondent said: *"Carers are run off their feet. Not enough staff to attend to residents needs properly. Some residents are going all day without staff even entering their rooms as there isn't enough of us."* Many members report that whilst aged care workers are doing the right thing and staying home when they have symptoms, these workers are not being replaced. One worker said: *"Due to staff needing to take time off with all flu like symptoms, shifts have not always been filled so staff are forced to work understaffed which in turn affects the quality of care for our residents, in a time where they needed the quality of care with not being able to leave the facility or have daily visits from close family members."* Another said: *"Staff are not being replaced when staff call in sick, so teams are running on skeleton teams and doing double shifts and stressed."* Some of our members are missing breaks and having to complete work after hours unpaid to keep up. Other workers reported that understaffing was leading to residents being rushed on the toilet, and that basic needs like giving residents drinks were being missed.

In our survey, over 90% of residential care workers reported not having enough time to complete tasks at some times during the pandemic, with 39% reporting this is now always the case. Over 90% of workers also reported that they did not have enough time to provide social and emotional support to the residents during the pandemic. Social and emotional needs of residents have increased during the pandemic, as many residents are feeling more isolated and anxious than usual. Visitor restrictions have meant that families haven't been able to visit as often, or at all. Volunteer and community activities have also been reduced or cancelled. There are also restrictions on residents socialising with each other. This has meant that residential care workers are often the only source of in person social and emotional support for residents. In addition to the isolation, residents' anxiety over the spread of COVID-19 has been high, and workers want to spend quality time with residents to provide them with reassurance and support. However, workers have not been provided with additional time to meet the increased care needs of residents during this pandemic. As one worker explained: *"The residents are stressed by COVID and the restrictions it brings along. I try hard to support their emotional needs during this difficult time but lack of staffing does not allow too much of this."* Another said: *"Residents deserve a lot more than we can deliver. They worked for this country and they deserve to be treated with respect and dignity and have high quality of care, which most of the time they don't receive."* Our members are distressed that they do not have time to provide quality care during such a stressful time for residents.

Two thirds of residential care workers reported that their workloads have increased during the pandemic. The primary reasons for the increase were the increased need to provide social interaction and social support due to families being unable to visit, residents requiring more social support due to the mental health impacts of the pandemic and additional time required to facilitate social interactions through communication technology. One worker expressed frustration at how the heavy workload affects care quality: *"Personal carers are flat out and struggle to get basic care done and are expected to do more social activities as well (write letters, make social calls, arrange facetime meetings, meet personal requests for residents ,walks in the garden etc. setting up of activities). The hours cut from hospitality workers affect personal carer duties causing heavy workloads. Residents being restricted to either their own room or lodge have created many more behaviours and along with residents wanting more one on one attention, personal carers are stretched to give any quality of care."* Other reasons for the workload increase include increased time taken to implement physical distancing between residents, additional procedures for admitting visitors and taking residents' temperatures.

Case study

“Residents are lonely – some activities are slowly resuming now, but during COVID the band stopped coming in, volunteers weren’t coming in and residents weren’t able to go out on shopping trips and bus trips. Our residents are getting looked after, we can meet their basic needs but they should be getting more. Every shift needs more hands on deck. I’ve worked around 7 and a half years in aged care and this was an issue before COVID as well. Residents love to have a chat. I want to ask, ‘how was your night’s sleep?’ and to listen to their response before whipping them into their clothes. But we are so rushed; there just isn’t enough time to listen and to give residents the respect they deserve, and to be able to gift them just that little more time.

I’ve been to courses on person centred care, which is about moving away from a task oriented model, but we have to get our tasks done, and there isn’t enough time to give proper person centred care.”

- Diane, nursing assistant and UWU member, Gold Coast, QLD

The COVID-19 pandemic is having a dual impact on home care. Older people receiving home care services have had increased care needs due to isolation, and workers report to us that they are not rostered on for enough hours to provide quality care. In our survey of aged care workers, over 80% of home care workers reported not having enough time to complete tasks at least some of the time, with 47% reporting that this was always or often the case during the pandemic. Over 85% of home care workers reported that they did not have enough time to provide clients with social and emotional support. Some workers are only allocated as little as 15 minutes to assist a client. This is upsetting for our members, as they know that they are the only person to person contact some clients have.

