TRANSFORMATIONS OF CARE

Living the consequences of changing public policies in Australia

Jane Mears and Eva Garcia

Submitted to ADHC October 2010
Revised October 2011
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Executive summary

This report, *Transformations of Care: Living the consequences of changing public policies in Australia* presents the main findings from an ADHC funded research project with NSW care workers. The report is structured as follows: first, a context for the research is provided, with an overview of relevant findings from international research. This is followed by a section on aged care services in Australia and a review of current Australian research on the community services industry. From this overview it was found that very few studies look at the details surrounding the everyday life of care from the perspective of the care workers themselves. This research addresses this deficit and analyses the working lives and the challenges faced by care workers in NSW.

Presented next are the findings from a 2010 survey of NSW care workers (n=515). This study found that most care workers were female, older and experienced workers. These care workers state that they enjoy their work, however, consistently report that they have too many tasks to attend to and not enough time to complete these tasks.

These findings from the NSW survey are then compared with the findings from a survey of Swedish care workers (n=212) conducted in 2005. Surprisingly, the comparison revealed that while the NSW care workers were experiencing difficulties with a lack of time to complete allocated tasks, they actually spend more time with their clients than the Swedish care workers. In addition they report that they are able to exercise more control over their working day and the nature of the care they are delivering when compared with their Swedish counterparts.

Also reported are the findings from the observation studies that were carried out as part of this project. This is followed by a discussion of some of the promising practices that are being implemented by care providers, care managers and care workers in NSW.

1. International research and paid care workers

International studies of paid care workers date back to the 1980s. A theme that emerges from this work is that care workers enjoy their work and report very high levels of job satisfaction (McLean 1999, Twigg 2000, Szebehely 2005). Researchers have found that care workers draw most satisfaction from the aspects of their work over which they have the most control: activities that produce reward for effort such as improving their clients’ quality of life, making people happy, ensuring that they feel part of the community, keeping older people comfortable and seeing them make progress (McLean 1999, Fleming and Taylor 2006). What care workers liked most about their jobs was the autonomy and freedom of working alone and the opportunity to exercise judgements in relation to how they could best meet the individual needs of the elderly with whom they are working (Szebehely 2005, Twigg 2000). Rasmussen (2004) found that for many care workers, their sense of self as caring individuals and their commitment to their elderly clients’ well-being were central
features of their personal and work identities. Care workers have firm ideas about the meaning of quality in care work. Stone (2000) found that people in care-giving jobs derive their standard of good care from an image of the care provided in good family relations.

What care workers like least about their work are those aspects over which they have little control, for example, working under conditions where there is little flexibility to change the care they are providing. This is generally because of a lack of time and resources. Under these conditions care workers will do all that they can to provide what they consider to be good care even if it means breaking the rules and working unpaid overtime. Job satisfaction and enjoyment decline when care workers have limited time to spend with older people and as the tasks become more instrumental (Aronson and Neysmith 2006, McLean 1999, Szebehely 2005). Care workers also express legitimate concerns about how this is reflected in poor rates of pay and the generally held view that care work is a low status profession (Fleming and Taylor 2006, McLean 1999, Szebehely 2005).

An important theme emerging from this work are findings that indicate that the relational and emotional labour central to care work has been further sidelined in recent years, with the impact of New Public Management (NPM) and the adoption of market models for care. This has resulted in increased standardisation of services in many countries. Canadian and Swedish care workers, for example, report facing increasing difficulties in meeting the varying needs of care recipients (Aronson and Neysmith 2006, Szebehely 2005). Further, home care workers themselves are bearing the costs as they strive to respect relationships while attempting to offset the impact of efficiency-driven care (Aronson and Neysmith 2006, Rasmussen 2004, Szebehely 2005).

There are few studies that focus on the details of the ‘everyday life of care’ from the perspectives of care workers (Szebehely 2007). This research project, Transformations of Care: Living the consequences of changing public policies in Australia bridges this knowledge gap and provides details of the day-to-day working lives of care workers in NSW, as well as enabling a comparison between the working conditions of NSW care workers and their Swedish counterparts. However, before discussing the findings from this research, it is important to contextualise this project and provide an overview of the Australian context, focusing on aged care services and the community services industry.

2. Aged care services in Australia

The Commonwealth government contributes the bulk of the funding for aged care services. This system has developed over time to the point where the provision of community care services comes with high levels of government regulation through a system of ‘managed markets’ (Davidson 2009). The government controls key aspects of aged care by: allocating aged care places to approved providers, assessing client eligibility, funding services, setting prices and controlling quality (Productivity Commission 2008:20). Care Provider Organisations competitively tender for government funding to deliver community care services to older people and those with disabilities.
Community care is provided by Non Government Organisations (NGOs), both not for profit organisations (NFPO) and For Profit Organisations (FPO) and state and local governments. Approximately 77 percent of providers of community care are operated by NFPOs, 20 percent are operated by organisations administered by state and local governments, with a small percentage, approximately 3 percent, operated by FPOs (Martin and King 2008:98).

Government subsidised community care is provided through two main programs. The first is the Home and Community Care (HACC) and Veterans Home Care (VHC) (a program of community services for eligible veterans of the armed forces and their families). The second is the Community Aged Care Packages (CACPs) Programs, including Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD).

The HACC program is the largest program by far in terms of funding and the number of clients receiving services. HACC is funded at present by the Commonwealth, the States and Territories, with the States and Territories contributing around 40 percent and the Commonwealth 60 percent. The number of hours of service delivery is quite low, with a national average of only two hours of services provided per person per week (Table 1 below). The HACC program is administered by the States and Territories. In NSW the Department of Ageing, Disability and Home Care (ADHC) makes decisions about who will provide the services. HACC services are provided to older people, those with disabilities and their carers.

The HACC program provides personal care, domestic care, social support, nursing care and allied health care. Personal care includes ‘assistance with daily self-care tasks, such as eating, bathing, toileting, dressing, grooming, getting in and out of bed and moving about the house’. Domestic care includes assistance with domestic chores such as ‘cleaning, dishwashing, washing and ironing clothes, shopping (unaccompanied) and bill paying’. Social support is directed towards ‘meeting the person’s need for social contact and/or accompaniment in order to participate in community life’ and includes, ‘friendly visiting services letter writing for the person, shopping, bill paying, banking and telephone based monitoring services’. Nursing care is professional care from a registered or enrolled nurse and allied health care includes a wide range of specialist services, such as ‘podiatry, occupational therapy, physiotherapy, social work; speech pathology and advice from dietician or nutritionist’ (Commonwealth of Australia 2007:31-32).

CACPs, EACH and EACHD packages were introduced as ‘an alternative for older people with complex care needs who wish to remain living in their own homes and are able to do so with the assistance of a care package’(AIHW 2007:126). CACPs provide a bundle of services averaging seven hours a week as an alternative to low level residential care. EACH programs target older people eligible for high level residential care by providing an average of 23 hours of packaged care a week. EACHD packages are designed to provide the highest level of community care for those with complex cognitive, emotional or behavioural needs (Productivity Commission 2008:13) (Table 1 below).

Packages are provided for those over 70 and over 50 for Indigenous Australians, assessed as needing this support by an Aged Care Assessment Team (ACAT). The ACAT assesses care recipients’ needs and provides information about and/or referral to, a provider (Department
of Health and Ageing, 2007:18). Organisations competitively tender annually for these packages, as for HACC funding and the services are coordinated, organised and delivered by either government providers (for example, NSW Home Care Service), NFPOs and some FPOs (Davidson 2009:71).

These care packages are then managed by a care manager (also known as a case manager or care coordinator) who manages the provision and delivery of care services. These services include personal care, domestic assistance, social support, assistance with meal preparation and other food services, respite care, rehabilitation support, home maintenance, delivered meals, linen services and transport (AIHW 2007:126).

The following table shows the number of people receiving services under these Commonwealth programs, the average hours per week of service provided to clients, the government subsidies per day (CACP, EACH and EACHD), reimbursement per person or package per year and the total government funding allocated to each of the programs.

**Table 1.** Government funding of community care programs, 2008.

<table>
<thead>
<tr>
<th>Programs</th>
<th>Number of people receiving services</th>
<th>Average hours per client per week</th>
<th>Government subsidy for packages per day as at 1st July 2008</th>
<th>Reimbursement per package (or person for HACC and VHC) per year</th>
<th>Total Government funding, State and Commonwealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>EACH and EACHD</td>
<td>3578</td>
<td>23 hours</td>
<td>$116.16</td>
<td>$32,000</td>
<td>$248,000,000</td>
</tr>
<tr>
<td>CACP</td>
<td>32,983</td>
<td>7 hours</td>
<td>$34.75</td>
<td>$11,100</td>
<td>$381,000,000</td>
</tr>
<tr>
<td>HACC</td>
<td>642,650</td>
<td>90% &lt; 2 hours, 97% &lt; 4.5 hours</td>
<td>$1500</td>
<td></td>
<td>$1,151,000,000</td>
</tr>
<tr>
<td>VHC</td>
<td>72,100</td>
<td></td>
<td></td>
<td></td>
<td>$93,000,000</td>
</tr>
</tbody>
</table>

Figures drawn from Productivity Commission 2008:12, 13, 22

The bulk of government funding goes to the HACC program. This program also services the largest number of clients. Only 36,000 people received packages compared with 642,650 who received HACC services. HACC services are spread sparsely. There are tight limits on the hours and dollars available per person and long waiting lists, with 90 percent of those who receive HACC services receiving less than two hours assistance per week (Productivity Commission 2008:12). The CACPs are far more expensive. Those receiving packages receive many more hours of care per week and the packages are funded per person at a much higher rate, with far fewer people in receipt of these services (Table 1). It is worth noting that the programs have very different target populations and eligibility. The Home and
Community Care Program provides vital support to frail older people, younger people with a
disability and their carers, to enable them to remain in their own homes, enhance their
independence and prevent their premature admission into residential care, while the CACPs
specifically target older people.

It should be noted that research has shown that many older people are not receiving the
services that they need and that services often overlap. There is no centralised organisation
or coordination of services and the demand for services far outstrips the supply (Gray and
Heinsch 2009:111).

Another option for older people needing care is to purchase care services from for profit
providers. There are a growing number of providers offering services to those who can
afford to pay. These services are not subsidised, funded or regulated by government. There
is no data available on these service providers or the extent, size or take up of these services
(Productivity Commission 2008).

3. The community services workforce in Australia

There is limited information on the workforce in the community services sector, as national
datasets have collected limited, irregular and inconsistent information about community
service organisations and their workers. However, we do know that the community services
workforce is one of the fastest growing sectors of the workforce in Australia. It has been
estimated that the number of care workers in the social and community services sector
increased by a massive 66.2 percent between 1996 and 2006 compared to a 26.3 percent
growth in nursing homes, 23.2 percent in child care and 19.2 percent in the economy overall
(Meagher and Cortis 2010:2). Employment in non-residential care services expanded faster
than any other community services industry between 1996 and 2001 (Meagher and Healy
2005).

A high level of growth is expected to continue well into the future, as in recent times much
caring has shifted from the realm of informal, usually familial, relationships to the public
realm of formal arrangements involving paid carers. As caring for older Australians involves
the paid labour of an increasing number of Australians ‘there is every reason to believe that
the ranks of paid carers will grow in coming years’ (King and Martin 2007: 131).

Until recently there has been little data on home care workers in Australia. Extensive efforts
have been made by Meagher and Healy (2005, 2006) and Martin and King (2008) to remedy
this situation. Meagher and Healy set out to draw a detailed profile of the community
services sector, including home care workers, utilising data collected by the Australian
Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS)
(Meagher and Healy 2005, 2006). But due to the classifications used by these data collection
agencies, Meagher and Healy found it was not actually possible to extract detailed data on
particular sectors of the community services workforce. Basic information, such as the
number of care workers providing community care to older people and those with disabilities, could not be accurately determined. Despite these obstacles, these two reports contain useful information about care workers which is summarised below (Meagher and Healy 2005, 2006).

Martin and King (2008) added to the knowledge base by surveying all of the service outlets receiving funding from Commonwealth programs supporting community based aged care. As well, they surveyed the care workers employed by these community-based providers (Martin and King 2008:i). Included in their research were service providers funded by one of six programs: the CACPs program, the EACH and EACHD packages/programs, the HACC program, the Day Therapy Centres (DTCs) program and the National Respite for Carers Program (NRCP). A substantial majority of the outlets surveyed were funded through the HACC program. This survey focused on paid care workers providing services to the elderly and upon those providing services to both the elderly and to people with disabilities (Martin and King 2008). Martin and King estimate that approximately 87,500 people are employed by organisations providing community care, 74,000 (85 percent) as direct care workers. Of this 74,000, approximately 60,500 deliver community care services, with about 9,500 nurses (mostly Registered Nurses) and 4,000 Allied Health workers employed alongside them (Martin and King 2008:59).