In our survey, 47% of home care workers reported having an increased workload. The main reasons given for this were the increased need to provide social interaction and social support as families were not allowed to visit, and residents requiring more social support due to the mental health impacts of the pandemic. One worker explained: *“Reduced social access time for clients means that they crave visits and interaction to stay in touch.”* The primary reasons for the increase were similar to those in residential care, showing how increased isolation during the pandemic has increased the level of emotional and social support required across the sector. It also demonstrates that emotional and social support is highly valued by aged care recipients and workers, despite being all too often ignored in funding and regulation.

Conversely, many home care workers have also lost hours of work, with some clients cancelling shifts due to fear of COVID-19. As many home care workers are part time workers on minimum hours’ contracts, who normally would work many hours above the minimum, they have experienced a loss of expected income. Many have struggled to support themselves. This is discussed further in the workforce issues section of this submission. The dual impact of the pandemic on home care workers demonstrates the inability of the current individualised model of funding in home care to provide for quality care for clients, or work security for workers.

The Federal Government has still failed to undertake a cost of care study. Without a cost of care study, it is not possible to fully understand the true costs involved in quality care. COVID-19 has increased care needs in the aged care sector, and these costs should be taken into account as an ongoing feature of the industry, until the virus is eliminated in Australia or an effective vaccine found. UWU recommends that the Federal Government undertake a cost of care study as a matter of priority to determine the true cost of providing quality care, specifically including workforce costs and taking into account the increased time to care required as a result of COVID-19.

Funding models

Aged care funding models in Australia fail to mandate minimum staffing levels or hours, and are thus failing to provide for quality care. The OECD long-term care quality framework describes staffing as being pivotal to quality aged care.⁵ Internationally, most comparable countries have a staffing model for aged care.⁶ Australia stands out as one of the few countries without staffing level requirements, beyond a general requirement in the Aged Care Quality Standards for all aged care services to have ‘a sufficient, skilled and qualified workforce’. It has been apparent for a long time that this is insufficient. Our members repeatedly report that they are rushed for time due to understaffing. For example, UWU members can’t shower and dress aged care residents with the care needed when allocated only six minutes for the task due to understaffing, and sometimes have to say ‘no’ to chats with lonely residents because they are rushing to complete all their tasks.

One of the proposed reforms in this area is the introduction of the Australian National Aged Care Classification (AN-ACC) model in residential care. UWU has expressed cautious support for the proposed AN-ACC model, but also

serious concerns.⁷ One of our main concerns has been that the funding model design is based on current practice within residential aged care facilities, which does not necessarily reflect best practice as it does not adequately take into account the social and emotional needs of residents. Staff time data collected for the study to determine fixed and individual costs was based on what happens now in residential facilities, many of whom are struggling to provide quality care. There is a risk that this will result in one flawed system being replaced by another. Another significant concern is the approach to pricing under the AN-ACC, as the AN-ACC does not take into account the true cost of providing quality care. The pandemic has reinforced our members' concerns on this.

A new approach to funding in residential care is desperately needed. There must be more funding, but it must be provided in a targeted and transparent manner. Staffing numbers and the quality of care people can expect to receive in residential care is linked.⁸ Yet as noted in our October 2019 submission, the most recent available workforce data from the 2016 Workforce Census indicates that there has actually been a slight decrease in the ratio of full time residential aged care workers to operational places between 2003 and 2016.⁹ As above, our survey results also indicate understaffing has worsened during the pandemic. A new funding model must ensure that there is enough staff to provide quality care for residents. UWU recommends that in consultation with the sector, the Federal Government develop a mandated minimum staffing model for residential aged care that meets the total care needs of all residents, including physical, social and emotional needs, provided by a workforce skilled to deliver such care.

A new approach to home care funding is also required. Individualised funding in home care has had an impact on care delivery, and has failed to provide clients with the level of care required. Under the Home Care Packages system, due to long wait times, a significant number of older people assessed as eligible for a home care package receive services at a lower level than that for which they have been assessed as eligible.¹⁰ This means workers are trying to ensure these clients have their needs met, without adequate hours being allocated to their care. The marketisation of funding in home care also assumes aged care clients are 'ideal consumers', possessing the knowledge and skills required to navigate the market.¹¹ Whilst some older people will have these skills, there is a risk that the individualised funding system incentivises the underestimation of care needs. For understandable reasons, many older people want to 'save' funds from their package for later. This is reflected in the substantial amount of unspent funds. Unspent funds totalled \$751 million at 30 June 2019, an increase of 39% from \$539 million at 30 June 2018.¹² The Aged Care Financing Authority (ACFA) estimates that based on the current rate at which unspent funds are increasing, unspent funds could total around \$1 billion by 30 June 2020, and could be even higher due to some consumers putting their services on hold due to COVID-19.¹³ These factors in combination have meant that individualised funding in home care is failing to provide clients with the quality care they need.

The marketisation of home care also means that providers are competing in the market place for consumers, and are incentivised to offer 'more for less'. This has led to a downward pressure on home care workers' wages and conditions. The COVID-19 pandemic has highlighted this clearly, in its dual impact on home care workers. COVID-19 has demonstrated the insecurity of home care work under the current funding model, and that workers lack the hours to provide quality care. UWU recommends that the Federal Government urgently respond to concerns with individualised funding in home care and commit to a new funding model that reflects the true costs of delivering quality home care.

SECTION 2: WORKFORCE ISSUES

“ *I have given 10 years of my life in aged care; it cannot be compared with this once off retention bonus. If the government wants to really do something they should give a good pay rise to all health care workers.* **”**

The COVID-19 pandemic has put a spotlight on the work of aged care workers, and has highlighted what many residents and workers already knew: aged care workers are essential and undervalued. Even at the beginning of the pandemic when some sectors shut down, and others moved to working from home arrangements, aged care workers continued to provide care, in high risk environments, for some of our nation’s most vulnerable people.

Aged care workers perform essential work, but they do so in difficult conditions. Aged care workers are low paid, undervalued and often work inadequate or unpredictable hours. Aged care workers have excessive workloads and inadequate time to care, limited career opportunities, inadequate supervision and inadequate training. Funding for aged care is not structured to directly address wage rates, or to provide decent working conditions for aged care workers. Aged care workers have been acknowledged as essential workers during the pandemic. Yet even as identified essential workers, our survey results show only 8% of those working in aged care have felt more valued since the pandemic, with 34% feeling less valued. This shows that recognition through words and sentiments is not enough. To truly value aged care work, wages and working conditions in the sector must be improved.

RECOMMENDATION 5: The Federal Government recognise the essential and critical work of aged care workers during the COVID-19 pandemic by providing targeted funding that goes directly to improving the wages and working conditions of aged care workers.

RECOMMENDATION 6: The Federal Government amend the eligibility rules for the retention bonus and ensure access for all aged care workers. The bonus should also be paid in full to workers, after tax.

RECOMMENDATION 7: The Federal Government fund paid pandemic leave for all aged care workers.

Workforce shortages

Staff shortages were already an issue in the sector prior to the pandemic.¹⁴ The aged care workforce will need to almost triple by 2050 to meet growing demand for aged care services.¹⁵ Even prior to the pandemic, providers had difficulty filling these roles, with 37% of vacancies for personal carers not filled because nobody applied for them.¹⁶ However, the pandemic has brought short staffing in the sector into sharp relief. Additional workers have been needed in the sector to replace staff who have developed COVID-19, or who have been required to self-isolate due to exposure to the virus. During the outbreak at Newmarch House in NSW, residents were left without adequate care, including medical care, due to staff shortages.¹⁷ After several days, Newmarch House management accepted the Federal Government’s offer to provide additional staff through a private agency, Aspen Medical.¹⁸ It has been reported that the Department of Health agreed to pay Aspen Medical more than \$57 million for services, including for providing 35 surge staff to help contain the outbreak at Newmarch House.¹⁹ The Federal Government’s reliance on costly private for-profit healthcare during a pandemic is concerning.

The Federal Government also entered into a \$5.77 million contract with Mable to try and meet surge workforce

needs during the pandemic.²⁰ Mable is a platform in which individual workers can be ‘matched’ with clients. Mable is similar to other gig economy platforms such as Uber. Workers must obtain an ABN, and set their own rates. As independent contractors, these workers are excluded from the minimum wages and entitlements they would be entitled to as employees under the award system. Gig economy platforms increase worker insecurity, and shift costs from businesses onto workers.²¹ Gig economy platforms are also unsuitable for emergencies such as COVID-19. The premise of gig economy platforms is ‘flexibility’ and there is no guarantee workers on a platform will be available at the location needed, and at the time needed. Mable also claims to have no ‘duty of care’ for the quality of its workforce or liability for the care provided.²²