Martin and King were unable to provide an accurate, complete list of community care providers in Australia or an accurate count of care workers, hence the estimates above. The methodology they employed did not enable them to track those providers receiving government funding, who in turn broker or contract out the actual provision of service to other organisations, either to non profit or profit based organisations.

What we do know from these studies is that care workers are predominately female and mature aged, work predominantly part time, and are poorly paid, although most have some training relevant to their work (Meagher and Healy 2005 and 2006, King and Martin 2007, Meagher and Cortis 2010). Care workers are generally mature aged workers with 70 percent of community based workers older than 45. This is considerably older than the workforce as a whole, where only 37 percent of all workers are older than 45. Care workers also tend to commence work in this sector as mature aged workers (Martin and King 2008:i). This finding is reinforced by Meagher and Cortis, who found that not only do older workers predominate but that the proportion of care workers in Social and Community Services (SACS) industries who are 45 years or older increased by 6.4 percent between 2001 and 2006, compared to an increase of 3.8 percent in the workforce overall (Meagher and Cortis 2010: 21).

A relatively high proportion of care workers work part time, compared to the rest of the workforce. Fifty five per cent of all care workers in community service industries were working part time compared with 30 percent of workers in similar occupations in the labour market overall (Meagher and Healy 2006:62). Martin and King found that ‘among care workers, 60% of community based care workers [were] permanent part-time employees and 29% were in casual employment’ (Martin and King 2008:i).
Meagher and Healy report that on average, care workers earn lower hourly incomes than those they work beside in non-caring occupations within community service industries and that male care workers receive, on average, a higher hourly rate of pay than female care workers (Meagher and Healy 2006: 92). Meagher and Cortis observe that low rates of pay tend to undermine care workers’ status and living standards, prefiguring disincentives to work in the sector and undermining the capacity of government and non-government agencies to provide services that meet the people’s needs. Survey and focus group data confirm that community service workers in NSW, particularly those employed by NGOs, consider low pay a distinct disadvantage and that the prospect of public sector pay, conditions, job security, career paths and development opportunities present powerful incentives to leave the industry (Meagher and Cortis 2010:32). In addition, care workers report that not only are they dissatisfied with pay rates but that they see low pay as inadequate recompense given the ‘social importance of the work they do’ (Martin and King 2008:iv).

Care workers are not required to have any formal training or educational qualifications and there are few opportunities for promotion for care workers. In 1996, a significant minority (44.3 percent) of all care workers reported having no qualifications at all. This rate fell to 38.5 percent in 2001. However, in 2001, 13,871 or 7.3 percent of care workers in the community services industry held a Bachelor’s degree or higher but worked in an occupation classified as an associate profession or as intermediate service work. Meagher and Healy conclude that ‘some workers are formally overqualified for their jobs, indicating a lack of employment opportunities in higher skilled job categories in caring occupations’ (Meagher and Healy 2006:36–37).

Martin and King report that in their study, most of the workforce reviewed (residential and community care) had post school qualifications appropriate to the work they were doing, with only 20 percent of direct care staff having no post school qualifications. Twenty five percent of recently appointed staff were currently studying some post school qualification, as were approximately 20 percent of all staff - an impressive proportion, especially given the age structure of the workforce, indicating ‘both workers’ and their employers’ commitment to skill development’ (Martin and King 2008:67). Further, care workers reported that they were generally confident that they had the skills they needed to do their work, and that they believed that they used their skills effectively in doing the job (Martin and King 2008:i).

This brief overview contextualises the study Transformations of Care: Living the consequences of changing public policies in Australia. In summary, care workers report high levels of job satisfaction; in particular that they like the autonomy care work provides and become dissatisfied when this autonomy is challenged, leaving them little control over their work. The review of the Australian literature focuses on the characteristics of the care workforce. We know that most care workers are female, are mature aged, work part time and are poorly remunerated. However, we have little in depth understanding of the day to day work of care workers from the perspective of care workers themselves. Further, little research has focused on New South Wales care workers (Hilferty, et al 2010). This research bridges this gap in our knowledge and provides a more in-depth understanding by directly seeking the views of a large number of care workers and care managers in NSW.
4. The research project: Transformations of care

This research is part of an international research program, *Transformations of Care: Living the consequences of changing public policies in Canada, Australia and Sweden*. The overall focus of this cross national research is on the responses by these 3 countries to global challenges regarding care provision. In 2008, a partnership was formed between researchers in Sweden, Canada and Australia and led by Professor Marta Szebehely (University of Stockholm, Sweden), Professor Sheila Neysmith (University of Toronto, Canada) and Associate Professor Jane Mears (University of Western Sydney, Australia). The main aims of this research partnership are: (1) to examine the experiences of care workers and of older people receiving care and their families and (2) to analyse the qualitative differences between the three countries in the organisation and provision of care.

This three country study was initiated as there are very few comparative studies from the perspective of paid care workers and very little is known about whether there are national (or welfare regime specific) differences in the working conditions of care workers (Szebehely 2007:2).

The Swedish component of the research project was funded by the Swedish Council for Working Life and Social Research (SEK 2 million per year 2007-2012 awarded May 23, 2007), while the Canadian research was funded through an SSHRC Grant of $117,000 over three years from June, 2008. The first stage of the ongoing Australian research component was funded in 2009 by a NSW Ageing, Disability and Home Care grant of AU$89,430.

The methodology adopted for this Australian study is based on the NORDCARE study, conducted in 2005. As part of the NORDCARE study, a questionnaire was mailed to 5000 care workers working with older people and those with disabilities, both in the home and in residential care settings in Sweden, Denmark, Finland and Norway. In Sweden the survey was mailed out to a random sample of members of the municipal workers union (Kommunal). At the time of data collection, around 80 percent of all Swedish care workers were members of this union. Of the entire Swedish sample of 735 care workers, 448 worked in residential care and 287 worked in clients’ homes. Seventy five of these care workers worked only with people with disabilities under the age of 65, mainly as personal assistants (these 75 care workers have been excluded from the analysis below, as the prime focus of this research was on the aged care sector). In 2009, to supplement this survey, interviews were conducted with home care workers, care managers, informal carers and older people in receipt of care, as well as participant observations, where the researcher followed a care worker throughout their working day.

4.1 Research aims

The aims of this research are consistent with the overall aim of the larger study *Transformations of Care: Living the consequences of changing public policies in Canada, Australia and Sweden*; that is, to compare policies, organisational arrangements and the
delivery of home based community care services, with a particular focus on identifying promising policies and practices in each of the countries involved.

The specific aims of the Australian component of the research, Transformations of Care: Living the consequences of changing public policies in Australia, as set out in the original proposal, were to:

1. Explore and analyse the impact of recent social, historical and political changes on the organisation, management and delivery of care across three categories of service provider: state funded and administered agencies, for profit providers and not for profit providers.

2. Collect and analyse detailed in-depth data on the working conditions, the organisation of care and the nature of care provided by paid care workers and care managers.

3. Compare the findings to investigate differences (if any) in the working conditions, organisation of care and the nature of care provided by paid care workers and care managers across the three categories of service provision.

4. Identify promising practices and policies in care management and provision and the conditions which enable and support these promising practices.

5. Compare the findings from this research with findings from research in Canada and Sweden on transformations of care and documentation and analysis of promising practices (Mears 2009).

While this research has achieved its aims, there were some unanticipated limitations, requiring the original aims to be slightly modified. For instance, we discovered that there is no comprehensive documentation on care provider organisations in Australia and no clear way of differentiating NFPOs from FPOs. While we were given access to useful data from the NSW HCS, such as the number of care workers employed by HCS, we were unable to source similar information from the NGO sector. Unfortunately, the publically available information that exists for the NGO providers is fragmentary and incomplete. These same limitations have been noted by Martin and King (2008), Simpson-Young and Fine (2010) and Meagher and Cortis (2010).

There were also some challenges encountered regarding the ‘official’ conceptualisation and terminology. For example, we discovered that the distinction between provider organisations as for profit or not for profit is not a distinction that is commonly made. One of the advisers to the project commented that the ‘abbreviations NFPO and FPO are very new to ADHC’. She suggested we use the umbrella term Non Government Organisation (NGO) instead of trying to differentiate between for profit or not for profit. We have taken this advice. The sample of service providers is therefore made up of the NSW HCS (the state provider) and large and small NGOs.

Lastly, as the Canadian survey of home care workers has not yet been completed, inclusion of a comparison with Canadian care workers in this report was not possible. Therefore aims 1, 3 and 5 were slightly modified as follows:
4.2 Methodology

This research centred on care workers working with elderly clients and/or clients with disabilities, within the clients’ homes, and who are currently employed by service provider organisations receiving relevant HACC and/or Commonwealth CACP, including EACH and EACHD Packages. Day-centre and residential care staff are not part of the target group for this project.

Consistent with the methodology employed in the Swedish study outlined above, three methods were used to collect the data: the first was a large scale survey of approximately 1000 care workers in NSW; the second involved in-depth interviews with care workers, care managers, those receiving care and informal carers; and the third, participant observations, where the researcher followed a care worker throughout the working day. Ethics approval to conduct this research was granted by the University of Western Sydney Ethics Committee HR No.H7339. Ethics approval was also granted by Baptist Care, Uniting Care Ageing, Sunnyfield and The Benevolent Society of NSW.

4.3 The survey

In total, 1093 surveys were distributed: 362 to 17 small NGOs, 365 to three large NGOs, and 374 to the HCS, including to the specialist Aboriginal and Torres Strait Islander (ATSI) care workers in the HCS. These provider organisations were drawn from five ADHC Local Planning Areas (LPAs): Central Coast, Far North Coast, Orana/Far West, Sydney Inner West and Northern Sydney. The packages posted out to organisations that agreed to participate (Appendix 1) contained an Information Sheet (Appendix 2), the survey (Appendix 3) and a reply paid envelope for each individual survey form addressed to the researchers at the University of Western Sydney.
Out of the surveys distributed, 537 surveys had been returned by 8 July 2010, a response rate of 49 percent. For this analysis to be consistent with the Swedish data we have excluded 22 respondents, who were working only with people with disabilities under 65. This left 515 surveys, 210 (40.8 percent) from the HCS and 305 (59.2 percent) from the NGOs. The data from these surveys was coded and entered into an Excel file and then imported into and analysed using SPSS.

In Section 8, the findings from the survey of the NSW care workers are presented and where relevant, the responses of care workers from NSW HCS (n=210) are compared with those of care workers employed by the NGOs (n=305). Incorporated into this section are the care workers responses to the open ended questions in the survey.

In section 9, all NSW care workers’ responses (n=515) are compared to the Swedish care workers’ responses (n=212) to the same survey. This is followed by Section 10, the findings from the observation studies. Section 11 reports on promising practices.

5. The findings from the survey of NSW care workers

In this section the findings from the NSW survey of care workers are documented, comparing the responses, where appropriate, from those employed by the state provider, the HCS (n=210) and the NGO (n=305) providers. The focus of this analysis is on workforce characteristics, employment conditions, consequences of employment conditions, the clients in receipt of services and the tasks the care workers perform in their daily work, followed by an analysis of the data from the care workers’ answers to the open ended questions in the survey.