UWU is concerned with the Federal Government’s reliance on labour hire and platforms such as Mable to deal with COVID-19 related staff shortages. Skills shortages need to be addressed not by throwing money at private companies, but by consistent government investment in the workforce, which will improve attraction and retention of staff in the sector in the long term. Given the additional pressures COVID-19 has placed on the workforce, a staggering number of workers are considering leaving the sector. In our survey, 44% of aged care workers said they were unlikely to be working in the sector in five years’ time. It is apparent that the Federal Government did not adequately plan staffing needs for pandemics or emergencies in aged care. The Federal Government must develop a longer term plan for addressing staff shortages in the sector, which includes workforce planning for emergencies. As the Royal Commission Interim report itself noted, *‘an aged care workforce which is properly trained, appropriately paid and given the opportunity for professional development will not only provide good care to older people, but also make it easier for employers to attract and retain staff.’*²³

Working conditions

In the first section of this submission we outlined in detail the additional pressures on staff due to understaffing in residential care, and short shifts in home care. These issues sit at the intersection of quality care and quality working conditions. Residential care facilities which are understaffed, and where workers are trying to rush to complete tasks, are bad for residents and stressful for workers. Short home care shifts, where too few hours are allocated, in which workers have to rush and try to complete all their tasks quickly, are bad for clients and stressful for workers. The addition of pandemic related issues, such as an increase in abusive behaviours, fears over spreading the virus, increased underemployment and stagnant wages mean that aged care work has become even more stressful. This is evident in our survey results, with 72% reporting their work has become extremely or a lot more stressful since the pandemic.

“Because they are missing their families and friends and they take it out on us because they think we’re the ones keeping family and friends away from them.”

Aggressive and abusive behaviours from residents, clients, and families towards staff have increased since the beginning of the pandemic. In our survey, 62% of workers reported an increase in aggressive and abusive behaviours. The causes of this increase are varied. In residential care, increased infection management strategies, whilst necessary, are not always understood or welcomed by residents, who miss socialising with other residents. Visitor restrictions have also increased the isolation of residents from families. This has led to increased mental health and behavioural issues in some aged care recipients. As one survey respondent said: *“It has become very difficult for some residents to manage their mental health issues as they can no longer get their usual support from their loved ones which can sometimes cause aggressive behaviour.”* Family members who are struggling with visitor restrictions and rules around entry (such as being temperature checked, and having to have the flu vaccination prior to entry) are also sometimes the source of abusive behaviour. In home care, clients are now more isolated from loved ones, who have stopped or reduced visits to avoid spreading the virus. This has sometimes resulted in an increase of abusive behaviours towards home care workers.

“You worry about spreading it to the residents and your own family.”

Aged care work has also become more stressful because workers are terrified of inadvertently spreading the virus to the residents or clients in their care. The spread of COVID-19 in residential homes, and to older people, can be devastating. Asymptomatic spread of COVID-19 is common. This is petrifying for aged care workers, some of whom are constantly worried they may be asymptomatic and placing their clients in danger. Workers also worry about spreading the virus to their families, or contracting it themselves. One survey respondent said they have *“Worry of infecting my client and killing them. Worry of picking it up out working in the community and infecting my children at home. Worry of becoming infected and dying because of my existing health conditions.”* This is a heavy emotional burden to bear for aged care workers, and they feel this burden keenly.

Underemployment has increased in the sector during the pandemic, especially in home care. Home care providers regularly employ part time workers on minimum hours' contracts, with workers commonly working more than the hours stipulated in their contract. During the pandemic, some home care clients cancelled shifts due to fear of the virus, or because they had family members working from home. Because of individualised funding in the sector, and minimum hour's contracts, it is workers, rather than providers, who have borne the brunt of these cancellations. In our survey, 46% of home care workers reported working fewer hours since the pandemic. Some casuals have lost all of their hours of work. These workers have lost out on expected income, but were not usually eligible for JobKeeper as most home care providers did not experience the required drop in turnover. Many have struggled to support themselves during the pandemic.

Low remuneration has continued to be an issue during the pandemic. Despite being recognised as essential workers, aged care workers have not been given an accompanying increase in pay. The retention bonus, discussed below, is wholly inadequate. Many aged care workers are on award wages, and the 1.75% increase to award wages granted by the Fair Work Commission this year has been dismal. If inflation outpaces 1.75% in the next financial year, which is likely, this dismal wage rise should be understood in real terms as a wage cut.²⁴ For some workers, it has been a struggle to be working on low wages in aged care during the pandemic, when compared to the \$750 per week received by those on the JobKeeper payment. UWU supports the provision of an income guarantee of \$750 per week for all workers. Nonetheless, the fact that many aged care workers were underemployed and receiving less than this, despite being essential workers during the pandemic, is a cause for a rethink of aged care pay rates. Aged care pay rates must be lifted up to reflect the true quality of aged care work. The Federal Government must recognise the essential and critical work of aged care workers during the COVID-19 pandemic by providing targeted funding that goes directly to improving the wages and working conditions of aged care workers.

Retention bonus

On 20 March 2020, the Federal Government announced it would pay a retention bonus to aged care workers, stating residential care workers would be paid up to \$800 after tax per quarter, while home care workers would be paid up to \$600 after tax per quarter.²⁵ The bonus was aimed at ensuring the continuity of the workforce during the pandemic, and was to be paid in two quarters. Initially, UWU welcomed the retention bonus as some recognition, albeit inadequate, of the importance of the aged care workforce.

However, it quickly became apparent that the retention bonus was divisive and unfair. Only direct care staff in residential care would be eligible for the bonus, meaning around 35% of workers would be excluded.²⁶ Support workers such as cleaners, cooks, kitchen staff, laundry workers, administrative workers and lifestyle assistants play a critical role in providing quality care to residents, and in keeping residential care facilities running. The notion that support workers do not have direct contact with residents is a myth. In the 2020 UWU Survey, 90% of support workers said they spent time every shift assisting residents directly, with 43% spending over an hour each shift working directly with residents. As one worker stated: *"As residents don't have their family members and loved ones and have minimal contact with the outside world, they need to have someone to talk to and interact with. Care staff say they are overworked so it falls to us ancillary staff to listen to and validate their issues and concerns."* Even when not providing direct care, support workers undertake tasks such as cleaning, providing food and washing laundry which are crucial for care. The Government must recognise that all aged workers, not just carers, are critical in providing quality care, and expand the retention bonus to include all aged care workers.

The Federal Government stated that part time workers would be paid the retention bonus at a pro-rata rate, but this provided little clarity in an industry in which minimum hours contracts are common. Many part time workers were initially uncertain if the retention bonus would be calculated on the basis of the minimum hours stipulated in their employment contracts, or upon their regular hours of work. In addition, the vast majority of workers in aged care are part time, which means few will receive the full amount.²⁷ As one worker said in our survey: *"Most carers are part time; therefore we don't get the full amount.....it wouldn't even cover one electricity bill."* The Federal Government has also failed to provide a justification as to why workers in home care should receive a lower amount than workers in residential care; given home care work is just as essential as residential care work during pandemic times.

On 5 June 2020, the Federal Government did a backflip on the retention bonus, by announcing it would be taxed.²⁸ The policy detail released on 5 June 2020 also stated that the bonus would be 'expected to start flowing in July'.²⁹ This is far later than workers expected. Aged care workers will receive less money in their pockets, and later, than promised. The Federal Government misled aged care workers, who worked continuously through the peak periods of the pandemic in high risk environments, thinking they would receive an after tax bonus soon for their hard work.

The flawed format of the retention bonus means that it has failed to play any significant role in ensuring the continuity of the workforce during the Covid-19 pandemic. In the 2020 UWU Survey, 57% of aged care workers reported that the retention bonus had no impact on retaining them in the industry, and 46% of all aged care workers believe the retention bonus will have no effect on retention in the industry at large. As one survey respondent said: *“Once broken down to a week to week figure, the amount is very minimal as it is over such a long length of time. It is taxed and paid pro rata for part time employees. It is no incentive whatsoever to stay in aged care.”* To ensure the retention bonus has effect, and to provide recognition of the essential work of aged care workers during the pandemic, the Federal Government must amend the eligibility rules for the retention bonus, to ensure access for all aged care workers and to ensure that the bonus is paid in full to workers, after tax.