5.1 Workforce characteristics

The care workforce characteristics are presented in Table 2 below. This Table documents gender, age, place of birth, ATSI (Aboriginal Torres Strait Islander), LoTE (Language other Than English), use of LoTE at work, length of training, time working in the sector and informal caring responsibilities, past and present.
Table 2. Workforce characteristics of HCS and NGO employees, gender, age, place of birth, ATSI, LoTE, use of LoTE at work, length of training, time working in the sector and informal caring responsibilities, past and present 2010

<table>
<thead>
<tr>
<th></th>
<th>HCS (%) (n=210)</th>
<th>NGO (%) (n=305)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female</strong></td>
<td>90.4</td>
<td>89.5</td>
</tr>
<tr>
<td><strong>Age:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 25 years</td>
<td>0</td>
<td>1.7</td>
</tr>
<tr>
<td>25-34</td>
<td>3.5</td>
<td>8.1</td>
</tr>
<tr>
<td>35-44</td>
<td>16.9</td>
<td>22.1</td>
</tr>
<tr>
<td>45-54</td>
<td>41.3</td>
<td>36.2</td>
</tr>
<tr>
<td>55-64</td>
<td>33.3</td>
<td>28.9</td>
</tr>
<tr>
<td>65 and over</td>
<td>5.0</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Born outside Australia</strong></td>
<td>25.4</td>
<td>36.4</td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander (ATSI)</td>
<td>2.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Speak a language other than English (LoTE)</td>
<td>21.5</td>
<td>30.4</td>
</tr>
<tr>
<td>(of which use LoTE at work)</td>
<td>44.2</td>
<td>51.7</td>
</tr>
<tr>
<td><strong>Length of training:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>15.6</td>
<td>15.0</td>
</tr>
<tr>
<td>Less than 1 month</td>
<td>3.7</td>
<td>6.8</td>
</tr>
<tr>
<td>1-5 months</td>
<td>6.8</td>
<td>7.7</td>
</tr>
<tr>
<td>6-11 months</td>
<td>10.8</td>
<td>10.1</td>
</tr>
<tr>
<td>1-2 years</td>
<td>19.7</td>
<td>10.1</td>
</tr>
<tr>
<td>More than 2 years</td>
<td>43.4</td>
<td>50.2</td>
</tr>
<tr>
<td><strong>Time working in care of elderly or people with disabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>6.3</td>
<td>9.3</td>
</tr>
<tr>
<td>1-5 years</td>
<td>33.3</td>
<td>48.2</td>
</tr>
<tr>
<td>6-9 years</td>
<td>21.4</td>
<td>21.7</td>
</tr>
<tr>
<td>10-19 years</td>
<td>22.8</td>
<td>16.0</td>
</tr>
<tr>
<td>20 or more years</td>
<td>15.9</td>
<td>5.1</td>
</tr>
<tr>
<td>Has had informal care role in the past</td>
<td>69.0</td>
<td>62.2</td>
</tr>
<tr>
<td>Currently has informal care responsibilities</td>
<td>45.9</td>
<td>39.5</td>
</tr>
</tbody>
</table>

The care workers in this study were predominately female, with no significant difference in this regard between the HCS and NGO sector. Ninety per cent of the care workers employed by the HCS and 89.5 percent of those employed by NGOs were women (Table 2). This is consistent with other studies of care workers and of the community service industry as a whole (Martin and King 2008, Meagher and Cortis 2010).

These care workers were, on average, older workers. Those working for the HCS were significantly older than their colleagues in the NGO sector. A massive 80 percent of the HCS care workers were 45 and over, compared to 68 percent of those employed by NGOs (Table 2). This makes this group of care workers older than those in the Social and Community Services (SACS) sector in NSW (which includes home care workers) where 50 percent are 45
and over and considerably older than the labour force overall, where only 37 percent are 45 and older (Meagher and Cortis 2010:2).

Only a small percentage of the respondents were from ATSI backgrounds: HCS 2 percent, NGOs 1.3 percent. The slightly higher percentage of ATSI respondents working in the HCS may be attributed to the fact that the NSW HCS has a distinct Aboriginal Home Care Service that employs predominately ATSI care workers.

Turning to the percentage of care workers born outside Australia, the HCS employed a significantly lower percentage of care workers born outside of Australia, that is, 25 percent compared to the NGO sector where 36 percent of the respondents were born outside Australia (Table 2).

With more care workers born overseas in the NGO sector, it is not surprising that a larger proportion, 30 percent of the NGO workers, spoke a language other than English compared to the HCS where 22 percent spoke a language other than English. Of those who spoke a language other than English, it was also somewhat more common among the NGO workers to use a LoTE in their paid care work, 52 percent of those working for NGOs compared to 44 percent of the HCS workers (Table 2).

There were only minor differences with regard to specialised training for work with older people or those with a disability. The majority of care workers in both sectors reported having one year or more specialised training: 63 percent of HCS workers and 60 percent of NGO workers. At the other end of the spectrum, 19 percent of HCS workers and 22 percent of NGO workers had either less than one month of specialised training or no training at all for this work (Table 2).

About half of those surveyed had worked for six or more years in paid care, caring for the older people and those with a disability. HCS workers were more experienced, 39 percent having worked in the sector for ten years or more compared to 21 percent of those working for NGOs. Of those employed by the HCS, 16 percent had worked 20 years or more in the sector compared to just 5 percent of those employed by NGOs (Table 2).

A striking finding from this analysis was that 65 percent of care workers had in the past cared for ill or elderly relatives or friends with a disability, while 47 percent reported that they were currently caring for one or more relatives or friends who were ill or had a disability. There was no marked difference between NGO and HCS care workers in this regard. However, 12 percent of all those working and caring at present, reported that their informal care responsibilities had impacted negatively on their working lives and that their employment or working hours had been affected by this informal care work (Table 2).
5.2 Employment conditions

The employment conditions of care workers in NSW are presented in Table 3. This Table compares the employment conditions of employees in the HCS and the NGO sector in regard to the form of employment, shifts worked, combination of shifts, and working split shifts.

Table 3. Employment conditions, HCS and NGO sector 2010

<table>
<thead>
<tr>
<th></th>
<th>HCS (%)</th>
<th>NGO (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n=210)</td>
<td>(n=305)</td>
</tr>
<tr>
<td><strong>Form of employment:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casual</td>
<td>14.8</td>
<td>25.2</td>
</tr>
<tr>
<td>Permanent full time</td>
<td>17.2</td>
<td>7.5</td>
</tr>
<tr>
<td>Permanent part time</td>
<td>59.3</td>
<td>66.2</td>
</tr>
<tr>
<td>Fixed-term contract full time</td>
<td>3.3</td>
<td>0</td>
</tr>
<tr>
<td>Fixed-term contract part time</td>
<td>5.3</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Shifts worked:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekdays, days</td>
<td>97.6</td>
<td>97.4</td>
</tr>
<tr>
<td>Weekdays, evenings</td>
<td>34.3</td>
<td>14.1</td>
</tr>
<tr>
<td>Weekends</td>
<td>49.5</td>
<td>21.3</td>
</tr>
<tr>
<td>Nights</td>
<td>15.7</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Combination of shifts (weekdays day, weekdays evenings, weekends, nights):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One shift only</td>
<td>47.4</td>
<td>76.4</td>
</tr>
<tr>
<td>Two shifts</td>
<td>20.6</td>
<td>13.8</td>
</tr>
<tr>
<td>Three shifts</td>
<td>18.7</td>
<td>8.2</td>
</tr>
<tr>
<td>All four shifts</td>
<td>13.4</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Work split shifts:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>31.7</td>
<td>46.8</td>
</tr>
<tr>
<td>Rarely</td>
<td>25.5</td>
<td>29.9</td>
</tr>
<tr>
<td>Often</td>
<td>23.6</td>
<td>15.9</td>
</tr>
<tr>
<td>Almost always</td>
<td>19.2</td>
<td>7.3</td>
</tr>
</tbody>
</table>

As can be seen from the table above, most of the care workers reported that they were employed as permanent part time workers: 66 percent of the NGO workers and 59 percent of those employed by the HCS. Permanent full time care workers were more likely to work for the HCS, with 17 percent of HCS care workers in this form of employment compared to the NGO sector, where less than 8 percent were employed as permanent full time workers (Table 3).

Also, NGO care workers were far more likely to be employed as casuals, with a quarter (25 percent) of NGO care workers employed as casuals compared to 15 percent of those working for the HCS (Table 3).

In regard to the shifts worked, the overwhelming majority, that is, 98 percent of the NSW care workers, work weekdays and during the daytime. However, those working for the HCS...
were far more likely to work weekends also, with 50 percent reporting that they worked weekends compared to 21 percent in the NGO sector. Also, evening work was more common among the HCS workers: 34 percent compared to 14 percent of NGO workers (Table 3).

HCS care workers were also more likely to work a combination of different shifts (weekday evenings or weekends and sometimes nights in addition to weekday days). Thirty two percent reported that they usually worked three or four different types of shifts, compared to 10 percent from the NGO sector (Table 3).

A striking finding was that those working for the HCS were far more likely to work split shifts, with almost twice as many (43 percent) HCS workers reporting that they often or always worked split shifts compared to 23 percent of those working for NGOs (Table 3).

The analysis of the data revealed no significant difference in the average hourly rates of pay between those employed by the HCS and those employed by NGOs. The mean pay rate reported by the care workers was $A19 per hour.

5.2.1 Consequences of employment conditions

Most care workers reported that their working hours fitted quite well with their family or social commitments. Only 4 percent of NGO workers and 5 percent of HCS workers reported that their working hours fit ‘not very well’ or ‘not at all well’ with their commitments outside of work. However, further analysis demonstrated that the number of shifts worked impacts significantly on the ‘fit’ between working hours and family and social commitments.
Graph 1. Percentage of care workers employed by HCS and NGO reporting that their working hours fit ‘not very well’ or ‘not at all well’ with their family and social commitments outside of work, by number of shifts worked percent

Graph 1 illustrates the percentage of care workers employed by the HCS and NGOs reporting that their working hours fit ‘not very well’ or ‘not at all well’ with their family and social commitments outside of work, by the number of shifts worked. Of the care workers who work only one shift (usually day only), almost all said that their working hours fit in fairly well or very well with their family and social commitments. Only about 2 percent of HCS and less than 1 percent of NGO care workers reported that working hours ‘fit not very well’ or ‘not at all well’ with family and social commitments. As the number of shifts increases, the proportion reporting that their hours do not fit well with their other commitments also increases, significantly more so among the NGO workers. Of the NGO workers working three or four shifts, 17 percent responded that their working hours do not fit well with their other commitments, compared to less than 8 percent of HCS workers working the same number of shifts.

When the focus shifts to those working split shifts, a similar pattern is evident. Those who always work split shifts are much more likely to report a conflict between work, family and social life than those who never work split shifts (Graph 2).
Graph 2. Percentage of care workers both NGO and HCS reporting that their working hours fit ‘not very well’ or ‘not at all well’ with family and social commitments outside work, by frequency of working split shifts

5.3 The clients

This section examines the profiles of the clients. Table 4 below sets out the percentage of workers who work with one or more clients who have an intellectual disability, a mental illness, need assistance to move or are bed bound, have issues with addiction, or who suffer from dementia.

Table 4. Care workers who work with one or more clients who have an intellectual disability, a mental illness, need assistance to move or are bed bound, have issues with addiction or who suffer from dementia

<table>
<thead>
<tr>
<th>Work with one or more clients who...</th>
<th>HCS (%) (n=210)</th>
<th>NGO (%) (n=305)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have an intellectual disability</td>
<td>76.0</td>
<td>29.2</td>
</tr>
<tr>
<td>Have a mental illness</td>
<td>74.5</td>
<td>47.8</td>
</tr>
<tr>
<td>Need assistance to move or are bed bound</td>
<td>77.9</td>
<td>55.9</td>
</tr>
<tr>
<td>Have issues with addiction</td>
<td>29.7</td>
<td>16.3</td>
</tr>
<tr>
<td>Suffer from dementia</td>
<td>83.5</td>
<td>87.0</td>
</tr>
</tbody>
</table>
Table 4 illustrates that those working for the HCS have a much larger proportion of clients with special needs than those working in the NGO sector. This was particularly marked in regard to those with an intellectual disability. The differences were also significant for clients with a mental illness and HCS workers were considerably more likely to be assisting clients who needed assistance with mobility. The difference was slightly less in regard to caring for those with an addiction. The vast majority of care workers in both groups work with clients suffering from dementia: 84 percent of workers for the HCS and 87 percent in the NGO sector (Table 4). It has been suggested that this finding could also be related to the capacity of the HCS to take on the more complex aspects of community care. Many of the NGOs do not have this capacity (Comment from the ADHC Reference Group).

5.4 The tasks

The survey sought detailed information about the tasks care workers perform on a daily basis. Table 5 shows percentages of care workers who regularly perform the following tasks: cleaning, assisting with personal hygiene, lifting or assisting a person to move, accompanying a client on an errand, participating in a recreational activity, shopping for groceries, preparing meals and having a cup of coffee with a client.

Table 5. Tasks performed by care workers in HCS and NGO

<table>
<thead>
<tr>
<th>Tasks</th>
<th>HCS (%)</th>
<th>NGO (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning (several times a day)</td>
<td>70.8</td>
<td>34.2</td>
</tr>
<tr>
<td>Assisting with personal hygiene (several times a day)</td>
<td>67.0</td>
<td>31.8</td>
</tr>
<tr>
<td>Lifting or assisting a person to move (several times a day)</td>
<td>28.2</td>
<td>10.7</td>
</tr>
<tr>
<td>Accompanying a client on an errand (during the last month)</td>
<td>31.6</td>
<td>86.0</td>
</tr>
<tr>
<td>Participating in a recreational activity (during the last month)</td>
<td>17.7</td>
<td>57.6</td>
</tr>
<tr>
<td>Shopping for groceries (several times a day)</td>
<td>4.5</td>
<td>34.0</td>
</tr>
<tr>
<td>Preparing meals (several times a day)</td>
<td>28.0</td>
<td>43.9</td>
</tr>
<tr>
<td>Having a cup of tea or coffee (several times a day)</td>
<td>5.3</td>
<td>15.5</td>
</tr>
</tbody>
</table>

Care workers employed by the HCS were significantly more likely than care workers from NGOs to be cleaning, assisting with personal hygiene and lifting their clients (Table 5). Part of the explanation for this difference could be attributed to the difference in the client groups. The HCS care workers were working with a greater proportion of clients who needed assistance to move or who were bedbound (Table 4). In such cases, it would be expected that more cleaning and personal care would be needed.