Gendered impact of COVID-19

The COVID-19 pandemic has made it brutally clear that the work of low paid women in sectors such as aged care is fundamental to our economic and social survival.³⁰ At the same time, women have been disproportionately affected by the pandemic. Aged care is a feminised sector. Almost 90% of the workforce is female.³¹ The median age of the residential care workforce and the home care workforce is 46 years and 52 years, respectively.³² In both residential and home care, there are a sizable number of workers who are older than 55 and a smaller but not insignificant number who are 65 and older.³³ During the pandemic, older workers, as well as immunocompromised workers, have had to make decisions as to whether to continue work or not. Some of our members – many of whom are older women – have had to take leave (often unpaid) during the pandemic as the risk to their own health if they caught COVID-19 was too high. These members have struggled to make ends meet, and now face difficult decisions about whether to return to work or to apply to Centrelink. At the beginning of the pandemic, Cheridyn, UWU member, explained *“I am immunosuppressed and my doctor advised I’m high risk and need to isolate. As a result I can no longer support the elderly as a Homecare Worker. I have only 6 hrs sick leave and 28 hrs annual leave to live on while I wait for Centrelink to process my claim.”* Some of these older women workers will not return to the workforce.

The experiences of our members reflect broader trends in the labour market. Since the beginning of the COVID-19 pandemic, 5.3% of employed women have lost their jobs compared with 3.9% of men.³⁴ Women’s hours of work have fallen by 11.5% compared with 7.5% for men.³⁵ Women are more than twice as likely to have stopped looking for a new job, which is likely due to increased unpaid care work in the home.³⁶ Many of our aged care members have caring responsibilities, especially for older parents. As older people are at higher risk of serious complications from COVID-19, many aged care workers found themselves with increased unpaid care duties. They were now responsible for shopping for parents, and going to the pharmacy for parents, and taking care of other tasks outside the home so that their parents could self-isolate. The increase in unpaid care duties fell disproportionately on women workers, as women perform more unpaid care.³⁷

The Federal Government permitted early withdrawal of superannuation during the pandemic, with workers able to withdraw up to \$10,000 prior to 30 June 2020, and a further amount of up to \$10,000 from 1 July 2020. This policy risks the long term financial interests of workers, particularly of women who work in historically undervalued and low paid sectors like aged care. Early access to super will disproportionately affect women, as women’s superannuation balances at retirement are 47% lower than men’s.³⁸ As a result, women are far more likely to experience poverty in retirement in their old age, and the Government’s response to COVID-19 is likely to have made this worse.

Paid pandemic leave

COVID-19 is a dangerous virus, and older people and aged care residents are more vulnerable to serious complications from infection. Internationally, in countries with at least 100 COVID-19 deaths in total where official data is available, care home residents have accounted for between 24% and 82% of total deaths.³⁹ The statistics from Australia on COVID-19 in aged care are sobering. According to data published by the Parliamentary Library on 16 June 2020, there had been 99 cases of COVID-19 among people receiving aged care services.⁴⁰ Sixty-eight of these were residential care residents and 31 were people receiving care in their own home. Of these cases, 27 nursing home residents and 3 home care recipients had died. Aged care recipients accounted for 1.4% of all COVID-19 cases in Australia, but 29.4% of COVID-19 deaths.⁴¹ This shows the sad and devastating impact of COVID-19 in aged care. A significant number of cases in the late June/July COVID-19 spike in Victoria are in aged care homes, showing that COVID-19 is an ongoing concern for the sector.⁴²

COVID-19 is not only dangerous, but it can also be difficult to identify without testing. Asymptomatic spread of the virus is significant, and many who are infected only experience very mild symptoms such as a sniffle, a sore throat or a bit of a cough. As such, medical experts like the former Chief Medical Officer Brendan Murphy have said that to

prevent the spread of COVID-19 there needs to be a shift in the “soldier on” mindset, and that employees who have even a mild sniffle or cough should stay home.⁴³ All aged care workers are sharply aware of the case of the aged care worker at Newmarch House, who went to work with mild symptoms, and ended up infecting other residents and staff in what went on to become Australia’s worst outbreak of the virus.⁴⁴ No aged care worker wants to be this worker.

Aged care workers need support from the Federal Government, in the form of paid pandemic leave, to ensure that they can stay home from work if experiencing any symptoms, and still support their families and pay their bills. According to our survey, very few employees have employers that are providing paid pandemic leave (only 16%), and most permanent employees (82%) are extremely or very concerned they will run out of leave from isolating every time they have mild symptoms. In our survey, 91% of workers reported they cannot afford to take unpaid leave. For example, UWU member Cass said: *“I am a single mother of three and work as a personal carer which puts me at risk of contracting the virus. I have no sick leave after a recent infection and use my annual leave for Christmas school holidays with my kids. If I get coronavirus, or anyone of my children do, I won’t be able to put a roof over my head, pay my bills and feed my family.”* UWU member Margaret has already had to use some of her own personal leave to get tested after possible exposure on the job. She said: *“One time, a client didn’t tell me her husband had a fever. I had a thermometer with me, so I was able to check his temperature and then discontinue the visit. I did the right thing; I went and got tested for COVID-19. But I had to take 2 days off work while waiting for the results, and use my own personal leave for this. My employer doesn’t give us special leave to get tested for COVID-19, even if we think we might have caught it on the job.”* Other workers explain what the personal impact would be on them if they had to take unpaid leave:

“I wouldn’t be able to pay my bills and survive as on our low pay we live from week to week.”

“I would lose the place I live in. I would not be able to provide food for myself and my two dependent children. I would not be able to feed my pet. I’d have no electricity as it would be cut of, no gas. The heating I have is wood. I wouldn’t be able to buy that anymore. I would not even be able to go and collect any for myself. No car, no fuel. I would have to line up at Centrelink like millions of others. That would cost a lot more than the bonus.”

“We wouldn’t be able to pay our rent and because we’re from NZ we get no assistance from the Government so we would end up homeless.”

Unsurprisingly, 88% of workers surveyed are worried about other staff having no choice but to work with mild symptoms because they have run out of leave. And casual workers have no leave entitlements as it is. Paid pandemic leave is a public health issue. Without paid pandemic leave, the horror of another Newmarch house is left to chance. The Federal Government must fund a minimum of two weeks of Special Paid Covid-19 leave for all aged care workers. This would provide workers with:

- The ability to look after themselves if they are quarantined due to COVID-19.
- The ability to look after close family if they are affected by COVID-19.
- The ability to stay away from work and get tested if they fear minor symptoms may be related to COVID-19.

Paid pandemic leave would result in a safer workplace for workers, residents and clients.

SECTION 3: INFECTION CONTROL AND COMMUNICATION

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Every day we see news reports urging people to stay home, stay safe and rising infection/death tolls. This is ALARMING! We all have families, grandparents or friends to try to protect but as an essential service we are expected to put on our uniforms and game faces and get out there. We are expected to be reassuring, have all the answers AND resolve any issues and problems our clients might have. We receive updates and texts from managers but their reassurance is hollow when we know they are at home on their laptop. We have no idea if our next client is infected. No idea if our PPE is enough to protect us or if there is enough to go around. No idea if we know enough. We are isolated, ill-informed and scared as hell!”

- Teresa, UWU member

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Aged care workers are on the frontline of the COVID-19 pandemic in Australia, yet are too often left out of planning and communications on infection control. COVID-19 emerged in China in around December 2019, and by 20 January 2020 Australia had recognised ‘the novel coronavirus with pandemic potential’ as a listed human disease which required enhanced border protection measures.⁴⁵ By 25 January 2020, the first case of COVID-19 was identified in Australia, and by late January it was clear that human to human transmission was occurring in Australia.⁴⁶ Whilst the Federal Government provided some generalised information to the sector from late January, it was clear that the Federal Government had not planned adequately for the possibility of a pandemic, and was scrambling to pull together a response. Some workers were told by their employers to just follow the guidelines for the prevention of influenza outbreaks in aged care. It also appears that the Federal Government assumed providers would take responsibility for outbreaks such as COVID-19, whereas providers assumed the Federal Government would take responsibly. This meant neither did the best job possible.

RECOMMENDATION 8: The Federal Government must consult with workers when preparing pandemic plans or any major policy, funding or operational changes in the sector.

RECOMMENDATION 9: The Federal Government set up appropriate channels for centralised communication with aged care workers in a pandemic.

The Federal Government has continuously failed to consult with workers during this pandemic. Workers have a wealth of knowledge about what practices work in aged care, and what is needed to provide quality care during a pandemic. Workers have relationships with residents, clients and families. Yet workers were left out of consultation on infection control guidelines, the visitor code of conduct, and pandemic related changes to the aged care sector. The Federal Government must consult with workers when preparing pandemic plans or any major change to the system.