There were also significant differences between the HCS and the NGO care workers in regard to tasks such as accompanying a client on an errand, participating in a recreational activity, shopping for groceries, preparing meals and/or having a cup of tea/coffee with a client. The HCS care workers were significantly less likely to be carrying out these tasks with their clients (Table 5). Some of this difference may be attributed to the smaller percentage of HCS clients who may be able to participate in these activities.
5.5 Insights from the analysis of the open ended questions in the survey

There were five open ended questions included in the survey (Appendix 3) providing the opportunity for care workers to expand on their answers and to make further comments. A significant number of the participants chose to include comments adding further insights into the working lives of care workers in NSW. The questions asked were:

1. ‘Please state if there are any tasks you feel you should have more time for’. One hundred and twenty nine care workers responded to this question identifying a total of 173 tasks that needed more time. The tasks nominated consistently were those devoted to personal care and social and emotional care.

2. ‘Please state if there are any tasks that you currently do that you feel should not do’. Sixty three responses and 63 tasks they felt they should not do, mostly housework and cleaning.

3. ‘If you think you will quit your job now or in the future, please say why’. One hundred and ninety one care workers responded to this question, providing two hundred and sixty one reasons for quitting. Reasons given were not having enough working hours, low pay, the impact of cost cutting on working conditions, lack of promotion opportunities and retirement.

4. ‘If you think you will continue with your work, please state your reasons for staying’. Three hundred and fifty two care workers answered this question providing 536 reasons to continue working as a care worker, such as enjoying the work, making a difference and helping people. Forty stated that they had no real choice, they needed to work and care work was all they could do.

5. ‘If you had the power to decide, what changes would you recommend regarding care for the elderly and those with disabilities?’ Three hundred and forty three care workers responded to this question providing over 400 recommendations. The most frequent recommendation was for more funding and resources to enable care workers to spend more time with their clients.

The answers to these questions provided further insights into the experiences of care workers. This analysis focuses initially on the aspects of care work that led to care workers feeling satisfied and contented, then those aspects of care work that led to dissatisfaction and discontent.
5.5.1 Satisfied and contented care workers

Most care workers commented on the attraction of the part time nature of care work and the flexible hours. They also commented on how much they enjoyed the work, deriving satisfaction from helping people and making a difference to people’s lives. Many stated that they were very good at their work.

**Flexible working hours** underpinned their continued commitment to care work: ‘This job suits my family life’ and ‘the job is usually quite flexible around family life’. Care workers commented over and over again that care work was enjoyable and rewarding: ‘I enjoy my work. It is very satisfying and rewarding’ and ‘I love the work’. They spoke of the enjoyment derived from understanding the life experiences of their clients, ‘I enjoy my clients and feel rewarded to know more of our history from them’. They could see that the care they provided made a difference to clients’ lives: ‘I love the clients and enabling clients to live at home at maximum of their abilities is great’ and ‘I love helping the elderly to stay home as long as possible’. Another source of satisfaction was doing work that they knew they could do well. Care workers spoke of having a talent or predisposition for this work: ‘I like it and it makes me feel good. I’ve definitely got a talent for it’ and ‘It’s as if this job was made for me and I do a damned good job’.

The features of care work that gave rise to contented care workers are those aspects of care work that are not generally documented, in care plans or anywhere else and apart from the care worker and the person receiving this care, are generally ‘hidden’ from public view.

5.5.2 Discontented and dissatisfied care workers

However, this picture of contented care workers is only one part of the story. The care workers in their written comments singled out many features of care work that led to discontent and dissatisfaction. The discontents were primarily centred on structural constraints, inadequate funding, not having enough time, working unpaid overtime, poor remuneration, wanting to work more hours than they were allocated and the impact of cost cutting on their working conditions.

The majority of the comments made by the care workers were in regard to **inadequate funding** of the aged care sector: ‘More funding is needed for the elderly’ and ‘We need more government funding. The packages, only 5 hours per week, are nowhere near enough time to care for an elderly client, especially those with dementia. A doctor’s visit can take two to two and a half hours alone. Personal care and adequate support and socialisation are not possible’.

Inadequate funding meant there was not enough time to do the job properly: ‘We need more time and staff per ratio of clients to staff to do our jobs properly’ and ‘Increase staffing numbers to give clients the help and services they need and to stop burn out in staff’. Singled out in particular was the need for more **time to provide emotional support**: ‘We need more
time to provide companionship for elderly and invalid clients who are on their own’, ‘Lots of my clients really want to have a chat – I feel really bad sometimes when I have to rush off and leave [in] the middle of a conversation’, ‘Most of the clients I visit really need extra time spent with them. Sometimes I feel like I’m leaving prematurely because they want you to stay or talk or just be with them. It sometimes feels like a ‘hit and run visit’ leaving them abandoned’ and ‘We need more time to talk as loneliness is one of the biggest causes of unhappiness’.

Care workers also wrote of needing time to deliver flexible, individualised care, ‘Some clients can take up to 10 minutes longer than the time allocated especially during winter – due to extra layers of clothing’. One aspect of providing individualised care is providing continuity of care. Care workers expressed a great deal of frustration when the ways the care managers organised them meant this was not possible: ‘Give more continuity of staff. Clients don’t like having multiple carers they like to have their regular carers’ and ‘Clients comment that having a number of different carers attending to them can be very unsettling’.

Not having enough time to complete tasks satisfactorily led to many care workers working unpaid overtime to complete their work: ‘I need more time to assist clients for instance with the evening meal. I can stay at work later to do this and will do so’, ‘I am assisting a client outside of working hours as there is no family’ and ‘It is very rarely that I finish jobs on time and I’m often working more hours and doing more than I am paid for’.

Care workers repeatedly commented on the inadequacy of the remuneration: ‘I find the job financially unstable’, ‘Wage too low for a decent standard of living- does not keep up to high cost of living in Sydney’, ‘Not enough pay for the hours and stress’ and ‘Not enough money’. They recommended pay increases: ‘Care workers should be paid more money for what they provide to the elderly’, ‘If I had the power to I would raise both the aged care and disabilities services pay rate to a fair hourly rate that reflects the work we do’, ‘Make pay rates more respectable to encourage dedicated caring people to stay in the industry. For the care we provide we should get more money’ and ‘Increase wages so staff will feel they are paid what they are worth and take pride in their jobs’.

Many care workers wanted to work more hours than they were allocated to increase their income, as they could not make ends meet: ‘The hours are not consistent’ and ‘not enough hours [are] available’. It was recommended that managers ‘Put more staff on and give staff the hours they want instead of keeping hours to a minimum’. A number had taken on second jobs, ‘My hours are not adequate – I have a second job to make ends to meet’.

Concern was also expressed about the impact of cost cutting measures, which further diminished the time care workers could spend with their clients. Not only was the sector inadequately funded, the care workers reported that the care providers and care managers were instituting cost saving policies that were impacting on their ability to provide quality care. The ways in which cutbacks were implemented, varied between provider organisations.

One organisation had to cut out travelling time: ‘Travelling time between clients has recently been removed so the care workers have to leave one client early and get to the next client
late’ and ‘Of a half hour shift allocated to do a shower and tidy the house, we get 20-25 minutes. It is not enough, by the time you cut out travel’.

Another organisation had cut back on care managers making home visits to assess needs and negotiate care plans. These assessments were being done over the telephone. The care workers recommended that assessments should be done with care managers meeting their clients face to face: ‘The assessment of new clients should be given back to supervisors of each branch so that they have personal contact with clients to allow them to see the needs of each client’ and ‘Before agreeing to give the new client their service, it is very important that the case manager must personally visit the place to interview and assess the true condition of the place. I don’t agree with simply assessing someone over the phone’.

Care workers also reported that cost cutting had led to changes in the type of care they could provide, such as accompanying clients on social outings: ‘We can’t transport clients in our own cars, so we have to do the shopping for them, rather than taking them to do their shopping’.

In order to provide good care, care workers reported breaking the rules, ‘I have seen lots of changes in this job, some are not good. Some rules were made to be broken though’.

5.6 Summing up: Care workers in NSW

The care workforce is predominately female and comprises mostly older workers. Those working for the HCS are older, on average, than those working for the NGOs. Most were working part time and for the majority, their working hours fitted well with their family responsibilities, with the notable exception of a small percentage, mostly HCS care workers, who were working split shifts. These care workers had considerable informal care experience. Nearly half of all the care workers were caring for older family members or those with a disability.

Overall, there were a slightly higher proportion of those with a language other than English (LoTE) in the NSW care workforce compared to the Australian care workforce. About half of these care workers use a LoTE in their day to day work. While the majority of the care workers in NSW had at least a year of formal training working with older people and those with disabilities, approximately 15 percent of these care workers had less than one month’s training or no training at all.

The most significant differences between the two groups were in the needs of the clients they were caring for and the tasks they performed. Those working for the HCS had a much larger proportion of clients with special needs and were far more likely to be doing more intensive work, such as cleaning, assisting with personal hygiene, and lifting and moving people. By contrast, those working for NGOs cared for clients with less intensive needs and were able to spend more time on tasks such as having cups of coffee, shopping for groceries, accompanying clients on errands and participating in recreational activities.
The care workers reported that they enjoyed their work, particularly the flexibility to work part time and choose hours that suited them. They reported high levels of satisfaction when they were able to provide continuous personalised care and felt they could make a difference to the lives of their clients. However, their concerns centred on the inadequate funding provided to this sector, which meant they were working under conditions where they had to curtail the care they could provide because the time allocated was not sufficient. This led to care workers working unpaid overtime. Care workers were also struggling to survive on the very poor rates of pay and many wanted to work more hours than they were allocated to make ends meet. Their working conditions were being further eroded by cost cutting measures.

Despite satisfaction and enjoyment in their work, care workers are struggling to survive due to eroding working conditions and poor rates of pay.

6. Comparing survey findings from NSW and Sweden

One of the aims of this research was to compare the findings from the survey of NSW care workers (n=515) with the findings from the survey of Swedish care workers (n=212). This section compares the two groups looking at workforce characteristics, employment conditions and the consequences of employment conditions, the clients and the tasks. An additional section examines work intensity.

6.1 Workforce characteristics

Table 6 compares the workforce characteristics of the NSW care workers and the Swedish care workers. Characteristics compared are gender, age, whether they were born outside of Australia/Sweden, the length of their training, the length of time they have been working as carers of the elderly or people with disabilities and their current informal caring responsibilities.
Table 6. Workforce characteristics NSW 2010 and Sweden 2005.

<table>
<thead>
<tr>
<th></th>
<th>NSW (%)</th>
<th>Sweden (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n=515)</td>
<td>(n=212)</td>
</tr>
<tr>
<td>Female</td>
<td>89.8</td>
<td>96.2</td>
</tr>
<tr>
<td>Age:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 25 years</td>
<td>1.0</td>
<td>2.9</td>
</tr>
<tr>
<td>25-34</td>
<td>6.2</td>
<td>17.8</td>
</tr>
<tr>
<td>35-44</td>
<td>20.0</td>
<td>27.4</td>
</tr>
<tr>
<td>45-54</td>
<td>38.3</td>
<td>29.3</td>
</tr>
<tr>
<td>55-64</td>
<td>30.7</td>
<td>19.2</td>
</tr>
<tr>
<td>65 and over</td>
<td>3.8</td>
<td>3.4</td>
</tr>
<tr>
<td>Born outside Australia /Sweden</td>
<td>31.9</td>
<td>9.8</td>
</tr>
<tr>
<td>Length of training:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>15.3</td>
<td>14.5</td>
</tr>
<tr>
<td>Less than 1 month</td>
<td>5.0</td>
<td>2.4</td>
</tr>
<tr>
<td>1-5 months</td>
<td>7.2</td>
<td>7.2</td>
</tr>
<tr>
<td>6-11 months</td>
<td>10.6</td>
<td>7.2</td>
</tr>
<tr>
<td>1-2 years</td>
<td>15.7</td>
<td>43.0</td>
</tr>
<tr>
<td>More than 2 years</td>
<td>46.2</td>
<td>25.6</td>
</tr>
<tr>
<td>Time working in care of elderly or disabled people:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>8.1</td>
<td>2.9</td>
</tr>
<tr>
<td>1-5 years</td>
<td>41.9</td>
<td>16.2</td>
</tr>
<tr>
<td>6-9 years</td>
<td>21.5</td>
<td>16.7</td>
</tr>
<tr>
<td>10-19 years</td>
<td>18.8</td>
<td>38.1</td>
</tr>
<tr>
<td>20 or more years</td>
<td>9.6</td>
<td>26.2</td>
</tr>
<tr>
<td>Currently has informal care responsibilities</td>
<td>42.0</td>
<td>27.2</td>
</tr>
</tbody>
</table>

The care workforces in both NSW and Sweden are female dominated: in the NSW sample, 90 percent were female compared to 96 percent of the Swedish sample. The NSW care workers were considerably older than their Swedish counterparts: 73 percent of the NSW care workers were 45 and over compared to 52 percent of the Swedish care workers. However, the Swedish care workers had been caring for older people and people with disabilities for longer. Half of the NSW care workers had worked for 6 or more years in the sector compared to 81 percent of the Swedish care workers: 26 percent of the Swedish care workers had worked 20 years or more in the sector compared to 10 percent of the NSW care workers.1 (Table 6)

The NSW sample had a far higher percentage of care workers born outside of the country: 32 percent compared to the Swedish care workers, where only 10 percent were born outside of Sweden (Table 6). However, this difference is not so large if we contextualise this

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1 This difference probably reflects the history of the sector in the two countries. Sweden has a much longer history of developed home care services than NSW.
finding by examining the percentage of overseas born in each country. The ABS reports that 27 percent of Australians overall are overseas born (ABS, 2010:45). Statistics Sweden reports that 12 percent of the Swedish population were overseas born in 2005 (Statistics Sweden 2006:107). When contextualised in this way it would appear that care workers born outside of the country are over-represented in the care workforce in NSW, whereas in Sweden they are slightly underrepresented.

The NSW care workers had longer training periods in specialised courses on ageing and disability than their Swedish counterparts, with nearly half (46.2 percent) of the NSW care workers having had more than 2 years training, compared with just a quarter (25.6 percent) of the Swedish care workers (Table 6). There was little difference between the percentage of the care workers with no training, 15.3 percent in NSW and 14.5 percent in Sweden.

The NSW care workers were far more likely than the Swedish workers to be combining informal care with paid work. Of the NSW care workers surveyed, 42 percent reported that they had informal caring responsibilities for one or more adults, which they were juggling alongside their paid care work, compared to 27 percent of the Swedish care workers. As informal caring responsibilities increase with age and since the NSW workforce is older, we would expect that caring responsibilities are more common among this group. However, this does not totally explain this difference, as the NSW care workers were also more likely to have informal care responsibilities at younger ages.

**Swedish care workers are considerably younger than NSW care workers, and have been employed in the industry for longer periods of time.**

### 6.2 Employment conditions

Table 7 compares the employment conditions of the NSW and Swedish care workers, their forms of employment, the shifts they work and the combinations of shifts.
Table 7. Employment conditions, NSW 2010 and Sweden 2005

<table>
<thead>
<tr>
<th></th>
<th>NSW (%) (n=515)</th>
<th>Sweden (%) (n=212)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form of employment:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casual</td>
<td>21.0</td>
<td>6.8</td>
</tr>
<tr>
<td>Permanent full time</td>
<td>11.5</td>
<td>34.3</td>
</tr>
<tr>
<td>Permanent part time</td>
<td>63.4</td>
<td>52.7</td>
</tr>
<tr>
<td>Fixed-term contract full time</td>
<td>1.4</td>
<td>0</td>
</tr>
<tr>
<td>Fixed-term contract part time</td>
<td>2.7</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Shifts worked:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekdays, day</td>
<td>97.5</td>
<td>78.3</td>
</tr>
<tr>
<td>Weekdays, evenings</td>
<td>22.3</td>
<td>68.2</td>
</tr>
<tr>
<td>Weekends</td>
<td>32.8</td>
<td>81.0</td>
</tr>
<tr>
<td>Nights</td>
<td>7.8</td>
<td>14.7</td>
</tr>
<tr>
<td><strong>Combination of shifts (weekdays days, weekdays evenings, weekends, nights):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One shift only</td>
<td>64.4</td>
<td>16.6</td>
</tr>
<tr>
<td>Two shifts</td>
<td>16.5</td>
<td>30.3</td>
</tr>
<tr>
<td>Three shifts</td>
<td>12.5</td>
<td>46.9</td>
</tr>
<tr>
<td>All four shifts</td>
<td>6.4</td>
<td>6.2</td>
</tr>
</tbody>
</table>

Home care work is mainly part time work in both NSW and Sweden. Most of the NSW care workers who responded to this survey reported that they are employed as permanent part time workers: 63 percent compared to 53 percent of the Swedish sample. The NSW workers were more likely to be employed as casuals than their Swedish counterparts, 21 percent and 7 percent respectively. The Swedish workers were more likely to be employed on a permanent full time basis: 34 percent compared to only 11.5 percent of the NSW sample (Table 7).

The overwhelming majority, that is, 98 percent of NSW care workers work weekdays during the daytime, compared to 78 percent of the Swedish care workers. The NSW care workers work less on weekday evenings (22 percent) and far less on weekends (33 percent) compared to the Swedish care workers, of whom 68 percent reported working weekday evenings and 81 percent worked weekends (Table 7).

As a consequence, it is much more common among Swedish care workers to work a combination of shifts. More than half of the home care workers in Sweden work three or four different types of shifts: 53 percent, compared to 19 percent of the NSW care workers (Table 7).
6.3 Consequences of employment conditions

Table 8 provides comparative data on the percentage of care workers in NSW and Sweden wanting to work more hours.

**Table 8.** Care workers wanting to work more hours, NSW 2010 and Sweden 2005

<table>
<thead>
<tr>
<th></th>
<th>NSW (%)</th>
<th>Sweden (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n=515)</td>
<td>(n=212)</td>
</tr>
<tr>
<td>‘Would like to work <em>more</em> hours’; percent of all workers</td>
<td>29.7</td>
<td>17.2</td>
</tr>
<tr>
<td>‘Would like to work <em>more</em> hours’; percent of part time workers</td>
<td>30.3</td>
<td>24.9</td>
</tr>
<tr>
<td>‘Would like to work <em>more</em> hours’; percent of full time workers</td>
<td>25.0</td>
<td>3.6</td>
</tr>
</tbody>
</table>

As noted above, part time work is more common among the NSW workers (Table 7). However, Table 8 shows that for a significant number of care workers, working part time is not voluntarily chosen. In NSW, nearly 30 percent of all the care workers reported that they would prefer to work more hours; 30 percent of those working part time and surprisingly 25 percent of those working full time. By contrast, in Sweden, 17 percent of all care workers would like to work more hours; 25 percent of those working part time but only 4 percent of those working full time (Table 8).

6.3.1. Combining work, family and social commitment

The Swedish care workers have more difficulty combining work and family life than the NSW care workers. When asked how well their work fitted with their family commitments, a very small percentage of NSW care workers, only 4 percent, reported that their working hours did not fit with family or social commitments outside of work, compared with 25 percent of Swedish workers.
Graph 3. Care workers reporting that their working hours fit ‘not very well’ or ‘not at all well’ with their family and social commitments outside work, by combination of shifts worked (weekdays days, weekdays evenings, weekends, nights)

The graph above breaks this down into a relationship between the shifts worked and responses from the care workers in the two countries, on the fit between their working hours and their family and social commitments. The graph shows that in both countries, the more shifts worked, the less working hours fitted with care workers’ commitments outside of work. However, independently of the number of shifts worked, the Swedish care workers found it more difficult to combine their paid work with their family and social commitments. This cannot be explained by the fact that more Swedish care workers work full time.

Swedish care workers found it more difficult to combine their paid work and family commitments compared to NSW care workers.
6.4 The clients

Table 9 provides comparative data on the clients comparing NSW and Sweden.

<table>
<thead>
<tr>
<th>Work with one or more clients who...</th>
<th>NSW (%) (n=515)</th>
<th>Sweden (%) (n=212)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need assistance to move or are bed bound</td>
<td>65.2</td>
<td>93.3</td>
</tr>
<tr>
<td>Have a mental illness</td>
<td>59.3</td>
<td>84.7</td>
</tr>
<tr>
<td>Have issues with addiction</td>
<td>22.2</td>
<td>58.2</td>
</tr>
<tr>
<td>Have an intellectual disability</td>
<td>50.0</td>
<td>28.9</td>
</tr>
<tr>
<td>Suffer from dementia</td>
<td>85.5</td>
<td>93.4</td>
</tr>
</tbody>
</table>

Table 9 shows that Swedish care workers have a larger proportion of clients with special needs: 93 percent of Swedish workers compared to 65 percent of NSW care workers work with at least one client who is bedbound; 58 percent of Swedish care workers have clients with issues with addiction compared to 22 percent of NSW care workers; 85 percent of Swedish care workers work with at least one client with a mental illness compared to 58 percent of NSW care workers. Slightly more Swedish care workers work with clients suffering from dementia: 93 percent compared to 86 percent. However, it is more common for NSW care workers to work with clients who have an intellectual disability: 50 percent compared to 29 percent of the Swedish care workers.

6.5 The tasks

There were significant differences between NSW and Sweden in regard to the nature of the work, specifically the tasks performed. The following section looks at tasks performed weekly and tasks performed monthly.
The NSW care workers were more likely than the Swedish care workers to clean a client’s home, prepare a meal, have a cup of coffee, accompany a client on an errand outside of the home and participate in recreational activity with clients. There was little difference between the NSW and the Swedish care workers regarding the percentage of care workers who shopped for groceries, provided support or comforted a client, or accompanied a client on a walk (Table 10).

The Swedish care workers were far more likely to assist with personal hygiene, lift or assist in moving a person, set a client’s hair, give a manicure or a pedicure, do administrative tasks and undertake mobility or speech training or rehabilitation work. They were also far more likely to be doing medically oriented tasks such as handing out medicines, giving injections or being in touch with the health system and the clients’ relatives (Table 10).

**Swedish care workers are more than three times as likely to feel they have too much to do in their job, compared to NSW care workers.**
6.6 Work intensity

Table 11 looks at work intensity with a particular focus on the number of visits per shift.

**Table 11.** Work intensity, NSW 2010 and Sweden 2005, percent

<table>
<thead>
<tr>
<th></th>
<th>NSW (%) (n=515)</th>
<th>Sweden (%) (n=212)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too many visits, weekdays daytime</td>
<td>2.4</td>
<td>40.6</td>
</tr>
<tr>
<td>Too many visits, weekdays evenings</td>
<td>8.6</td>
<td>48.2</td>
</tr>
<tr>
<td>Too many visits, weekends</td>
<td>3.2</td>
<td>50.6</td>
</tr>
<tr>
<td>Too many visits, nights</td>
<td>5.9</td>
<td>32.1</td>
</tr>
</tbody>
</table>

This Table illustrates the striking differences in work intensity between the Swedish and NSW workers. The Swedish workers consistently reported that the number of visits they were required to make during any one shift was excessive. This was reported across all of the shifts, but was most marked among those working weekends (Table 11).

Table 12 provides comparative data on the intensity of work as described by the care workers. The focus here is upon the overall workload (‘I have too much to do in the job all or most of the time’), feelings of inadequacy due to inability to provide sufficient care (‘I feel inadequate because clients are not receiving the care they should: all or most of the time’), the physical demands of care work (‘I carry, lift or pull heavy loads or people: weekly or more often’) and staffing issues (‘My workplace is short-staffed due to illness, vacation or unfilled vacancy: weekly or more often’).

**Table 12.** Statements about the work

<table>
<thead>
<tr>
<th></th>
<th>NSW (%) (n=515)</th>
<th>Sweden (%) (n=212)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have too much to do in the job <em>all or most of the time</em></td>
<td>7.5</td>
<td>35.3</td>
</tr>
<tr>
<td>Feel inadequate because clients are not receiving the care they should:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>all or most of the time</em></td>
<td>5.7</td>
<td>23.2</td>
</tr>
<tr>
<td>Carry, lift or pull heavy loads or people: <em>weekly or more often</em></td>
<td>20.6</td>
<td>70.0</td>
</tr>
<tr>
<td>Workplace is short-staffed due to illness, vacation or unfilled vacancy:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>weekly or more often</em></td>
<td>21.4</td>
<td>51.2</td>
</tr>
</tbody>
</table>

Just over a third (35 percent) of Swedish workers reported that they ‘have too much to do in the job’ all or most of the time, compared to only 8 percent of NSW workers. Twenty three percent of the Swedish workers reported that they ‘feel inadequate because clients are not receiving the care they should’ compared to 6 percent of the NSW care workers. Seventy percent of the Swedish workers reported that they carry, lift or pull heavy loads or people every week or more often, compared to only 21 percent of NSW workers (Table 12).
There was also a far greater likelihood that the Swedish workers will find their ‘workplace short-staffed due to illness, vacations or unfilled vacancies: just over half (51 percent) of Swedish care workers reported this occurred weekly or more often, compared to 21 percent of the NSW workers (Table 12).