Further, the Federal Government has failed to clearly communicate with workers during the pandemic, leaving frontline workers confused, uncertain and reliant on their employers to provide them with critical information. One survey respondent in residential care said: “If they have a plan if this happens, I’m unaware of it! Already they’ve shown double standards by letting a family from Melbourne visit when they haven’t had the flu injection, and turning away another family.” The aptitude of employers varied - some gave workers clear and direct guidance, whilst others failed to do so. In residential care, only 58% of care staff surveyed felt their employer communicated their infection plan well or extremely well, and only 29% feel extremely or very prepared to respond to an outbreak. Within residential care staff, 27% reported they have not been provided additional training in implementing the safety measures or correctly using PPE and of those who received training; only 45% said it was extremely or very useful. Of residential support staff, 25% had not been provided with additional training in safety measures. These

figures are unacceptable. Given the devastating way COVID-19 can spread in residential care, infection control plans and training must be of the highest standard.

Survey results on infection control are similarly disappointing in home care. Only 59% of home care staff felt their employer communicated their infection plan well or extremely well, and 28% reported they have not been provided additional training in implementing the safety measures or in correctly using PPE. Members have reported that infection control has been managed inconsistently across the home sector. Some home care members working for providers who do both residential and home care were given advice that was tailored for residential care, not home care. Some would receive a deluge of emails from their employer on infection control, much of it containing irrelevant advice such as 'work from home'. Many home care workers are not allocated work time to read emails, undertake administrative tasks or training, so they would be required to read infection control advice in unpaid time. Our members also report that they are now required to undertake a questionnaire with clients upon entry, each time they are on site (even if it is several times a day), and that they may have to input additional COVID-19 related information electronically following a visit. While these tasks are useful, home care workers are often paid only for very short shifts (30 minutes to 1 hour is common, but sometimes shifts are as short as 15 minutes), which means that workers end up undertaking these additional tasks during unpaid time. Startlingly, only 9% of home care workers surveyed had been provided with a contactless thermometer, and only 56% had sufficient supplies of hand sanitiser and gloves for their home visits. Over 20% of home care workers were not provided with screening questions to ask the client before entering the premises. As stated by one survey respondent: *"I purchased my own masks, own sanitiser, and applied my own risk assessment eg. I was wearing a mask all the time in the middle of the pandemic. When we couldn't buy masks then I purchased some home-made washable ones from a lady making them for the hospital. That's how bad the health care industry was let down by the government."*

Case study

"I've been in home care for almost 20 years as a community care worker. COVID-19 has changed our work substantially. We are doing the right thing, washing hands, wearing protective gear but we see 5-8 clients in a day, and our work includes running in and out doing shopping for clients. Because of this, our clients are concerned and we were concerned about spreading the virus. We heard horrible things overseas and here, we heard about Newmarch House on the TV, and we kept wondering if this was going to happen, would we take the virus to our clients, and would we take the virus home?"

Often we were the only person seeing the client as families weren't visiting. We were the bridge between the client and the rest of the world. We provided medication, food and kept them clean, but we also had to explain the virus to them, comfort them, and reassure them – we told clients "you're isolated, you're safe", but in the back of our minds we didn't feel safe. COVID-19 has been a huge stress for all of us front line community workers. It has, and still does, impact our daily lives. We feel we've been a forgotten group of Community Front Line Health Care that has been inadequately equipped during the pandemic and that we have struggled to stay safe and keep our ageing, high risk clients safe."

- Shauna, Community care worker and UWU member, Sydney, NSW

Providers have a responsibility for infection control, and for ensuring that employees are properly trained and equipped to safely work in a pandemic. However, the Federal Government also has responsibility for ensuring that workers have clear and proper communication during a pandemic, especially when providers are providing workers with information of variable quality. The Federal Government must set up appropriate channels for centralised communication with aged care workers in a pandemic.

Conclusion

UWU asks the Royal Commission to consider our members' recommendations around changes to funding arrangements, workforce conditions, and communication with aged care workers for the pandemic and beyond. Aged care residents and clients deserve the best of care, especially during this terrifying pandemic. Our members always strive to provide quality care to residents during the COVID-19 pandemic, but have been constrained by understaffing and inadequate shift lengths. COVID-19 has also highlighted that aged care work is essential, but aged care workers have still not been provided with wages and conditions that reflect the true value of their work. The Federal Government's funding to the sector during the pandemic has been inadequate. Only through urgently increasing funding, setting mandated minimum staffing levels and hours, and improving the conditions of the workforce, can the aged care sector provide the level of care that residents and clients deserve, and workers want to provide.

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