6.7 Summing up: Comparing NSW and Swedish care workers

The care workforce is predominantly female in both countries. Whereas NSW care workers are considerably older than their Swedish counterparts, Swedish care workers have been working in the sector longer. The NSW workers had more specialised training in working with older people and people with disabilities. They were also more likely to be combining their paid care work with informal care.

Part time work was the predominant form of employment in both countries, although Swedish care workers were more likely to have full time work than their NSW colleagues. Most NSW care workers worked weekdays during the daytime. The Swedish care workers were more likely to work weekends and a combination of different shifts over any given week. A larger percentage of the NSW care workers reported that they want to work more hours. The Swedish workers have far more difficulty combining work and family responsibilities than their colleagues in NSW.

The Swedish care workers have a larger percentage of clients with special needs, including a far higher percentage of clients who need assistance to move or are bed bound. They also do more intense and physically demanding work, such as lifting and moving clients.

The NSW workers were on average older, while the Swedish workers had been working in the sector for longer. The NSW care workers had more specialised training in working with older people and those with disabilities. The NSW workers were more likely to be combining paid work with informal care, and also more likely to report that their working hours fitted well with their family responsibilities. The NSW workers also wanted to work more hours than they were allocated.

Overall, it would appear that the NSW care workers have less demanding working conditions than their Swedish colleagues. The Swedish care workers were dealing with clients with greater needs and the Swedish home care workers reported that they were required to make too many visits per day and that they often felt stressed and could not provide enough help. Further analysis is needed to interpret and better understand these important differences in the working and employment conditions in NSW and Sweden.

7. The observation studies

A central component of the methodology for this project was the observation studies, where a researcher followed or shadowed a care worker throughout her working day. These observation studies added considerably to our understanding of the day to day work of care
workers in NSW and enabled us to put a human face to the findings from the survey. This was a very intensive process, both for the researcher, who spent four full days following these care workers and for the care workers, who opened themselves to many hours of scrutiny.

To conduct such an intensive study requires a high degree of trust and goodwill, as well as commitment and support from the provider organisations and the individual care workers. It also required a large amount of forward planning. The care managers employed by three provider organisations, the HCS and two NGOs, were approached by the researcher with the request that they invite care workers to volunteer for this phase of the data collection. The researcher was advised by the care managers of the care workers who expressed an interest in participating. The researcher then approached the care worker, spoke to her about the aims of the study and if she agreed to participate, she signed a consent form and a mutually convenient day for the observation to take place was negotiated. The next stage of the process required the care worker, the week before the observation study was to take place, to provide an information form and a consent form to each of the clients being visited on the nominated day to obtain their permission for the researcher to enter their homes to observe the care worker. Four observations were completed, two with care workers from the NSW HCS and two with care workers from two (different) NGOs.

The findings from these observation studies were consistent with the findings from the survey of care workers. On a typical working day care workers would attend to the needs of three to six clients and were caring for between ten and twenty five clients in a week.

The hours the care workers worked varied depending on the needs of the client and the availability of the care worker. All the care workers who participated in the observation studies worked part time and all had informal care responsibilities. These care workers reported that it was the flexible hours that enabled them to satisfactorily combine paid work with family responsibilities.

The names and details of the care workers and the clients have been changed to preserve confidentiality and privacy. The scenarios document, firstly, a day in the working life of Tracey, who works for an NGO and secondly, a day in the working life of Helen, who works for the HCS. Both Tracey and Helen lived close to where they worked (the homes of their clients) and drove their own cars, leaving home and going straight to work from their homes to the home of the first client of the day. The visits they made were within a 10-15 kilometre radius of their homes and it generally took them between 5 and 15 minutes to drive from the home of one client to the next. Both care workers only called into the central office every couple of weeks to attend staff meetings, training days or supervision sessions.

7.1 A day in the working life of Tracey

Tracey, aged 45, has worked for the same NGO as a care worker for six years. Prior to working as a care worker, she had worked as a hairdresser. She has a TAFE hairdressing qualification and a Certificate III in Aged Care. She is divorced and her children, aged 8, 12 and 14, live with her. She had been caring for her 80 year old mother for approximately 10 years. After her
divorce, four years ago, she and her mother jointly purchased a house and moved in together. Her mother has had a mild stroke and has severe arthritis and requires assistance and support from Tracey. Her mother supports Tracey also, assisting in getting the children off to school and being at home when they come home from school in the afternoons. On the working day documented below, Tracey worked from 8am-1pm, a working day of five hours. She made four home visits to four clients during that time. She works five days a week, 25 hours per week, repeating a similar pattern each day. Some of her clients she visits each day, some she visits twice a week and some she visits just once a week.

Tracey started work at eight, visiting Mrs M, who lives alone. She assisted Mrs M to get out of bed and showered and dressed for the day. She did some washing and cleaning for Mrs M. At nine Tracey visited Mr G, who is severely debilitated with Parkinson’s disease and is cared for by his daughter. She assisted Mr G with showering and personal care. At about ten she visited her third client of the day, Mr A, who lives in a self contained unit in a retirement complex, cared for by his wife. He has had a debilitating stroke and is virtually bed bound. She spent all the time on this visit attending to personal care, getting him out of bed, showering him, changing his pyjamas, then assisting him back to bed. The fourth client was Mr X, who lives alone, in an apartment in a large block. He is physically quite fit, but suffers from Alzheimer’s disease and his memory, particularly his short term memory, is very poor. Tracey arrived at Mr X’s home at about eleven, tidied his apartment, changed his sheets, did some washing, then took him grocery shopping and on a visit to the local travel agent, returning him home by about 12.45pm.

What is not in this account are the details of the interactions the researcher observed between Tracey and those she was caring for. It was observed that all the time Tracey was doing the work outlined above, she was continually explaining to the clients what she was doing. She was constantly multi-tasking, for instance asking questions about their health and what they wanted to do that day, while checking the fridge for what food was needed. She was also continually monitoring their health and well being, asking what they needed. She was able to be flexible and often responded immediately to her clients’ needs.

One example was Mr X, who had a number of tasks he needed assistance with that day, including replacing the batteries in his clock. The batteries were purchased during the shopping trip and the clock fixed by Tracey on returning to Mr X’s home. Tracey and Mr X first visited the local IGA, where Tracey spent time with Mr X, assisting him to choose exactly what he wanted, for instance his favourite brand of marmalade. Even though the IGA stocked fruit and vegetables, Tracey and Mr X went across the road to buy his fruit and vegetables from a shop that Mr X preferred. Tracey and Mr X also stopped at the local Travel Agency on the way home from shopping as Mr X was planning a trip. Tracey waited outside the Travel Agent for about 10 minutes, while Mr X completed his business:

*Mr X likes to do these things himself. He doesn’t like us to know his business.*

On the way home Mr X asked if it was possible to vary the route slightly and drive past the house he had lived in most of his life. Tracey was happy to do this and Mr X cheerfully related stories about his family and the neighbourhood as they drove home. His short term memory was indeed very poor. He asked Tracey the same question, ‘When are you next coming to see
me?’ every 5-10 minutes throughout the entire visit. Tracey patiently answered him, as if this was the first time he had asked this question and each time drew his attention to a large calendar on the wall, where her visiting times were recorded.

_Sometimes it’s very, very busy and because each client you go to, it’s normally full-on. You’ve got to get everything you can done for that client in the time you’re there and then you’re in the car and off to the next client. So, if you’ve got a few clients in one day sometimes it can be very tiring._

However, despite this pressure, Tracey spoke of how much she enjoys the work.

*I love this job. It suits me well. I have no intention of giving up care work._

### 7.2 A day in the working life of Helen

Helen, aged 55, is married with children aged 25 and 27, who are no longer living at home. She is also an informal carer for her mother, aged 80 and her mother-in-law, who is 92. She has worked as a care worker for the HCS for 10 years. Prior to care work, she worked as a receptionist in a doctor’s surgery and in a residential care home. She has a Cert III and IV in aged care and specialised training in Dementia. She is a Grade Three care worker and is qualified to provide for complex care needs.

On the working day documented below, Helen made six visits to five clients. She works long days and works split shifts. She worked from 7-12pm and from 3-7pm, a total of 9 hours. She works three days a week, 27 hours per week, repeating a similar pattern each day.

Helen started at 7am at the home of Mrs P. Due to a degenerative muscle disease, Mrs P cannot get in or out of bed without assistance. Another care worker met Helen at Mrs P’s home and the two care workers assisted Mrs P to get out of bed, prepared her breakfast, assisted her to shower and dress and assisted her into her electric wheelchair. They left Mrs P at 7.30am, having made sure that everything that Mrs P needed for the day was within easy reach. At 8.45am Helen visited Mrs S, who has severe disabilities and is unable to communicate. She lives with and is cared for mostly by her husband. Helen assists him with showering and feeding Mrs S. Except when Helen and Mr S take her into the shower, she stays in bed all day. The next client, at 10am, was Mr J, who is a quadriplegic and like Mrs P requires assistance from Helen to get out of bed in the morning and back into bed at night. She assists him with showering and dressing and tidies the flat and makes him a sandwich for his lunch. Then at 11am, she visits Ms H who lives alone and has just been discharged from hospital after a minor stroke. She assists Ms H with personal care and some housework, finishing the morning shift at about noon. At 3pm she returns to work and provides in-home respite care for Ms M, who is 40 years old and has a severe intellectual disability. Ms M lives with her mother, who works part time. Helen meets Ms M off the bus from her Day Care Program and assists her into the home, then stays for three hours, feeding and talking to Ms M, who requires constant supervision and care. Her last visit of the day is back to Mr J, at 6pm, to assist with his dinner, cooking the sausages she has taken from the freezer in the morning, along with some vegetables. She assists him into bed,
officially finishing up at about 7pm. She commented that it was rare she did actually finish at this time. She generally takes a little longer and leaves Mr J at about 7.15.

Like Tracey, Helen was working frantically all the time, as well as telling her clients exactly what she was doing, asking questions and moderating her care as appropriate. There were, however, not as many opportunities for Helen to be flexible and to personalise her care in the ways described above for Tracey. Helen’s clients had far greater needs and most lived alone, so on each visit, there was simply far more that needed to be done. In almost identical words to those used by Tracey, she reported that:

*I’m tired at the end of the day, but I never want to stop what I’m doing.*

She spoke of how she found it difficult to fit all she had to do into her allocated schedule:

*I am allocated five minutes to travel between the clients. This is not enough. I take no breaks for morning tea, lunch or afternoon tea. Although DADHC is very good to us, I just wish I could do more for my clients. I’m always rushing. You are always working against the clock - people are waiting for you, sometimes by the door, but if someone makes a mess you’re going to be late for your next visit. It is very rarely that I finish jobs on time and I’m often working more hours and doing more than I am paid for.*

Helen also commented on changes that had taken place over the past few years that negatively impacted on her ability to do her job:

*We used to be able to take clients out for coffee and to the pictures, but we can’t do that anymore. We are also no longer able to transport clients in our own cars. Sometimes we’ll meet them at the shops and help them do the shopping but we can’t take them in the car anymore. We used to do all that work but not anymore.*

She doesn’t want to give up care work, but has just finished a management course and is thinking that maybe a day or two in the office doing field assessments may suit her in the future.

As the stories of Tracey and Helen illustrate, the working day of a care worker is full of activity. Care workers work from between three to eight hours a day. Regardless of the hours and the pattern of hours, as can be seen from the scenarios above, the working day of an average care worker is packed with complex tasks, revolving around personal care, health care and social care to support older people, those with disabilities and their carers in their own homes.

### 8. Promising practices

In the survey and in the interviews, the care workers and the care managers spoke of a number of promising practices that are already being implemented, albeit unevenly, across NSW. The promising practices documented here are drawn from the qualitative data
collected from the care workers’ written comments in the survey and the discussions in the interviews with care workers and care managers.

The philosophy underpinning these promising practices was consistent with the *Community Packaged Care Guidelines*, Department of Health and Ageing, 2007, where it is recommended that care be provided in a way that enhanced the social independence and dignity of older people and those with disabilities. This care is to be provided through individual packages of services tailored to the needs of care recipients, with a focus on outcomes and continuous improvement. It is expected that clients will actively participate in planning their own care. Further, policies and administrative arrangements will be in place to support and protect the rights of care recipients, carers and staff (Department of Health and Ageing, 2007:17).

The promising practices that have been documented in this research fell broadly into three categories: practices relating to the organisation of care work, practices relating to the ways care managers support care workers and practices adopted by care provider organisations.

**8.1 Promising practices and the organisation of care work**

These practices relate to the organisation of care work, assessment, provision and delivery of care; practices that create and enhance the conditions under which individualised, flexible care can be delivered by care workers. Underpinning these practices was an understanding that good care catered for the emotional and psychological needs of clients, in addition to physical needs. It was also understood that both care workers and clients value continuity of care and the relationships formed between client and care worker.

**8.2 Promising practices and care managers**

Care managers could create these conditions through the following practices:

- Incorporating social care into care plans, thereby acknowledging the importance of professional interpersonal relationships between the care worker and the client and enabling the delivery of individualised, personal health, and most importantly, social care.

- Taking into account care workers’ skills and preferences when matching care workers with clients, through active involvement by care managers in drawing up care plans and seeking continuous input from care workers in regard to their preferences.

- Supporting and enabling continuity of care by organising rosters so that care workers are able to care for one person over a period of time as far as possible.

- Negotiating and regularly reviewing individualised care plans in face to face meetings with clients, with built in opportunities for care workers to deliver flexible, individualised care.
• Organising the work to enable care workers to spend maximum time on direct care, through strategies such as minimising paperwork and travel time.

• Taking the views, knowledge and experience of care workers into account when reviewing and refining policies affecting care workers.

• Holding regular staff meetings with care workers to enable care workers to support each other, exchange ideas and solve problems.

• Providing regular supervision sessions for care workers to discuss difficulties and challenges.

• Organising short training courses in response to care workers’ requests.

8.3 Promising practices and care provider organisations

The next promising practices relate to care provider organisations. Promising practices were observed in organisations where:

• Care workers and care managers were supported in gaining formal educational qualifications in ageing and disability.

• The past experience of care workers was valued, particularly through formal recognition of skills and knowledge acquired through past informal and formal work experiences.

• Care providers created career paths and promotion opportunities for care workers and care managers.

Many of the promising practices related to the organisation of care. However, this research also illustrated that many of these promising practices were vulnerable to cuts due to funding constraints.
Conclusion

NSW care workers are predominantly older and experienced workers, many taking on care work as older workers. A significant finding, was that the majority of NSW care workers have extensive informal care experience, caring for older people and those with disabilities, with a significant proportion of those surveyed still working as informal carers alongside their work as paid care workers. The care workers reported that care work was an attractive option for them, providing flexibility and autonomy.

The predominance of older care workers in this sector is a distinct strength. Not only does the sector benefit from the additional experience and expertise these older workers bring to the job, but care work provides opportunities for older women to work in part time jobs that, for the most part, enable them to successfully combine work and family commitments.

However, in regard to the working conditions of care workers, some findings give rise for concern. There were clear differences between the working conditions of care workers in the HCS and the NGO sector, particularly the split shifts worked by the HCS employees and the high proportion of casuals in the NGO sector. There are also concerns in regard to the intensity of the work, particularly for HCS workers, with this group on average undertaking more intense and physically demanding work. These care workers also had a greater proportion of clients with higher needs than those working for the NGOs.

Further, for all NSW care workers the pay was very low and the fact that many of the NSW care workers were wanting to work extra hours, reflected the difficulties care workers experience surviving on such low levels of remuneration. There were also very limited promotion opportunities and career pathways for this predominately female workforce. NSW care workers consistently reported that they have too much to do and insufficient time; in particular, time to provide social, emotional and psychological support to their clients.

The comparison between the Swedish and NSW workers illustrated unanticipated differences between the two regimes in regard to the working conditions, the impact of these conditions and the effects on the working and family lives of the care workers. The findings from the survey and the comparison with the Swedish care workers would strongly suggest that the working conditions of the NSW care workers, although far from ideal, do enable them to provide flexible individualised care, spend more time with their clients and exercise judgement with more control over their working day than their Swedish colleagues.

An important aim of this research was to identify promising practices. The promising practices of care managers and care providers in NSW conclude this report.

I really hope some positive changes may occur as most care staff burn out quickly and find better paying less stressful jobs (care worker comment on the survey form).
References

Commonwealth of Australia (2007) National Program Guidelines for the Home and Community Care Program


# Appendix 1 Participating Organisations by Service Provider Type

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th>Name of Participating Organisation / Branch</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Small NGOs</strong></td>
<td></td>
</tr>
<tr>
<td>Anglicare</td>
<td></td>
</tr>
<tr>
<td>Australian Red Cross</td>
<td></td>
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<tr>
<td>Canterbury Multicultural Aged and Disability Support Service Inc</td>
<td></td>
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<tr>
<td>Casino Neighbourhood Centre</td>
<td></td>
</tr>
<tr>
<td>Coastlink Respite</td>
<td></td>
</tr>
<tr>
<td>Family Resource &amp; Network Support Inc</td>
<td></td>
</tr>
<tr>
<td>Jack Towney Hostel Aboriginal Corporation</td>
<td></td>
</tr>
<tr>
<td>Just Better Care</td>
<td></td>
</tr>
<tr>
<td>Multicultural Home Respite Inc</td>
<td></td>
</tr>
<tr>
<td>Presbyterian Aged Care</td>
<td></td>
</tr>
<tr>
<td>Royal Freemasons Benevolent Institution</td>
<td></td>
</tr>
<tr>
<td>Rozelle Neighbourhood Centre</td>
<td></td>
</tr>
<tr>
<td>RSL Life Care</td>
<td></td>
</tr>
<tr>
<td>Southern Cross Care</td>
<td></td>
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<tr>
<td>Sunnyfield</td>
<td></td>
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<tr>
<td>The Benevolent Society NSW</td>
<td></td>
</tr>
<tr>
<td>United Protestant Association</td>
<td></td>
</tr>
<tr>
<td><strong>Large NGOs</strong></td>
<td></td>
</tr>
<tr>
<td>Baptist Community Services</td>
<td></td>
</tr>
<tr>
<td>Catholic Healthcare Limited (includes Catholic Care)</td>
<td></td>
</tr>
<tr>
<td>UnitingCare Ageing NSW ACT</td>
<td></td>
</tr>
<tr>
<td><strong>HCS NSW</strong></td>
<td></td>
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<tr>
<td>Bourke</td>
<td>Grafton</td>
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<tr>
<td>Burwood</td>
<td>Hornsby</td>
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<tr>
<td>Canterbury</td>
<td>Maclean</td>
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<tr>
<td>Casino</td>
<td>Mudgee</td>
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<tr>
<td>Chatswood</td>
<td>Narromine</td>
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<tr>
<td>Cobar</td>
<td>Tweed Heads</td>
</tr>
<tr>
<td>Dubbo</td>
<td>Walgett</td>
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<tr>
<td>Gosford</td>
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</tbody>
</table>
Appendix 2 Information Sheet: The Experiences of Care Workers

Care Workers: Would you like to tell us about the work you do?

This is an opportunity for you to participate in a research project focusing particularly on you and your work. To date, little research has been done in Australia focusing on care workers. We are very interested in the work you do, your experiences and ideas. This research project, funded by NSW Human Services Ageing, Disability and Home Care (ADHC), focuses specifically on care workers. The main aim of the research is to explore your ideas and to collect and document your knowledge and understanding of care work. We are interested in issues such as the nature of the work you do, whether it has changed, the demands and the responsibilities and the satisfaction you derive from your work.

You probably know that as Australia’s population ages more and more frail older people and those with disabilities will need care and support. As this need for care increases, so will the demand for care workers. We think that caring for people in their homes, maintaining their health and quality of life in a safe and caring environment, is extremely important work. This research will provide a detailed picture of the work you do and the opportunities and the challenges the work provides. Your experiences and knowledge are very valuable to us and we would like to stress just how important and significant your contribution is.

We are conducting a large scale survey of 1000 care workers in NSW to find out more about the work you do. You and some other care workers from your organisation have been randomly selected to fill out this survey. Your name is not on the survey or on the reply paid envelope, your answers will be confidential. Your employer has agreed to participate in the study by letting us ask you if you would like to participate. It is important that you understand that you do not have to participate if you do not want to. There are no consequences if you decide not to participate.

The information collected from these surveys will be part of the final project report presented to ADHC in July 2010, as well as future articles in scholarly journals. We will send a copy of the final report to all organisations that have participated in the study for distribution to their care workers so you will be able to read for yourself the results of this study.

If you decide to help us by participating, please read the first page of the survey for instructions. Your manager or case coordinator will inform you of your options of how to return your questionnaire to us. It is important that you know that by completing and sending us the questionnaire, you are giving us your voluntary consent to participate in this study.

For those of you who have decided not to participate, we thank you for the time you have taken to read this material. For those of you who have decided to participate, many thanks for your important contribution.

Kind regards,

The Research Coordinators:
Associate Professor Jane Mears and Eva Garcia

Jane: Phone: XXXXXXXX Email: j.mears@uws.edu.au
Eva: Phone XXXXXXXXX Email: e.garcia@uws.edu.au

This study has been approved by the University of Western Sydney Human Research Ethics Committee. The approval number is H7339. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Research Ethics Officer (Tel: (02) 4736 0883). Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.
Appendix 3 The experiences of care workers survey

THE EXPERIENCES OF CARE WORKERS SURVEY

INSTRUCTIONS ON HOW TO FILL OUT THIS QUESTIONNAIRE

Please read each question carefully. Remember we just want to know about your own personal situation or opinions about the work you do for the employer that gave you this questionnaire.

1. To answer most of the questions you only need to put a tick in the box. Please choose the box which is closest to your current situation or view.

Please use a black or blue pen to complete the questionnaire.

EXAMPLE

Q1. Are you.

1. Female
2. Male

If you are female, you would put an √ in the first box as shown above.

2. Sometimes you are asked to write in an answer – in that case, simply write your answer in the space provided.

EXAMPLE

Q2. Where were you born?

1. In Australia
2. Other country (please specify)

JAPAN

Please print your answers in block letters.

Many thanks for taking the time to complete the questionnaire and for your valuable contribution to this project.

This study has been approved by the University of Western Sydney Human Research Ethics Committee. The approval number is H7339. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Research Ethics Officer (Tel: (02) 4736 0883). Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.
THE EXPERIENCES OF CARE WORKERS SURVEY:
THIS QUESTIONNAIRE IS FOR THOSE WORKING WITH THE ELDERLY AND PEOPLE WITH DISABILITIES IN THE COMMUNITY

A. FIRST, A FEW QUESTIONS ABOUT YOU

1.  Are you
   1.□ Female
   2.□ Male

2.  How old were you on your last birthday?
   _______ years

3.  In general, would you say your health is:
   1.□ Excellent
   2.□ Very good
   3.□ Good
   4.□ Fair
   5.□ Poor

4.  What is your marital status?
   1.□ Single (not married, divorced, widow/er)
   2.□ Married / partner / cohabitant

5.  Have you got children under the age of 20 living with you?
   1.□ No
   2.□ Yes ……. (number) child/ren younger than 6 years old
   3.□ Yes ……. (number) child/ren 6-12 years old
   4.□ Yes ……. (number) child/ren 13-19 years old

6.  Where were you born?
   1.□ In Australia
   2.□ Other country
      (please specify)………………………….

7.  Are you of Aboriginal or Torres Strait Islander origin?
   1.□ No
   2.□ Yes, Aboriginal
   3.□ Yes, Torres Strait Islander
   4.□ Yes, both

8.  Do you speak a language/s other than English?
   1.□ No  (Please go to Question 10)
   2.□ Yes
      (Please specify)………………………….

9.  Do you use this language in your paid care work?
   1.□ No
   2.□ Yes

10. Have you got any specialised education or training for working with the elderly and people with a disability?
    1.□ No
    2.□ Yes, altogether less than 1 month
    3.□ Yes, altogether 1– 5 months
    4.□ Yes, altogether 6 – 11 months
    5.□ Yes, altogether 1– 2 years
    6.□ Yes, altogether more than 2 years
11. Are you currently studying for any qualifications in fields related to work with the elderly or people with a disability?

1. No  (Please go to Question 13)
2. Yes

If YES, please specify (e.g. Certificate III in Aged Care, Bachelor of Human Services, etc.)

12. Is your employer supporting you in your current studies?

1. No
2. Yes

If YES, Please describe the nature of this support, e.g. paying fees, paid time off for study, etc.

13. Altogether, for how long have you been working with care of elderly and/or people with a disability?

1. Less than one year
2. 1 – 5 years
3. 6 – 9 years
4. 10 – 19 years
5. 20 years or more

14. In the past, have you cared for an ill, elderly or disabled relative, friend, etc.?

1. Yes
2. No

15. Are you at present involved in any of the following alongside your work with care of the elderly and/or people with a disability? Tick all that apply

1. Other employment in the care sector
2. Other employment (not in the care sector)
3. Receiving some sort of pension
4. Receiving Centrelink Benefit/s (please specify)........................................................................................................
5. Other (please specify)..................................................................................................................................................
6. None of the above

B. CURRENT EMPLOYMENT, WORKING HOURS AND YOUR WORKPLACE

1. Which best describes your form of employment?

1. Casual (paid by the hour with no sick or holiday pay)
2. Permanent Full-Time
3. Permanent Part-Time
4. Fixed-term Contract Full-Time
5. Fixed-term Contract Part-Time
6. Other  (Please specify)

2. Are you on restricted or light duties in your current care sector job due to workplace injury?

1. Yes
2. No

3. How many hours on average do you usually work each week in this job?  (If the number of hours you work fluctuate, please try to estimate your average working hours)


hours
4. Are you satisfied with the number of hours you work?
   □ Yes
   □ No, I’d like to work more hours
   □ No, I’d like to work fewer hours

5. What is your hourly wage?
   (If you don’t know exactly, please estimate)
   $_________.

6. When do you usually work?
   Tick all that apply
   □ Weekdays, daytime
   □ Weekdays, evenings
   □ Weekends
   □ Nights
   □ On duty (sleep at the working site)

7. Do you work split shifts – that is, is your working day split into two distinct periods?
   □ Almost always
   □ Often
   □ Rarely
   □ Never

8. In general, how do your working hours fit in with your family or social commitments outside work?
   □ Very well
   □ Fairly well
   □ Not very well
   □ Not at all well

9. At your workplace, how often do you communicate about work issues with your immediate supervisor?
   □ I don’t have a supervisor
     (Please go to Section C)
   □ More or less every day
   □ At least once a week
   □ At least once a month
   □ More rarely or never

10. The last time you spoke with your supervisor, what did you discuss?
    Tick all that apply
    □ Shared ideas about dealing with complex situations
    □ Assessed your performance or set performance goals
    □ Debriefed or helped you cope with your work.
    □ Talked about relationships with colleagues
    □ Talked about management or caseloads
    □ Other
      (please specify)______________________________
      ________________________________

11. At your workplace, how often do you have staff meetings?
    □ We don’t have staff meetings
    □ More or less every day
    □ At least once a week
    □ At least once a month
    □ More rarely
## C. CLIENTS AND TASKS

1. **Thinking about the last week you worked, how many visits did you make when you were working?** *(If the number of visits varied a lot, you may enter an interval, e.g. 2-5)*

   a. Weekdays, daytime: approximately ................................ visits
   
   b. Weekdays, evenings: approximately ................................ visits
   
   c. Weekends: approximately ................................................. visits
   
   d. Nights: approximately ........................................................ visits

2. **What do you think about the number of visits you made...**

<table>
<thead>
<tr>
<th></th>
<th>Too few</th>
<th>Just the right number of visits</th>
<th>Too many</th>
<th>Do not work this shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. weekdays, daytime?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. weekdays, evenings?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. weekends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. nights?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

3. **How many different clients did you visit during the last week you worked?**

   [ ] [ ] clients

4. **Do you usually work with elderly or younger clients?**

   *Tick all that apply*
   
   1 [ ] Elderly clients (65 years or older)
   
   2 [ ] Adult clients (younger than 65 years)
   
   3 [ ] Children / teenagers (younger than 20 years)

5. **Can you estimate how many of those clients you usually assist...**

   *Please tick one box at each row*  
   
<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A few</th>
<th>About half</th>
<th>Most</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. need assistance to move or are bed bound?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. have a mental illness?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. suffer from dementia?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. have an intellectual disability?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. have issues with addiction?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
6. Think about what you usually do at work. How often do you...

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Several times a day</th>
<th>Once a day</th>
<th>At least once a week</th>
<th>At least once per month</th>
<th>More rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. clean a client’s home / dwelling (e.g. vacuum or mop the floor)?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
<td><img src="#" alt="5" /></td>
</tr>
<tr>
<td>b. prepare a meal?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
<td><img src="#" alt="5" /></td>
</tr>
<tr>
<td>c. shop for groceries?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
<td><img src="#" alt="5" /></td>
</tr>
<tr>
<td>d. assist with personal hygiene, such as bathing, toileting, changing incontinence pads or similar?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
<td><img src="#" alt="5" /></td>
</tr>
<tr>
<td>e. lift or assist in moving a person (e.g. from bed to wheelchair)?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
<td><img src="#" alt="5" /></td>
</tr>
<tr>
<td>f. have a cup of coffee or tea with a client?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
<td><img src="#" alt="5" /></td>
</tr>
<tr>
<td>g. provide support and comfort to a client?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
<td><img src="#" alt="5" /></td>
</tr>
<tr>
<td>h. accompany a client on a walk?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
<td><img src="#" alt="5" /></td>
</tr>
<tr>
<td>i. do administrative tasks, paperwork such as documentation, ordering supplies or calling in staff?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
<td><img src="#" alt="3" /></td>
<td><img src="#" alt="4" /></td>
<td><img src="#" alt="5" /></td>
</tr>
</tbody>
</table>

7. During the last month you were working, did you perform any of the following tasks at work?

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Carried out mobility or speech training or did other rehabilitation work?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
</tr>
<tr>
<td>b. Handed out medicine from a dispenser?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
</tr>
<tr>
<td>c. Gave an injection?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
</tr>
<tr>
<td>d. Set a client’s hair, gave a manicure or pedicure?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
</tr>
<tr>
<td>e. Accompanied a client on an errand outside their home? (e.g. doctor’s appointment, shop, bank, etc.)</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
</tr>
<tr>
<td>f. Participated in a recreational activity with one or more clients?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
</tr>
<tr>
<td>g. Got in touch with the health care system or other supplier of care (outside your own workplace)?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
</tr>
<tr>
<td>h. Contacted a client’s relative?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
</tr>
<tr>
<td>i. Been contacted by a client’s relative?</td>
<td><img src="#" alt="1" /></td>
<td><img src="#" alt="2" /></td>
</tr>
</tbody>
</table>
8a. Please state if there are any tasks you feel you should have more time for:

................................................................................
................................................................................
................................................................................
................................................................................
................................................................................

8b. Please state if there are any tasks that you currently do that you feel you should not do:

................................................................................
................................................................................
................................................................................
................................................................................
................................................................................

D. WORK AND WORKING CONDITIONS

1. Thinking of the care work that you do, please indicate how often you...

<table>
<thead>
<tr>
<th></th>
<th>All or most of the time</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. find your work interesting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. have too much to do in your job</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. have the chance to learn new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. can affect the planning of each day’s work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. have sufficient information from your supervisor regarding changes in your workplace</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. have enough time to discuss difficulties in your work with your colleagues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. get support in your work from your colleagues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. get support in your work from your immediate supervisor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. worry about possible changes that would make your work more difficult</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j. feel inadequate because clients are not receiving the care they should</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

2. Do you think the work you do as a care worker is appreciated by...

<table>
<thead>
<tr>
<th></th>
<th>Yes, a lot</th>
<th>Yes, somewhat</th>
<th>No, not much</th>
<th>No, not at all</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. the clients?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. the clients’ family?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. your colleagues?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. your immediate supervisor?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. the broader community?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
3. In your job, how often do you...

<table>
<thead>
<tr>
<th></th>
<th>More or less every day</th>
<th>At least once a week</th>
<th>At least once a month</th>
<th>Less often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. have to work more hours than you are scheduled to work (paid overtime work)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. have to work more hours than you get paid for (unpaid overtime work)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. skip or shorten your lunch break because you have too much to do?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. find that your workplace is short on staff due to illness, vacation or unfilled vacancy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. carry, lift or pull heavy loads or people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. And in your job, how often...

<table>
<thead>
<tr>
<th></th>
<th>More or less every day</th>
<th>At least once a week</th>
<th>At least once a month</th>
<th>Less often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. do you get criticized or told off by a client or her/his relative?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. are you threatened in some way by a client or her/his relative?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. are you subjected to physical violence by a client or her/his relative?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. do you get unwanted sexual attention from a client or her/his relative?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. do you face racist comments made by a client or her/his relative?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. Here are some statements about work and the workplace. For each of the statements below, please tick the answer that best corresponds to your opinion

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. “Too often I feel like I’m the only one responsible for my clients.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. “More and more of my working time is used for paperwork that doesn’t feel very meaningful.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. “I’m worried that I might lose my job.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. “I often get a lot out of working with my clients.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. “It feels like management doesn’t trust the staff; there’s too much monitoring and control.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
6. Would you say that your working conditions have improved or got worse in recent years?

1. Mainly improved
2. No difference
3. Mainly got worse

7. Would you say that the possibility for you to meet clients’ needs has improved or got worse in recent years?

1. Mainly improved
2. No difference
3. Mainly got worse

8. In the last 12 months, how many times have you been absent from work because you were sick?

1. Never
2. Once
3. 2 - 5 times
4. More than 5 times

9. In the last 12 months, how many times have you been at work even though you were sick and should have taken time off?

1. Never
2. Once
3. 2 - 5 times
4. More than 5 times

10. How often do you...

<table>
<thead>
<tr>
<th>Activity</th>
<th>Almost always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. feel physically tired after a working day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. experience pain in your back after a working day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. feel mentally exhausted after a working day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. have trouble sleeping because thoughts of work keep you awake?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

11. Occupational Health and Safety (OHS) is an important part of any work environment. As care workers visiting people in their homes, you may have many different work environments in a single day. Please indicate whether you agree or disagree with the following statements about OHS practices as they apply to your work.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. “I feel I have received adequate OHS training from my employer.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. “I am confident in my ability to assess the safety and/or risks in my various work environments.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. “If I identify and report a risk, it is dealt with in a timely manner.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. “I have the equipment and products I need to do my work safely.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. “If I ask for equipment or products in order to do my work safely, they are provided in a timely manner.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
12. During the past year have you seriously considered quitting your job?

☐ Yes

☐ No

13a. If you think you will quit your job now or in the future, please say why:

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

13b. If you think you will continue with your work, please state your reasons for staying:

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

E. CARING RESPONSIBILITIES OUTSIDE YOUR WORK

THE FOLLOWING QUESTIONS ARE ABOUT CARING RESPONSIBILITIES OUTSIDE YOUR NORMAL WORK – QUESTIONS ABOUT REGULAR SUPPORT AND HELP TO FAMILY MEMBERS, RELATIVES, FRIENDS OR NEIGHBOURS

1. Do you regularly provide assistance to a family member, relative, friend or neighbour who requires help due to long-term illness, disability or old age?

☐ No  (Please go to section F)

☐ Yes, I assist one person

☐ Yes, I assist more than 1 person

2. Who do you assist?

Tick all that apply

☐ Your spouse/partner/cohabitant

☐ Parent/s or parent/s in law

☐ Child/ren

☐ Other relative/friend/neighbour

3. How old is the person(s) you assist?

Tick all that apply

☐ 65 years of age or older

☐ 20-64 years of age

☐ 19 years or younger

4. Where does the person(s) you assist live?

Tick all that apply

☐ With you

☐ Not with you, in their own home

☐ In some kind of residential setting for elderly or disabled persons

5. In there any one else who assists this person(s)?

☐ Yes

☐ No  (If no, Please go to Question 7)

6. Who also provides assistance?

Tick all that apply

☐ Your spouse/partner/cohabitant

☐ Other relative/friend/neighbour

☐ Care or nursing staff

☐ (home care, residential care)

☐ Private paid assistance

☐ Voluntary organisation
7. How often do you provide help with any of the following tasks to this person / these persons?

<table>
<thead>
<tr>
<th>Task</th>
<th>More or less every day</th>
<th>Every week</th>
<th>Every month</th>
<th>More seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Assisting in housekeeping (e.g. cleaning, grocery shopping, laundry, cooking, etc.)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Other practical assistance (e.g. paying bills, gardening, driving, etc.)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Assisting with personal hygiene (e.g. bathing, help getting out of bed, etc.)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Keeping them company</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Supporting, comforting</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Getting in touch with the health care system, other suppliers of care or authorities</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other (Please specify)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Approximately how much time do you spend providing assistance?

☐ ☐ hours per week

9. Have your employment or working hours been affected by this care work?

☐ ☐ No

☐ ☐ Yes, I have reduced my working hours

☐ ☐ Yes, other (Please specify)

F. FINALLY

If you had the power to decide, what changes would you recommend regarding care for elderly and those with disabilities?

...........................................................................................................................................................................

...........................................................................................................................................................................

...........................................................................................................................................................................

...........................................................................................................................................................................

...........................................................................................................................................................................

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE AND YOUR IMPORTANT CONTRIBUTION TO THE PROJECT